

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, Expenses.

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			
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

UPDATED: AUGUST 17, 2020