

**General Personnel**

**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.)

<b>Actual Expense Report</b>									
<i>*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)</i>									
Auto Travel Allowance: _____ per mile									
Date	Mileage Miles Cost		Comm. Travel Expenses	Lodging	Meals Bkfst   Lunch   Dinner			Other Item Cost	Daily Total
<b>Subtotal</b>									
<b>Advances</b>								-	
<b>TOTAL</b> (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