

Cooperative Boards

Exhibit - Board Member Expense Reimbursement Form

Submit to the Executive Director, who will include this request in the monthly list of bills presented to the Operational Board. Please print and attach receipts for all expenditures. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print.

Name: _____ Title/Office: _____

Travel Destination: _____ Purpose: _____

Departure Date: _____ Return Date: _____

Receipts attached Request Date: _____

Approved expense advancement (voucher) attached, if applicable* (Completed 2:125-E2, Board Member Estimated Expense Approval Form.)

Actual Expense Report										
* Board members will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. (105 ILCS 5/10-22.32)										
Auto Travel Allowance: _____ per mile										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
Subtotal										
Advances										
TOTAL (a negative amount indicates refund due from Board member)									\$	

Submitting Board Member's Signature

Date

Executive Director Signature

Date

Operational Board Action: **Approved** **Denied**
 Approved in Part **Exceeds Maximum Allowable Amount**