

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

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

Amended: November 20, 2006

Amended: August 20, 2012

Renamed/Rewritten: January 23, 2017