Illini West HSD 307 2:125-E1

School Board

Exhibit - Board Member Travel Expense Voucher

Submit to	the Supe	erintend	ent																
Name: Destination: Departure date:						Purpose:													
										Please pr	int								
														Expens	se Vouc	her			
* Auto Ti	avel Allo	wance: _	per	mile															
_	Mileage *		Meals			Other Daily			_										
Date	Miles	Cost	Lodging	Breakfast	Lunch	Dinner	Item	Cost	Total										
									1										
Total									\$										
Board Ac	tion:		Approved	i	☐ Den	ied													
Board President or Secretary							Date												
Superintendent							Date												

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DATED: October 10, 2007