Sparta CUSD 140-March 2020 5:60-E1

# General Personnel

## 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.)*

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| --- |
| **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 MileageMiles Cost | Transp.Expenses | Lodging | Meals or Per DiemBkfst | Lunch | Dinner | Other Item Cost  | DailyTotal |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **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:

**School Board Action** (*exceeds maximum allowable amount*)**: [ ]  Approved [ ]  Denied**

 **[ ]  Approved in Part**

**[ ]  Grant Funding Source** (if applicable):

Employee Signature Date