

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/Officer: _____

Travel Destination: _____

Purpose: _____

Departure Date: _____

Return Date: _____

Receipts Attached

Request Date: _____

Approved expense advancement (voucher) attached, if applicable* *(Completed 2:125-E2, Board Member Estimated Expense Approval Form.)*

Employee waives reimbursement for expenses.

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)										
Auto Travel Allowance: _____ per mile.										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Item	Other Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
Subtotal										
Advances										
TOTAL (a negative amount indicates refund due from Board Member)										
									\$	

DATED: February 13, 2017