

**ILLINOIS APCO**  
**REQUEST FOR REIMBURSEMENT OF EXPENSES**

Instructions: Complete this form, attach copies of receipts and mail to:

**Taylor Mieure**  
**1014 Massena Avenue**  
**Waukegan IL 60085**

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

Reason For Reimbursement: \_\_\_\_\_

Date(s) Expenses Occurred: \_\_\_\_\_

**EXPENSES**

Registration Fees \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Food & Beverage \_\_\_\_\_ days x \$46.50 per day \$ \_\_\_\_\_

Travel: (*choose airfare or auto mileage*)

Actual airfare cost \$ \_\_\_\_\_

Auto mileage \_\_\_\_\_ miles @ 36.5 cents per mile \$ \_\_\_\_\_

Parking, Ground Transfers, Tolls, etc \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

*(attach receipts and a statement of explanation)*

TOTAL REIMBURSEMENT REQUEST \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Amount of reimbursement \$ \_\_\_\_\_ Check number: \_\_\_\_\_ Date: \_\_\_\_\_