

**Expenses**

**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.)

<b>Actual Expense Report</b>									
<b>*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)</b>									
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 \_\_\_\_\_

DATED: January 17, 2017

**Komarek SD 94**