Cicero School District 99

Employee Expense Approval Form

Per policy 5:60, within thirty (30) days of the occurred expense submit to the Superintendent/Director. Failure to submit within thirty (30) days of the occurred expense will result in forfeiture of the reimbursement amount. This information is required by the Local Government Travel Expense Control Act. This form, and all documents and information submitted with it, are public records that are subject to disclosure under the Freedom of Information Act.

Name:	Name:						Title/Office:				
Fravel Destination: Departure Date:						•					
Auto Tr	avel Allov	vance:	\$ 0.70	per mile (s	ubject t	to change	e per IR	RS			
Auto M	ileage Cal	culatio		Mileage l) nor milo) -	- ¢	
	Mileage Difference Mileage Comm.										
Date	Miles Cost		Travel Expenses	Lodging	Bkfst Lunch Dinner			Item	Cost	Total	
										+	
										1	
									_	+	
Total										\$	
Superint	endent/D	irecto	r:					Approved		Denied	
•								Approved in	Part		
Superinte	uperintendent/Director Signature							Date			
Budget C	ode #:										
				-							
School B	oard Act	ion (ij	f applicable	and it exc	ceeds 1	naximu	m allo	wable amount):			
☐ Appro	oved		Denied] Appi	roved ii	n Part				
							_				
Employee	e Signatur	e		I	Date						