

ILLINOIS STATE CONVENTION EXPENSE REIMBURSEMENT FORM

Date _____

ATTN Treasurer: This is a request for reimbursement of expenses incurred as shown below. Attached are all bills and receipts to support this request.

Expense Item	Description	Total Amount	Budget Category*
Mileage			
Tolls			
Parking			
Motel			
Meals			
Office Supplies			
Printing			
Postage			
Other -			
Other -			

Total Amount Due \$ _____

Amount of personal donation to convention \$ _____

Net Amount for Reimbursement \$ _____

Name _____

Position _____

Address _____

City, State, Zip code _____

Signature _____

*Note: The Budget Category is the Line No. on the Budget. For example, Treasurer is 10.

Treasurer's Use Only
Date Paid
Check No.