



Cook County Government Business and/or Travel Expense Pre-Authorization Form

Name:		Title:	
Department:		Employee ID:	
Email:		Phone:	

1. Non-Local Travel Expenses

Name of Event:		Destination:	
Departure Date:		Return Date:	
Purpose (Attach additional information as necessary)			

Attach documentation supporting business purpose, such as conference agenda.

Description	Anticipated Payment Method	Estimated Cost
Travel Expenses	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Travel Agent <input type="checkbox"/> Third-party	
Lodging Expenses	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Travel Agent <input type="checkbox"/> Third-party	
Meal Expenses	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Third-party	
Registration Fee(s)	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Department Prepaid <input type="checkbox"/> Third-party	
Incidental Expenses	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Third-party	
Total Estimated Cost		

Calculate based on attached Estimated Cost Worksheet.

2. Other Business Expenses above \$300

Purpose (Attach additional information as necessary)
Why is this item not being procured using methods provided in the Cook County Procurement Code?

Description	Anticipated Payment Method	Estimated Cost
Travel Expenses*	Reimbursement Travel Agent Third-party	
Food Expenses	Reimbursement Third-party	
Miscellaneous Expenses**	Reimbursement Third-party	
Total Estimated Cost		

*Calculate based on attached Estimated Cost Worksheet.

**Miscellaneous Expenses are limited in the manner described in Section III. D and E of the Employee Business and Travel Expense Reimbursement Policy.

REQUESTOR	
By signing below, I certify that I have reviewed the County's Employee Business and Travel Expense Reimbursement Policy, that the expenses requested herein are reasonable and necessary for conducting official Cook County business, and that I agree to comply with Cook County Employee and Official Business and Travel Expense Policy.	
_____ Signature	_____ Date

AUTHORIZING PARTY CERTIFICATION (MANAGER, DEPARTMENT HEAD, BUREAU CHIEF, CHIEF OF STAFF, EMPLOYING OFFICIAL or COUNTY BUDGET DIRECTOR)			
By signing below and approving this form, I certify that I have reviewed the County Employee Business and Travel Expense Reimbursement Policy, the proposed expenses are in compliance with the policy, Appropriated Funding is available in the Agency's budget to pay for the expense once incurred.			
<input type="checkbox"/> Approved		Denied	
Name:		Title:	
Signature		Date:	

COUNTY BUDGET DIRECTOR APPROVAL (Required for International Travel)			
<input type="checkbox"/> Approved		Denied	
Name:		Title:	
Signature		Date:	

**ESTIMATED COST WORKSHEET
(Must be completed)**

Non-Local Travel

Registration Fee(s)	Estimated Cost
Total Registration Fee(s)	

Transportation Expenses			Estimated Cost
Mileage (personal vehicle)*	# of Miles Driven	Mileage Reimbursement	
Rental Car	# of Days	Daily Cost	
Taxi/Ride Share	# of Days	Daily Cost	
Common Carrier (Airfare/Train Fare)			
Total Transportation Cost			

*Use mileage calculator available in the Cook County [Transportation Expense Voucher System](#).

Lodging Expenses				Estimated Cost
Hotel	# of Nights	Daily Rate	GSA Rate**	
Total Lodging Cost				

Food Expenses				Estimated Cost
Meals	# of Meals	Cost	GSA Rate**	
Total Food Cost				

Incidental Expenses		Estimated Cost
Description	GSA Rate**	

**Use the [GSA rates tool](#) for the year and location of the travel, as published by the U.S. General Services Administration.