

Travel Reimbursement Form  
Illinois State Library Committees and Task Forces

**Return:**

- The TRAVEL REIMBURSEMENT FORM
- All original receipts for all expenses (include ticket stubs; originals showing the traveler has paid are required).
  - Do not include meal or fuel receipts. Per diem is reimbursed based on travel times when meals are not provided; automobile mileage is reimbursed based on distance traveled.

**Send to:**

Illinois State Library  
Library Accounting  
Attn: Michelle Schorfheide  
300 South Second Street  
Springfield, IL 62701-1796

Committee/task force name:	
Date:	Place held/city:

Name:		Place of Employment:	
Social Security No:		Employment Address:	
Home Address:		City:	State:
City:		Daytime phone number with area code:	
State:	Zip:	Daytime email address:	

**Trip from place of origin**

Departure Date:			
Departure Place:	Time:	Arrival Place:	Time:
Departure Place #2:	Time:	Arrival Place #2:	Time:

**Return Trip**

Return Trip Date:			
Departure Place:	Time:	Arrival Place:	Time:
Departure Place #2:	Time:	Arrival Place #2:	Time:

**Meals provided as part of the above meeting**

Date:	Breakfast	Lunch	Dinner
Date:	Breakfast	Lunch	Dinner

**Mode of Transportation (attach original receipts showing traveler paid)**

Airplane:	Personal Car:	License plate no:	Odometer start:	Car year:	Make:
Train:	State Car:		end:	Model:	

**Lodging (attach original receipts showing traveler paid)**

Date room was occupied: From:	To:	Conference Hotel or Meeting site? Yes No
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**Other expenses to be reimbursed**

<b>Taxis:</b> (receipts for fares over \$10 including tip must be attached)	<b>Parking:</b> (receipts for fees over \$10 must be attached)
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