

**Health Science Librarians of Illinois
Expense Reimbursement Form**

Statement of Expenditure

1. Complete form
2. Attach receipts
3. Mail or fax to HSLI Treasurer

<u>Itemized Expenses</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Make check payable to: _____

Mail to: _____

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