



**CITY OF DES PLAINES**  
**TRAVEL REIMBURSEMENT FORM**

Travelers Name \_\_\_\_\_

Department \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Location of Event \_\_\_\_\_

Daily Per Diem Amount (meals/incidentals only) [Per Diem Rates | GSA](#)

**M&IE Breakdown**  
Breakfast - \$18  
Lunch - \$20  
Dinner - \$36  
Incidental - \$5

MEALS - FIRST AND LAST DAY OF TRAVEL IS CALCULATED AT 75%						
Date	Breakfast	Lunch	Dinner	Incidental	75%	Total
First Day						
Last Day						

See Links Below  
[Map from Googlemaps](#)  
[Illinois Tollway Account](#)  
[Toll Calculator](#)

MILEAGE - USING PERSONAL CAR, ONLY MILES IN EXCESS OF DAILY COMMUTE TO/FROM WORK						
Date	Work Day Yes or No	Total Miles Driven	Subtract Miles on a Normal Daily Commute	Reimbursable Miles	2024 Mileage Rate	Total

	LODGING	AIRFARE	RENTAL VEHICLE	RENTAL GAS	TRANSPORTATION	TOLLS	
Date	Hotel	Airplane Tickets	Rental Vehicle	Fuel	Taxi / Ride Share	Parking / Tolls	Total

**Total Due to the Traveler:** \_\_\_\_\_

G/L Account: \_\_\_\_\_ Project Code: \_\_\_\_\_ G/L Total \_\_\_\_\_  
 G/L Account: \_\_\_\_\_ Project Code: \_\_\_\_\_ G/L Total \_\_\_\_\_

Traveler Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Dept. Head Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To be reimbursed ensure that the form is submitted to Finance within 60 days from the date of the class. For classes scheduled in December, the submission deadline is no later than January 31st.**

See separate travel policy for specific instructions.