



**Cook County Government
Business and/or Travel Expense Reimbursement Form**

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

Itemized Business Expenses						
Date	Category	Fund	Office	Program	Account	Amount
Total Amount Requested for Reimbursement:						
<i>Include amount from Additional Worksheet, if applicable</i>						
*Explanation for Miscellaneous Expense:						

**Use additional worksheet if needed.

Attach itemized receipts for all expenses (or if lost, submit an Affidavit for Lost Receipts).

REQUESTING EMPLOYEE

By signing below, I certify that I have reviewed the County's Employee Business and Travel Expense Reimbursement Policy, and that the expenses requested herein were reasonable and necessary for conducting official Cook County business, and were incurred in compliance with such policy.

Signature	Date

AUTHORIZING PARTY CERTIFICATION

(MANAGER, DEPARTMENT HEAD, BUREAU CHIEF, CHIEF OF STAFF, EMPLOYING OFFICIAL or BUDGET DIRECTOR)

By signing below and approving this reimbursement, I certify that I have reviewed the County's Employee Business and Travel Expense Reimbursement Policy, the expenditure(s) requested here in is in compliance with such policy, and that Appropriated Funding is available in the Agency's budget to pay for the incurred expense(s).

Approve		Denied	
Name:		Title:	
Signature		Date:	

DEPARTMENT OF BUDGET AND MANAGEMENT SERVICES CERTIFICATION

By signing below and approving this reimbursement, I certify that the expenditure is in compliance with the Employee Business and Travel Expense Policy and that Appropriated Funding is available in the Agency's budget to pay for the incurred expense(s).

Approve		Denied	
Name:		Title:	
Signature		Date:	

