

# ILLINOIS JUDGES ASSOCIATION REQUEST FOR REIMBURSEMENT OF EXPENSES

Date: \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_ Meeting \_\_\_\_\_ Other      Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Name of Committee: \_\_\_\_\_

OTHER (Explain): \_\_\_\_\_

## MEETINGS AND TRAVEL EXPENSE

(Item and Description)	(Amount)
AIR (attach receipt)(actual "coach fare" cost)	\$
RAIL (attach receipt) (actual "coach fare" cost)	
To and from terminals only (taxi, bus, etc.) PLEASE ITEMIZE, if greater than \$25.00 per day	
Parking \$ _____ Tolls \$ _____	
AUTOMOBILE _____ miles at .50 per mi. \$ _____	
LODGING (attach receipt; not to exceed AOIC rate of \$159.00 per night)	
<b>TOTAL REIMBURSEMENT AND TRAVEL EXPENSE</b>	<b>\$</b>
<b><u>EXPENSE NOT RELATED TO MEETING AND TRAVEL</u></b>	
Statement attached (telephone, postage, office expense, etc)	\$
<b>TOTAL REIMBURSEMENT REQUESTED</b>	<b>\$</b>

**MAKE CHECK PAYABLE TO:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Return to: Illinois Judges Association  
321 S. Plymouth Court  
Chicago, IL 60604-3997