

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: _____

☐ **Approved expense advancement (voucher) attached, if applicable*** (Completed 5:60-E2, Employee Estimated Expense Approval Form.)

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

Superintendent (below maximum allowable amount):

☐ **Approved** ☐ **Denied**

☐ **Approved in Part**

Superintendent Signature

Date

School Board Action (exceeds maximum allowable amount):

☐ **Approved**

☐ **Denied**

☐ **Approved in Part**

Employee Signature

Date

Superintendent Review August, 2015

Superintendent Review March, 2017