

Expenses

5:60-E1 Exhibit - Employee Expense Reimbursement Form

Submit to the Executive Director. **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.)

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, <i>Expenses</i> .									
Auto Travel Allowance: _____ per mile									
Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other Item Cost	Daily Total
	Miles	Cost			Bkfst	Lunch Dinner			
Subtotal									
Advances									-
TOTAL (A negative amount indicates refund due from employee.)									\$

Executive Director or Designee: **Approved** **Denied**

(below maximum allowable amount)

Approved in Part

Grant Funding Source (if applicable): _____

Executive Director 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

DATED : June 18, 2020

Proviso Area for Exceptional Children (P.A.E.C.)
