## Document Status: Review and Monitoring <u>Expenses</u>

## 5:60-E2 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. PRESSPlus1

Name: _					_ Title	/Office:						
Travel D	estinatio	on:			_ Pur	pose: _				_		
Estimate	ed Expe	enses	Approval I	Requeste	e <b>d</b> (50	ILCS 1	50/20 c	r grant ex	xpenditur	re)		
Travel is	s grant-	relate	<b>d*</b> (specify ថ្	grant):								
Purchas		Purchase Order #:										
Expense	e Advaı	nceme	ent Vouche	r Reques	sted (1	05 ILC	S 5/10-	22.32)				
	Voucher Amount:											
				Estimat	ted Ex	pense	Repor	t				
Departure date:					Return date:							
Auto Tra	vel Allov	wance:	:		p	er mile						
reimbur	sement the app	/per die plicable	<b>only:</b> Exce <sub>l</sub> em is only a e rate canno	allowed if a	on offic	cial trav	∕el statu	ıs for 12 i	hours or	more. If I	odging at	
	Auto Mileage Transp.			Meals or Per Diem			Other			Daily		
Date	Miles Co		Expenses	Lodging	Bkfst	Lur Dinne	-	ltem	Cost		Total	
Total											\$	

Grant Funding Source (if applicable):  Superintendent or Designee Signature  Comments:  Board Action (exceeds maximum allowable amount):												ļ .	
Grant Funding Source (if applicable):  Superintendent or Designee Signature  Comments:  Board Action (exceeds maximum allowable amount):  Approved in Part  Grant Funding Source (if applicable):  Employee Signature  Date	Superintendent or Designee:						☐ Approved ☐ Denied						
Superintendent or Designee Signature  Comments:  Board Action (exceeds maximum allowable amount):  Approved in Part  Grant Funding Source (if applicable):  Employee Signature  Date	(belowmaximum allowable amount)						☐ Approved in Part						
Board Action (exceeds maximum allowable amount):    Approved   Denied     Approved in Part     Grant Funding Source (if applicable):   Employee Signature   Date							aı	•					
Board Action (exceeds maximum allowable amount):	Superint	endent	or Desi	ignee Signa	ature			Date	 e				
□ Approved in Part □ Grant Funding Source (if applicable): □ Date □ Date	Comme	nts:											
Grant Funding Source (if applicable):	Board A	Action (	ехсеес	ds maximur	n allowab	le amo	ount):		Approved	I	□De	nied	
Employee Signature Date								<b>∏Арр</b>	roved in P	art			
							aļ			_		(if	
DATED : July 6, 2020	Employe	ee Signa	ature					Date					
	DATED	: July 6,	, 2020										

## **PRESSPlus Comments**

PRESSPlus 1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

## Issue 118, April 2025