

**TRAVEL EXPENSE REIMBURSEMENT FORM**  
**for participating in the business of ILLINOIS YEARLY MEETING**  
**See TRAVEL REIMBURSEMENT POLICY at**  
**[ilym.org/content/finance-resources](http://ilym.org/content/finance-resources)**

***Committee travel must be cleared through Committee in advance***

Your Name & Address: \_\_\_\_\_

\_\_\_\_\_  
(or affix name & address sticker)

Today's Date: \_\_\_\_\_ Committee Clerk if applicable \_\_\_\_\_

Your Email/Phone #: \_\_\_\_\_

Purpose, location, and date(s) of travel on ILYM business: \_\_\_\_\_

\_\_\_\_\_  
List your expenses below. Example expenses to include: registration fees, fuel, transportation (air/bus/train), food/lodging, parking, mileage (in lieu of fuel expenses).  
***Keep copies of your receipts and attach the originals to this request form.***

Total Expenses: \_\_\_\_\_ Amount of reimbursement requested: \_\_\_\_\_

**Submit to: ILYM Co-Treasurer**  
**(7/14-6/17: Judy Erickson, 322 S. Elmwood Ave., Oak Park, IL 60302-3518)**  
***Please allow 2-3 weeks for processing reimbursement***