5:60-E2 Exhibit - Employee Estimated Expense Approval Form

Submit to the Superintendent. ***Use of this form is required (1) by 2:125-E3, Resolution to Regulate Expense Reimbursements and (2) for pre-approval of expenses to be charged to a federal grant or State grant governed by the Grant Accountability and Transparency Act.*** *Please print.*

Name: _____ Title/Office: _____

Travel Destination: _____ Purpose: _____

Estimated Expenses Approval Requested (50 ILCS 150/20 or grant expenditure)

Travel is grant-related* (specify grant): _____

Purchase Order Requested Purchase Order **#**: _____

Expense Advancement Voucher Requested (105 ILCS 5/10-22.32)

Voucher Amount: _____

Estimated Expense Report

Departure date: _____ **Return date:** _____

Auto Travel Allowance: _____ per mile

Grant-related travel only: *Except for mileage and other transportation expenses, expense reimbursement/per diem is only allowed if on official travel status for 12 hours or more. If lodging at or belowthe applicable rate cannot be identified, please indicate belowand attach at least three quotes for review.*

Date	Auto Mileage Miles	Auto Mileage Cost	Transp. Expenses	Lodging	Meals or Per Diem Bkfst	Meals or Per Diem Lunch	Meals or Per Diem Dinner	Other Item	Other Cost	Daily Total
Total										**$**

Superintendent or Designee: ☐ **Approved** ☐ **Denied**

(*belowmaximum 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