

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 Miles	Cost	Comm. Travel Expenses	Lodging	Daily Meal Expense	Other Item	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

DATED: December 19, 2016