

# Health Science Librarians of Illinois

## Expense Reimbursement Form

### Statement of Expenditure

Instructions:

1. Complete form
2. Attach receipts
3. Mail, fax, or email to:

Heather Klepitsch, Library Supervisor  
OSF Saint Anthony Medical Center and Saint Anthony College of Nursing  
5658 East State Street  
Rockford, IL 61108  
815-227-2446 | [heather.klepitsch@osfhealthcare.org](mailto:heather.klepitsch@osfhealthcare.org)

### Itemized Expenses

### Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Make Check Payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_

2016 IRS mileage rate is \$0.54/mile

Date received: \_\_\_\_\_  
Invoice no. \_\_\_\_\_  
Check no. \_\_\_\_\_  
Date Processed: \_\_\_\_\_