



Illinois Law Enforcement Training and Standards Board

500 South 9th Street
Springfield, Illinois 62701-1924
Telephone (217) 782-4540 • ptb.illinois.gov

For Board Use Only

Amount _____

Approved _____

Date _____

BASIC TRAINING REIMBURSEMENT FORM
Law Enforcement/Corrections/Court Security

Claimant/Agency Name: _____ FEIN: _____

Mailing Address: _____

Street

City

Zip Code

Name of Trainee: _____

Last

First

Middle

DOB: _____ PTB ID: _____ Hire Date: _____

Type of Training: _____ Number of Hours: _____ Full/Part-Time: _____

Residential/Commuter: _____

Start Date: _____ Graduated Date: _____ Termination Date if Not Graduated: _____

Reason for Termination: _____

Academy Name: _____ Tuition Amount: _____

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

Chief of Police or Sheriff **INK SIGNATURE 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.

Auditor, Comptroller, Clerk, or Fiscal Officer (Indicate Title). **INK SIGNATURE Do NOT Rubber Stamp** **Date**

For Board Use Only

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

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

**ACADEMY INVOICE MUST BE ATTACHED and SUBMITTED WITH
THIS COMPLETED FORM**

IMPORTANT NOTICE: *The Board is requesting specific information that is necessary to accomplish the statutory purposes as outlined in the Illinois Police Training Act. Failure to provide this information may prevent this form from being processed*

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 by both the Chief/Sheriff and Fiscal Officer. NO stamped copies.
3. Tuition costs differ from facility to facility and from commuter rate to residence rate. Select the proper tuition.
4. Costs which are underwritten by funds from **any** other source(s) are **not** to be included as part of this claim.
5. Copy of Academy Invoice **must** be submitted along with this completed reimbursement form.
6. Please send a **new** W-9 if agency has updated it's information or if this is the first time your agency has submitted a reimbursement form.
7. Mail signed and dated ORIGINAL reimbursement form along with copy of academy invoice to:

Illinois Law Enforcement Training and Standards Board
(ILETSB) 500 South 9th Street
Springfield, IL 62701-1924

Payments will be made in accordance with the Police Training Act (50 ILCS 705/9)

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