



## Reimbursement Request Instructions

### Instructions:

1. Complete the Reimbursement Request Form (see page 2).
2. Tape (do not staple) **original** receipts, such as airline confirmations, hotel bills, and cab receipts single-sided to a blank sheet(s) of paper and attach to this form.
3. Make a copy of page 2 of this form and all of your receipts. Keep the copy for your files.
4. Mail the original form (page 2 only) and the original receipts to the address below:

**ACRL Reimbursement Request**  
**50 E. Huron St.**  
**Chicago, IL 60611**

### Expenses Generally Covered with Proper Documentation:

Item	Required Documentation
Round trip air fare (coach class)	Receipt showing total paid (e-mail confirmation/receipt is sufficient)
Ground transportation between home/airport/meeting site (includes taxi, shuttle or public transportation)	Original receipt from taxi, shuttle or public transportation
Mileage between home/airport/meeting site. Current reimbursement rate is \$0.50/mile.	Map showing total distance (MapQuest, Google maps or similar print out is sufficient)
Hotel room rate and tax per letter of agreement (if applicable). Incidentals are <i>not</i> included (movies, room service, laundry, etc.)	Original hotel bill (ask for this at check out)
Meals NOT provided as part of the official function and per your letter of agreement (if applicable)	No receipts necessary. Per diem rate is \$50/day, or for individual meals; \$10 for breakfast, \$15 for lunch and \$25 for dinner
Luggage handling fees (1 average weight bag each way per person)	Original receipt
Tips reimbursed \$1 per day for housekeeping and bellmen; gratuity reimbursed up to 10%.	No receipts necessary

**Please note, expenses without required documentation may not be reimbursed.**



## Reimbursement Request Form

Name: \_\_\_\_\_ Purpose of Expenses: \_\_\_\_\_

Make check payable to (if different than name above): \_\_\_\_\_

**Mail check to**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If your reimbursement request includes an honorarium, please provide your social security number or federal tax ID number (This is required by the IRS to provide honorarium): \_\_\_\_\_

**Itemized Expenses**

Date	Item	Amount	Budget Line Charge (ACRL office use only)

**TOTAL:** \_\_\_\_\_

Please check if original receipts could not be included and state reason below.

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*Please note expenses without required documentation may not be reimbursed.*

Submit this form and original receipts to ACRL at the address listed above.