

Expenses

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 | | | | | | | | | | |
| <i>*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 below the applicable rate cannot be identified, please indicate below and attach at least three quotes for review.</i> | | | | | | | | | | |
| Date | Auto Mileage | | Transp. Expenses | Lodging | Meals or Per Diem | | | Other Item | Other Cost | Daily Total |
| | Miles | Cost | | | Bkfst | Lunch Dinner | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | \$ |

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 : May 21, 2020

Arlington Heights SD 25
