April 2025 5:60-E1

## **General Personnel**

## **Exhibit - Employee Expense Reimbursement Form**

Reimbursements. Please print and attach receipt Name: Destination: Departure Date:  Receipts attached				Title/Office:															
										<i>(p</i> □ <b>Appro</b>	nated expenses are-approval is re oved expense a	equired for fe dvancement	deral and s (voucher)	state gr	ants).				
										E	stimated Expense	e Approval F							
										but mi 105 II necess	loyees will be reust refund any ex LCS 5/10-22.32. sary expenses that	spense advan For federal a at exceed esti	cement tha nd State gr mated expo	necess at excee rants, er enses as	ary exp ds the a	enses the actual and es will be	d necessary ex e reimbursed fo	penses incor actual a	curred. ind
Date				Meals or Per Diem Other				Daily											
Date	Mileage Miles Cost	Transp. Expenses	Bkfst   Lunch Dinner			Item	Cost	Total											
Subto Advar TOTA		mount indica	utes refund	due fro	т етрі	loyee.)													
Superintendent or Designee: below maximum allowable amount)						☐ Approved ☐ De ☐ Approved in Part ☐ Grant Funding Source (if		iied											

	applicable):		
Superintendent or Designee Signature	Date		
Comments:			
School Board Action (exceeds maximum allowable amount):	☐ Approved ☐ Approved in Par	☐ Denied	
	☐ Grant Funding Source (if applicable):		
Employee Signature	Date		