

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										
<p><small>*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.</small></p> <p>Auto Travel Allowance: _____ per mile</p>										
Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
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

Adopted: 05/26/2020