

ACRL Reimbursement Request Instructions

Instructions:

1. Complete the Reimbursement Request Form (see page 2). *(All expense **reimbursement reports** should be submitted preferably **within 10 days** of the expense).*
2. Include receipts, such as airline confirmations, hotel bills, and cab receipts. Scanned copies or photos are sufficient.
3. Email (preferred method) the completed form and receipts to your ACRL staff liaison. If you would like to mail the form and receipts, please send to the address below and confirm with your staff liaison.

ACRL Reimbursement Request
 225 N Michigan Ave, Suite 1300
 Chicago, IL 60601

Expenses Generally Covered with Proper Documentation:

Item	Required Documentation
Round trip air fare (coach class)	Receipt showing total paid (scan or photo of receipt is sufficient)
Ground transportation between home/airport/meeting site (includes taxi, shuttle or public transportation)	Original receipt from taxi, shuttle or public transportation (scan or photo of receipt is sufficient)
Mileage between home/airport/meeting site. Current reimbursement rate is \$0.58/mile.	Map showing total distance (Google maps PDF or similar 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 (scan or photo of bill is sufficient)
Meals NOT provided as part of the official function and per your letter of agreement (if applicable)	No receipts necessary. Per diem rate is \$70/day, or for individual meals; \$15 for breakfast, \$25 for lunch and \$30 for dinner.
Luggage handling fees (1 average weight bag each way per person)	Original receipt (scan or photo of receipt is sufficient)
Reasonable tips (cab driver, housekeeping, bellman, etc.)	No receipts necessary

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

ACRL Reimbursement Request Form

Name: _____ Purpose of Expenses: _____

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

Mail check to

Name: _____

Street: _____

City/State/Zip/Country: _____

Email Address: _____ Phone: _____

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.

Please note expenses without required documentation may not be reimbursed.

Complete only if submitting a reimbursement for sections, interest groups, or chapters.

Approved by (section chair, convener, chapters chair):	
Date:	