Illini West HSD 307 2:125-E2

School Board

Exhibit - Board Member Travel Expense Purchase Order

Submit to the Superintendent who will include this request in the monthly list of bills that is presented to the School Board.

Name: Destination: Departure date:						Purpose:													
										Please pri	nt								
														Estimat	ed Expe	enses			
* Auto Tr	avel Allo	wance: _	per	mile															
Mileag			Meals			Other			Daily										
Date	Miles	Cost	Lodging	Breakfast	Lunch	Dinner	Item	Cost	Total										
									<u> </u>										
Total									\$										
Board Ac	tion:		Approved	i	☐ Den	ied													
Board Pre							Date												

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