



Illinois Law Enforcement Training and Standards Board
 500 South 9th St.
 Springfield, Illinois 62701-1924 • Telephone 217/782-4540

<i>For Board Use Only</i>	
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 _____
Date Training Commenced _____		Date Graduated _____	Hours in Course _____
Name and Location of Training Facility _____			
Date training terminated if not graduated and reason for termination: _____			
Partial tuition reimbursement, if any, refunded from Training Facility \$ _____			
TOTALACTUAL 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 tuition.			
Tuition Amount.			\$ _____
P.O.W.E.R. Test fee, if not included in tuition (include receipt from Training Facility).			\$ _____
TOTAL REIMBURSEMENT			\$ _____
Were any costs associated with the training paid for by a federal or state grant, or any funds from another agency or source? Yes _____ No _____			
If yes, 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

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.