

Illinois Law Enforcement Training and Standards Board

4500 South 6th St Road, Room 173 Springfield, Illinois 62703-6617 Telephone 217/782-4540 - Fax 217/524-5350

For Board Use Only
Probationary Period
Tuition—
Approved

PART-TIME BASIC REIMBURSEMENT FORM Law Enforcement

Claimant (City, County, etc.)					
Name of Trainee					
Last	First	Middle	PTB ID Number		
Date Appointed as Part-time Officer	Date of Birth		Rank	_ Rank	
Date Training Commenced	Date Graduated Hours in Course				
Name and Location of Training Facility					
Date training terminated if not graduated and re	ason for termination:				
Partial tuition reimbursement, if any, refunded f	rom Training Facility \$				
TOTALACTUAL COST OF TRAINING (Cost must be reduced by the same dollar amount of a	ts covered by funds from any oth grant received for tuition.	er source may no	t be claimed.) For exampl	e: your claim	
Tuition Amount			\$		
P.O.W.E.R. Test fee, if not included in tuition (in	nclude receipt from Training Fa	cility)	\$ <u></u>		
TOTAL REIMBURSEMENT			\$	_	
Were any costs associated with the training paid or any funds from another agency or source? If yes, reduce your claim amount and explain in			No	_	
Claim Preparer		Tel	lephone		
I certify the above facts and figures are true o	and correct.				
(Ink signature of Chief of Police or Sheriff) D	O NOT RUBBER STAMP			Date	
I hereby certify that I am a duly-qualified and tion and settlement of accounts; that the above the Police Training Act and payment has not	ve amounts claimed for the Sta	ve named claimo te of Illinois are	ant and am responsible f proper charges under t	for the examina he provisions o	

IMPORTANTNOTICE: 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.

Form B.3IL569-00002 (03/00) Internet

Submit Original

(Ink signature of Auditor, Comptroller, Clerk, or other Fiscal Officer. Indicate title.) DO NOT RUBBER STAMP. Date

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

- 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. Select proper tuition.

Payments will be made in accordance to the Police Training Act (50 ILCS 70S)

ALL CLAIMS FOR TRAINING COMPLETED DURING THE FISCAL YEAR (JULY 1st to JUNE 30th) MUST BE RECEIVED AT THE I.L.E.T.S.B. OFFICE NO LATER THAN JULY 15th EACH YEAR.

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