

**ILLINOIS STATE ASSEMBLY
REIMBURSEMENT FORM**

Purpose: _____ **Date:** _____

Name: _____ **ISA Board Position:** _____

| Date | Description | Lodging | Mileage | | Total |
|------|-------------|---------|------------|------------|-------|
| | | | # of miles | Total cost | |
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*Note: Mileage reimbursement = \$0.57.5/mile (not to exceed 500 miles round trip)
Don't forget to include a map documenting round trip mileage

Total Reimbursement: _____
Don't forget to attach receipts

Signature of Traveler: _____ Date: _____

Authorized by: _____ Date: _____
ISA Treasurer

Date reimbursement paid: _____