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.)

				Actu	al Exper	ise Repoi	rt				
expense a	dvanceme ployees w	ent that e vill be rei	ed for actual ar xceeds the act mbursed for ac s.	ual and nece	essary exp	penses inc	urred. 10	5 ILCS 5/10-	22.32.	For federa	l and State
Auto Trave	Allowand	ce:	per mile	;							
Date	Auto Mileage Miles Cost		Transp. Expenses	Lodging	Meals or Per Diem Bkfst Lunch		Other		Cost	Daily Total	
						Dinner		ļ			
Subtotal											
Advances								-			
TOTAL (A negative amount indicates refund due from employee.)								\$			
Superinte	ndent or	Designe	e:		∏Арј	proved		Denied			
(below maximum allowable amount)					☐ Approved in Part						
						Frant Fund	ding Sou	rce (if applic	cable):		
Superintendent or Designee Signature				Date							
Comments	:										
Board Action (exceeds maximum allowable amount):				Approve	d	Denied					
					□Арр	roved in F	Part				
					Grant Funding Source (if applicable):						

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Arlington Heights SD 25