Health Science Librarians of Illinois
Expense Reimbursement Form

Statement of Expenditure

Instructions:
1. Complete form
2. Attach receipts
3. Mail, fax, or email to:
   Laura Wimmer, Manager of Library Services
   Presence Resurrection Medical Center
   7435 W. Talcott Avenue
   Chicago, IL 60631
   773-990-7638 | lwimmer@presencehealth.org

Itemized Expenses

<table>
<thead>
<tr>
<th>Itemized Expenses</th>
<th>Amount</th>
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Make Check Payable to: _____________________________________________

Mail to: ___________________________________________________________

Date received: __________
Invoice no. ________
Check no. ________
Date Processed: ________

2018 IRS Mileage Rate 54.5 cents