

General Personnel

Exhibit - Employee Expense Reimbursement Form

Submit to the Superintendent. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print and attach receipts for all expenditures.

Name: _____ Title/Office: _____

Destination: _____ Purpose: _____

Departure Date: _____ Return Date: _____

☐ **Receipts attached** Request Date: _____

☐ **Estimated expenses attached** (Completed 5:60-E2, Employee Estimated Expense Approval Form) (pre-approval is required for federal and state grants).

☐ **Approved expense advancement (voucher) attached, if applicable*** (Completed 5:60-E2, Employee Estimated Expense Approval Form.)

ACTUAL EXPENSE REPORT										
*Employees will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. 105 ILCS 5/10-22.32. For federal and State grants, employees will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 5:60, <i>Expenses</i>. Auto Travel Allowance: _____ per mile										
Date	Auto Mileage Miles	Cost	Transp. Expenses	Lodging	Meals or Per Diem Bkfst Lunch Dinner			Other Item	Cost	Daily Total
Subtotal										
Advances									—	
TOTAL (A negative amount indicates refund due from employee.)									\$	

Superintendent or Designee:
(below maximum allowable amount)

☐ **Approved** ☐ **Denied**
☐ **Approved in Part**
☐ **Grant Funding Source** (if

applicable):_____

Superintendent or Designee Signature

Date

Comments: _____

School Board Action (*exceeds maximum allowable amount*):

☐ **Approved**

☐ **Denied**

☐ **Approved in Part**

☐ **Grant Funding Source** (if

applicable):_____

Employee Signature

Date