



Empowering  
Lives  
Through  
Literacy

# Professional Learning & Development

## IRC PL&D CONSULTANT TRAVEL REIMBURSEMENT FORM

Name: \_\_\_\_\_ Record #: \_\_\_\_\_

Destination: \_\_\_\_\_ Trip Date(s): \_\_\_\_\_

Program/Purpose: \_\_\_\_\_

Type of Expense	# of miles – exceeding initial 100 miles roundtrip	Amount
<b>Auto Mileage</b> (at IRS Current Standard Rate)		
<b>Hotel</b> (actual room rate plus tax)		
<b>Meals</b> (Itemized receipts required)		

TOTAL PAYMENT DUE: \_\_\_\_\_

**Please submit receipts with Travel Reimbursement Form.  
Make copies of all paperwork submitted and retain a copy for your records.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Illinois Reading Council  
Attn: Carrie Sheridan  
1100 Beech Street, Building 8-2  
Normal, Illinois 61761  
Email [irc@illinoisreadingcouncil.org](mailto:irc@illinoisreadingcouncil.org)  
Fax: (309) 454-3512