

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
Resurrection Medical Center
7435 W. Talcott Avenue
Chicago, IL 60631
773.990.7638 | lwimmer@presencehealth.org

Itemized Expenses

Amount

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

Make Check Payable to: _____

Mail to: _____

2017 IRS mileage rate is \$0.535/mile

Date received: _____
Invoice no. _____
Check no. _____
Date Processed: _____