

**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.*)

*Please print and attach receipts for all expenditures.*

<b>Actual Expense Report</b>										
<p><b>*Employees will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund and 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.</b></p> <p>* Auto Travel Allowance: _____ per mile</p>										
Date	Mileage *		Travel Expenses	Lodging	Meals			Other		Daily Total
	Miles	Cost			Bkft	Lunch	Dinner	Item	Cost	
Subtotal										
Advances										
Total <i>(A negative amount indicates refund due from employee.)</i>										
\$										

**Superintendent or Designee:**

- Approved**
- Denied**
- Approved in part**
- Grant Funding Source (if applicable):**

\_\_\_\_\_

\_\_\_\_\_  
Superintendent (Below maximum allowable amount)

\_\_\_\_\_  
Date

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

- Approved**
- Denied**
- Approved in part**
- Grant Funding Source (if applicable)**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_