

# EXPENSE REIMBURSEMENT

Requestor's Name	
Reimbursing Organization	

Date Submitted	
Address to send the check to:	

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@railslibraries.org](mailto:accounting@railslibraries.org)  
 For RAILS Board and Committee Members, please attach all receipts for expenses to this form and submit it to [stacy.palmisano@railslibraries.org](mailto:stacy.palmisano@railslibraries.org)

For Finance Use Only	Fund	Location	Department	Program code	GL Account:					
					In state	5247	5248	5249	5250	
					Out of state		5258	5257	5259	5260

Travel Expenses											
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 Reimbursements (Non-Travel) - Including Memberships, Conference Registration Fees, Supplies, etc.		
Date	Description	Amount
Other Totals:		
Total to be Reimbursed:		

- | To facilitate reimbursements, we request that submitters please:  |
|---|
| <ul style="list-style-type: none"> <li>• Attach all receipts to this document.</li> <li>• Fill out a separate reimbursement form for each conference / event.</li> <li>• Enter meals by day and include detailed receipts. If you are in a group, please request separate receipts, if possible.</li> <li>• Note if you are missing a receipt.</li> <li>• For RAILS staff, please turn in reimbursement requests as incurred, but at least monthly.</li> <li>• For RAILS board and committee members, please turn in reimbursement requests at or above \$15 as incurred, or at least quarterly.</li> <li>• Please submit all reimbursement requests for expenses incurred during the fiscal year no later than 10 days after the fiscal year-end (July 10).</li> </ul> |

Requestor Name and Signature	

Approver Name and Signature	