

EXPENSE REIMBURSEMENT

REACHING	ACROSS ILLINOI	S LIBRARY SYSTEM											
Requestor's Name]	Date Submitted			For RAILS Staff, please attach all receipts for expenses to this form and submit it to your supervisor for approval. Once approved, please submit this form to accounting@railstibraries.org						
Reimbursing Organization			j	Address to send the check to:			For RAILS Board and Committee Members, please attach all receipts for expenses to this form and submit it to emily.fister@railslibraries.org						
	Fund	Location	Department	Program code				GL Account:					
For Finance Use Only						In state Out of state	5247	5248 5258	5257	5249 5259	5250 5260		
						- Cut of State		0200	0201	0200	3233		
	Travel Expenses	3	1										
Date of Expense	Conference / Meeting / Reason for Travel	City, State for Conference / Meeting / Location	From: City, State	To: City, State	Miles	Mileage Reimbursement	Meals	Airfare	Lodging	Parking, Tolls, Transit, etc.		Notes	
	Reason for Travel	meeting / Location				Keimbursement				Transit, etc.			
					Travel Totals:								
	nents (Non-Travel) - Including	Memberships, Conference Registrat		Amount									
Date	Description Description							To facilitate reimbursements, we request that submitters please: - Attach all receipts to this document.					
								- Fill out a separate reimbursement form for each conference / event.					
								- Enter meals by day and include detailed receipts. If you are in a group, please request separate receipts, if possible.					
								 Note if you are missing a receipt. For RAILS staff, please turn in reimbursement requests as incurred, but at least monthly. 					
								- For RAILS board and committee members, please turn in reimbursement requests at or above \$15, or at least quarterly.					
								- Please submit all reimbursement requests for expenses incurred during the fiscal year no later than 10 days after the fiscal year-end (July 10).					
								Requestor Nam	ne and Signature				
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													-
								Approver Nam	e and Signature				
					Reimbursed:		I						