

## 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.)

<b>Actual Expense Report</b>										
* 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			
<b>Subtotal</b>										
<b>Advances</b>										
<b>TOTAL</b> (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**