



Illinois Law Enforcement Training and Standards Board
 4500 South 6th St Road, Rm 173
 Springfield, Illinois 62703-6617 • Telephone 217/782-4540

For Board Use Only	
Probationary Period	_____
Tuition	_____
Food and Lodging	_____
Transportation	_____
Total Correct	_____
Approved	_____

BASIC REIMBURSEMENT FORM
 Law Enforcement/Correctional

Claimant (City, County, etc.) _____

Name of Trainee _____

Last	First	Middle	PTB ID
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Date Appointed as Officer _____ Date of Birth _____ Rank _____

Type of Training (Specify): _____

Date Training Commenced _____ Date Graduated _____ Hours in Course _____

Date training terminated if not graduated and reason for termination: _____

 Name and Location of School _____

TOTAL ACTUAL COST OF TRAINING: (Costs covered by funds from any other source may not be claimed.) For example: your claim must be reduced by the same dollar amount of a grant received for the trainee's salary while in basic training.

Tuition and Registration Fees	\$ (1) _____
Lodging (Receipts MUST be attached if not included as part of tuition or registration fee)	\$ (2) _____
Food (Specify # of Breakfast ___ Lunch ___ Dinner ___)	\$ (3) _____
Salary for training period (\$15.50 fixed rate times _____ hours in course)	\$ (4) _____
Transportation costs (Number of miles _____ @ 53.5¢cents per mile)	\$ (5) _____

NOTICE: Mileage is a vehicle service allowance not an individual allowance for each officer.

Subtotal	\$ (6) _____
Reimbursable Indirect Costs (50% of line 6)	\$ (7) _____
Reimbursable Direct Costs (sum of lines 1, 2, 3 & 5)	\$ (8) _____
MAXIMUM REIMBURSEMENT (the lesser of lines 7 or 8)	\$ (9) _____

Were any costs associated with the training (including salary) paid for by a federal or state grant, or any funds from another agency or source? YES () NO () If "yes", please reduce your claim amount and explain in detail on a separate attachment.

Claim Preparer _____ Telephone _____

I certify the above facts and figures are true and correct.

 (Ink signature of Chief of Police or Sheriff) **DO NOT Rubber Stamp** Date

I hereby certify that I am a duly-qualified and authorized official of the above named claimant and am responsible for the examination and settlement of accounts; that the above amounts claimed for the State of Illinois are proper charges under the provisions of the Police Training Act and payment has not been received.

 (Ink signature of Auditor, Comptroller, Clerk, or other fiscal officer. Indicate Title) **DO NOT Rubber Stamp** Date

IMPORTANT NOTICE: *The Board is requesting specific information that is necessary to accomplish the statutory purposes as outlined in the Illinois Police Training Act and/or Public Act 7970-652. Failure to provide this information may prevent this form from being processed. This form has been approved by the Forms Management Center.*

ATTENTION: Chiefs and Sheriffs, the following instructions must be adhered to for timely processing of claims and to avoid loss of reimbursement. Submit claim upon completion of course. Do not hold until the end of the fiscal year.

INSTRUCTIONS FOR COMPLETING THIS FORM “B”

1. Form must be submitted **promptly** after a course has been completed.
2. Submit original. Original ink signatures required. No stamped copies.
3. Check and re-check your calculations. Make certain they are correct.
4. Tuition costs differ from facility to facility and from commuter rate to in-residence rate. Select proper tuition.
5. Food and lodging are usually provided as a part of the registration fee for in-residence student.
6. Costs which are underwritten by funds from **any** other sources are **not** to be included as part of this claim.
7. Claims for meals are not to exceed state allowances: \$5.50 for breakfast; \$5.50 for lunch; \$17.00 for dinner. Total of \$28.00.
8. Lodging not to exceed \$155.00 per day, plus tax, for Cook County; \$80.00 per day, plus tax, for DuPage, Kane, Lake, McHenry and Will Counties; \$70.00 per day, plus tax, for Champaign, Kankakee, LaSalle, McLean, Macon, Madison, Peoria, Rock Island, St. Clair, Sangamon, Tazewell and Winnebago Counties; and \$60.00 per day, plus tax, for all other counties.
9. Lodging receipts are required (not meal receipts) and should be submitted as an attachment to the claim form.
10. Salary cost is hours of course times the fixed rate of \$15.50.
11. Transportation costs: Maximum of 53.5 cents per mile, or actual bus or train fares where this does not exceed mileage cost via auto.
12. Mileage is a vehicle service allowance, not an individual allowance for each officer. Car pools should be used where feasible.
13. Daily round trip mileage allowed for commuter students except those who live in same city where training is given.
14. One round trip only allowed for in-residence student when tuition fee includes food and housing on a 7 day-a-week basis.

Payments will be made in accordance to the Police Training Act (Ill. Rev. Statues 705/9).

**ALL CLAIMS FOR TRAINING COMPLETED DURING THE FISCAL YEAR
(JULY 1st to JUNE 30th)
MUST BE RECEIVED AT BOARD’S OFFICE NO LATER THAN
JULY 15th EACH YEAR.**

**CLAIMS RECEIVED AFTER JULY 15th WILL
NOT BE AUTHORIZED FOR REIMBURSEMENT**