

**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.)

<b>Actual Expense Report</b>										
<p>*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, Expenses.</p>										
Auto Travel Allowance: _____ per mile										
Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
<b>Subtotal</b>										
<b>Advances</b>									-	
<b>TOTAL</b> (A negative amount indicates refund due from employee.)									\$	

**Superintendent or Designee:**

**Approved**

**Denied**

*(below maximum allowable amount)*

- 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

Revised:        June, 2020