

EXPENSE REIMBURSEMENT

REACHING	ACROSS ILLINO	IS 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@railsilibraries.org			
Reimbursing Organization				Address to send the check to:]	For RAI	LS Board and Com this form and s	mittee Members, please attach all receipts for expenses to submit it to stacy.palmisano@railslibraries.org
	Fund	Location	Department	Program code			GL Acc	ount:			
For Finance Use Only					In state Out of state	5247	5248 5258	5257	5249 5259	5250 5260	
								•	•		•
	Travel Expenses	s	1								
Date of Expense	Conference / Meeting / Reason for Travel	City, State for Conference / Meeting / Location	From: City, State	To: City, State	Miles	Mileage Reimb.	Meals	Airfare	Lodging	Parking, Tolls, Transit, etc.	Notes
				•	Travel Totals:						
Other Reimbursen Date	nents (Non-Travel) - Including	Memberships, Conference Registrat	on Fees, Supplies, etc.			Amount	Í		-	o facilitato roimburo	ements, we request that submitters please:
Date	Description					Amount		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 as incurred, 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 Nan	e and Signature		
					Other Totals:			Approver Nam	e and Signature		
					Total to be Reimbursed:						
					Reimbursed:						