Expenses

5:60-E1 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: ___________________________

☐ Estimated expenses attached (Completed 5:60-E2, Employee Estimated Expense Approval Form) (pre-approval is required for federal and state grants).

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

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**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. For federal and State grants, employees will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 5:60, Expenses.

Auto Travel Allowance: __________ per mile

<table>
<thead>
<tr>
<th>Date</th>
<th>Auto Mileage</th>
<th>Transp.</th>
<th>Lodging</th>
<th>Meals or Per Diem</th>
<th>Other</th>
<th>Daily</th>
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<tbody>
<tr>
<td></td>
<td>Miles</td>
<td>Expenses</td>
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<td>Item</td>
<td>Cost</td>
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</table>

Subtotal

Advances

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

Superintendent or Designee: ☐ Approved ☐ Denied

(below maximum allowable amount) ☐ Approved in Part

☐ Grant Funding Source (if applicable): __________

Superintendent or Designee Signature ___________________________ Date __________

Comments: __________________________________________________________________________

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School Board Action (exceeds maximum allowable amount): ☐ Approved ☐ Denied

☐ Approved in Part

☐ Grant Funding Source (if applicable): __________

Employee Signature ___________________________ Date __________

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