



Cook County Travel Reimbursement Voucher (TRV)

Employee Name: _____ Employee Title: _____ Employee ID #: _____

Email: _____ Phone: _____

Department: _____

Business Unit: _____ Object Account: _____

Purpose of Travel: _____

Name of Event: _____ Destination: _____ Departure Date: _____ Return Date: _____

Airfare /Train Fare Cost	Personal Vehicle		Rental Car		Bus/Taxi /Ride Sharing Cost	Lodging		Conference /Registration Fees	Meals		Incidental Expenses		Total Expenses
	# Miles Driven	Mileage Reimbursement	# of Days	Cost		# of Nights	Cost		# of Meals	Cost	Description	Cost	

*Original receipts must be attached for all reimbursable expenses.

I certify that this voucher is true and correct, that the detailed items for which I am requesting were actually paid, that the travel was required by my official duties and are business related, and that I have not been furnished with transportation or money in lieu thereof for any part of the travel charged for.

Employee Name

Signature

Date

Supervisor Name

Signature

Date

Bureau Chief or Director Name

Signature

Date