# Illinois College of Emergency Physicians
# Reimbursement Request for IMERT-INVENT Expenses

Make Check Payable To: (Please print neatly)

Name_____ Daytime Phone _____
Mailing Address _____
City_____ State_____ Zip _____

**For ICEP use Only**
**Vendor # _____**

| Date | Reason for expenses | Amount | Account Number |
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| | | | **Approved by:** |
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**Total Amount to be reimbursed**

**Note:** When claiming mileage reimbursement, please show total miles and reimbursement at 48.5 cents per mile
Attach Maquest directions showing To and From locations

I certify that the above is a true statement, that the expenses claimed were incurred by me on official IMERT-INVENT business, and that I have attached receipts for each expense.

Signature:_____ Date:_____

Return completed form to:

IMERT-INVENT
Attn: Sue Tysiak
3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515
630-495-6400 ext 210
630-495-0227 fax

**Expense Verification Must Be Attached**