

**RESOLUTION No. \_\_\_\_\_**

**A RESOLUTION TO COMPLY WITH THE GOVERNMENT TRAVEL EXPENSE CONTROL ACT**

**WHEREAS**, the Illinois legislature recently enacted the *Local Government Travel and Expense Control Act* as a response to local governmental officials improperly passing on private entertainment expenses to the taxpayers to become effective January 1, 2017; and

**WHEREAS**, the Clarendon Hills Library is committed to being fiscally responsible with taxpayer dollars and following the mandates of state lawmakers;

**NOW, THEREFORE, BE IT RESOLVED** by the **President and Board of Library Trustees of the Clarendon Hills Public Library** as follows:

**Section 1.** Adoption: The following Library Reimbursement Policy shall be adopted and added to the Library Policies and shall state as follows:

**GENERAL POLICY:** It is the policy of the Clarendon Hills Public Library to comply with the Local Government Travel and Expense Control Act through the promulgation of these regulations.

**1. DEFINITIONS:**

“Entertainment” includes, but is not limited to, shows, amusements, theaters, circuses, sporting events, or any other place of public or private entertainment or amusement, unless ancillary to the purpose of the program or event.

“Travel expense” means any expenditure directly incident to official travel by employees, members of the governing board, and officers of the Library for specific Library purposes.

**2. TYPES OF TRAVEL FOR WHICH TRAVEL EXPENSES WILL BE ALLOWED:** In general, the library does not reimburse for travel expenses. With Board approval, the Library will approve travel expenses for employees or officers attending an official library conference or convention such as the annual Illinois Library Association Conference or American Library Association conference not to exceed \$2000.00. In this situation, the Board would only approve the following expenses:

1. The actual cost of transportation (for example, airline tickets, train tickets, taxi fare and the like), as well as, personal vehicle costs reimbursed at the current IRS mileage rate for business.
2. The costs of lodging at a hotel or motel, if an overnight stay is necessary.
3. The costs of conference fees.
4. The cost of food and beverage (will not cover alcohol) - not to exceed \$50/day.
5. Entertainment expenses, as defined above, are NOT allowed and must be paid for personally by the traveler, and no costs for alcohol or liquor are permitted.

**3. PROCEDURE FOR REIMBURSEMENT:** No expenses shall be reimbursed without a reimbursement request form (as included here). The form must be completely filled out with receipts or estimates (with reservations and confirmation numbers) attached. In the event

that travel expense is *prepaid*, actual receipts must be turned in and attached to the reimbursement request form within 30 days of the completion of travel. Any amount paid in excess of the actual receipts filed must be repaid to the Library within 30 days.

**4. EXPENSES INCURRED BY BOARD MEMBERS:** Expenses may only be approved for reimbursement by the Board as a whole at a normally scheduled Board Meeting subject to a roll call vote.

**Section 2:** Should any portion of this Resolution be declared invalid, the remaining, severable portions, shall, nonetheless, remain in full force and effect.

**Section 3:** This Resolution shall be in full force and effect from and after 10 days following its passage and approval.

PASSED BY THE BOARD OF LIBRARY TRUSTEES OF THE CLARENDON HILLS LIBRARY, OF DUPAGE COUNTY, STATE OF ILLINOIS, THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2016.

\_\_\_\_\_  
President, Board of Library Trustees

(ATTEST)

\_\_\_\_\_  
Secretary

Travel/Expense Reimbursement Request Form  
Clarendon Hills Public Library

Requestor: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Dates/Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

(Please describe the reason for the travel and/or expense and justify how this is public business relating to or for the Library.) \_\_\_\_\_  
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Attach all receipts. If you have not yet incurred the expense, attach the supporting documents that verify your cost estimate. All expenses pre-paid must be equal to or less than actual costs and the receipts must be turned in within 30 days of the trip.

ATTACH  
RECEIPTS/INVOICES  
HERE

**Total Reimbursement amount requested: \$** \_\_\_\_\_

Approved on: \_\_\_\_\_

By: \_\_\_\_\_