

**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: \_\_\_\_\_

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

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)									
Auto Travel Allowance: _____ per mile									
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other Item Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner		
<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 \_\_\_\_\_

DATED: November 21, 2016