

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 Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
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

DATED: January 9, 2017