

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: _____

☐ **Estimated expenses attached** (Completed 5:60-E2, Employee Estimated Expense Approval Form)(pre-approval is required for federal and state grants).

☐ **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. For federal and State grants, employees will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 5:60, *Expenses*.

Auto Travel Allowance: _____ per mile

Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other		Daily Total
	Miles	Cost			Bkfst	Lunch Dinner		Item Cost		
Subtotal										
Advances									-	
TOTAL (A negative amount indicates refund due from employee.)									\$	

Superintendent or Designee:

☐ **Approved**

☐ **Denied**

(below maximum allowable amount)

☐ **Approved in Part**

☐ **Grant Funding Source** (if applicable): _____

Superintendent or Designee Signature

Date

Comments: _____

Board Action (*exceeds maximum allowable amount*): ☐ **Approved** ☐ **Denied**

☐ **Approved in Part**

☐ **Grant Funding Source** (if applicable): _____

Employee Signature

Date

DATED : August 19, 2025

Arlington Heights SD 25
