

General Personnel

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

**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.*

Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
Total										\$

Superintendent or Designee

(below maximum allowable amount):

☐ **Approved** ☐ **Denied**

☐ **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