

## General Personnel

### Exhibit - Employee Estimated Expense Approval Form

*Submit to the Superintendent. Use of this form is required (1) by 2:125-E3, Resolution to Regulate Expense Reimbursements and (2) for pre-approval of expenses to be charged to a federal grant or State grant governed by the Grant Accountability and Transparency Act. Please print.*

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

☐ **Estimated Expenses Approval Requested** (50 ILCS 150/20 or grant expenditure)

☐ **Travel is grant-related\*** (specify grant): \_\_\_\_\_

☐ **Purchase Order Requested** Purchase Order #: \_\_\_\_\_

☐ **Expense Advancement Voucher Requested** (105 ILCS 5/10-22.32)

Voucher Amount: \_\_\_\_\_

#### ESTIMATED EXPENSE REPORT

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Auto Travel Allowance: \_\_\_\_\_ per mile

*\*Grant-related travel only: Except for mileage and other transportation expenses, expense reimbursement/per diem is only allowed if on official travel status for 12 hours or more. If lodging at or below the applicable rate cannot be identified, please indicate below and attach at least three quotes for review.*

Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
<b>Total</b>										<b>\$</b>

**Superintendent or Designee**

(below maximum allowable amount):

\_\_\_\_\_

☐ **Approved** ☐ **Denied**

☐ **Approved in Part**

☐ **Grant Funding Source** (if applicable): \_\_\_\_\_

\_\_\_\_\_

Superintendent or Designee Signature

Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Board Action** (*exceeds maximum allowable amount*):

☐ **Approved** ☐ **Denied**

☐ **Approved in Part**

☐ **Grant Funding Source** (if  
applicable): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approved: