

Local 1600 Reimbursement Form

Cook County College Teachers Union

208 W. Kinzie Chicago, IL 60654-4411 312/755-9400

Pay to the order of _____		For the period _____ to _____
Submit this form to the Treasurer for reimbursement		
Cost	Detail	Cost per item
Hotel:		
	Hotel Total	\$
Meals:	\$50 per day	
	Meals Total	\$
Mileage Parking, Tolls:	Miles X \$.405	
	Mileage Total	\$
Airfare:		
	Airfare Total	\$
Taxi, Shuttles, Metro, etc:		
	Taxi, Shuttles, Metro, etc. Total	\$
Other-explain:		
	Other Total	\$
		Total Cost
		\$
Approved Reimbursement	(May be advanced by request)	\$
1099 Compensation	Approved Reimbursement Less Receipted Costs	\$