

ILLINOIS DEPARTMENT OF  
FINANCIAL AND PROFESSIONAL REGULATION

\_\_\_\_\_  
(Fill in Name of Board)

**STATEMENT OF REIMBURSABLE  
EXPENSES FOR BOARD MEMBERS FOR FY17**

*PLEASE TYPE. ALL INFORMATION MUST BE LEGIBLE*

NAME: \_\_\_\_\_ SS# : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION OF TRAVEL: (ADDRESS OF MEETING) : \_\_\_\_\_

COMMENCED TRAVEL: \_\_\_\_\_  
(Month, Day, Year) (Time) (Miles)

COMPLETED TRAVEL: \_\_\_\_\_  
(Month, Day, Year) (Time) (Miles)

Automobile Transportation: \_\_\_\_\_ mile(s) @ \_\_\_\_\_ /mile

Other Primary Transportation – Air, Rail, etc (attach receipt) \_\_\_\_\_

Lodging (attach receipt) \_\_\_\_\_

Per Diem / Meal Allowance (if applicable / allowable) \_\_\_\_\_

Other – (Please (circle) indicate / list separately)

Parking, Taxi, etc. Please tape loose receipts to piece of paper & attach  
itemized list. Attach additional paper if necessary. \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

*By signing this form, I certify that, In accordance with Section 12 of "An Act in Relations to State Finance", the above amount is correct and just, that the detailed items charged for subsistence were actually paid, that the expenses were occasioned by office business or unavoidable delays requiring the stay in hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner, and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged for. I also certify that I have a valid driver's license and the minimum insurance coverage required pursuant to Section 10-101(b) of the Illinois Vehicle Code and all travel is required for State Business and above amount is correct and just.*

\_\_\_\_\_  
Signature of Board Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Approval Signature

\_\_\_\_\_  
Date

Board Members are to forward their vouchers to their Board Liaison initially for approval signatures.  
When all signatures are obtained, please forward to DFPR Accounts Payable, Budget & Financial Reporting  
Section, Illinois Department of Financial & Professional Regulation, Suite 259, 320 W Washington, Springfield, IL  
62701