

## Employee Expense Reimbursement Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board. Please print and attach receipts for all expenditures. **Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements.** Please print.

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

Travel 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										
*Board members will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund an expense advancement that exceeds the actual and necessary expenses incurred. (105 ILCS 5/12-22.32)										
Auto Travel Allowance: _____ per mile										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other		Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner	Item	Cost	
<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