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

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<th>Date</th>
<th>Mileage</th>
<th>Cost</th>
<th>Comm. Travel Expenses</th>
<th>Lodging</th>
<th>Daily Meal Expense</th>
<th>Other Item</th>
<th>Cost</th>
<th>Daily Total</th>
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Subtotal

Advances

TOTAL (A negative amount indicates refund due from employee.) $ 

Superintendent (below maximum allowable amount):

☐ Approved  ☐ Denied

☐ Approved in Part

Date

Superintendent Signature

School Board Action (exceeds maximum allowable amount):

☐ Approved  ☐ Denied

☐ Approved in Part

Date

Employee Signature

DATED: December 19, 2016