

## **EXPENSE REIMBURSEMENT**

REACHING	ACROSS ILLINO	IS LIBRART STSTEM									
Name Date Submitted Reimbursing Org.				Address to send the check to:					appı	oval. Once approvo	I receipts for expenses to this form and submit it to your supervisor for red, please submit this form to accounting@railslibraries.org tee Members, please attach all receipts for expenses to this form and ubmit it to emily.fister@railslibraries.org
For Finance Use Only	,						GL Ac	count:			1
Fund	Location	Department	Progra	m code	In state	5247	5248	T	5249	5250	-
Tuna	Location	Department	110913		Out of state	5241	5258	5257	5259	5260	1
	Travel Expense:	s	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
Other Beimburger	nente (Non Travel) Including	Memberships, Conference Registra	tion East Supplies ata	1	Travel Totals:						
Date	nents (Non-Haver) - Including		Description			Amount			Т	o facilitate reimburse	ements, we request that submitters please:
Date	- Decemporal							- 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).			
						+		Name of	Requestor		
								Name of	Requestor		
					011.						
					Other Totals:			Name o	f Approver		
					Total to be						
					Reimbursed:						