

Community Unit School District 200

Dr. Michael Greenlee, Superintendent Ms. Melissa Geyman, Director of Business Services

School Board

Exhibit - Board Member Expense Reimbursement Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board. Please print and attach receipts for all expenditures. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print.

Name: ED MultoccAND						Title/Office: Board Member					
Travel De	estination: <u>Ch</u>	capo - S	B conf	ч_	Purpose: School Board Conf						
Departure	Departure Date: /// /5 Receipts attached						Return Date:				
Recei											
					ttached	l, if appl	icable* (Comp	oleted 2:12	5-E2, Boar	rd	
Memt	per Estimated I	Expense Ap _l			ense R	anort					
			for actual a	nd nece	essary ex	penses that	exceed the amou penses incurred.				
Auto Tr	avel Allowance:		per mile								
Date	Mileage Miles Cost	Comm. Travel Expenses	Lodging	Bkfst	Mea Lunch	-	Otho	er Cost	Daily Total		
11/15	84 931	•					10//5	300	40		
11/18	84 837						tolls	300	40-		
11/11				15463			Ed & Briang	ie	59 49	63	
Subtota	al		4	237					163	0	
Advan	ees	Less Lo	inly	Mea	l den	rel		- 50	3 00		
TOTAL	L (a negative a	mount indi	cates refu	nd due	from B	oard men	nber)	\$4 /09	5 05		
E.O.	Mallall !	,						110/19			
Submittin	Board Memb	er's Signat	nre				Date				
Jt N		UNH	1 .				J	AN 10 33	19 BC	one	
Superinter	ndent Signature	2					Date		OH	Caivad	
School Bo	ard Action:	Approv	ed			Denied			/4 KOC	eived	
5411001250			ed in Par	t			Maximum A	llowable A	mount	6 2019	
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North Rooms	Community Unit Sci	hool District 20	n						2:125=1/44	MAC	
	Exhibit - Board Mo			nt Form				I	Page I of I	of office	