

**Illinois OCLC User's Group
Authorization for Expenditure of Funds**

Pay to: _____

Address: _____

Workshop #: _____ Date: _____

Workshop Name: _____

Location: _____

**Please indicate the reason
for the expenditure**

Expense: (Please attach receipts)

_____ Board Meeting	Travel
_____ CE Committee Meeting	_____ Miles @ \$0.405/mile _____
_____ Workshop Expense	_____ Plane, train, bus, cab: _____
_____ Workshop Registration Refund for _____	_____ Lodging _____
_____ IOUG Representative to _____	_____ Meals _____
_____ Other (please specify) _____	Workshop Refreshments: _____
	Workshop copies, supplies: _____
	Other: _____
	Total: _____

Submitted by: _____ Date: _____

Authorized by: _____ Date: _____
.....

Reimbursed by: _____ Date: _____

Account: _____ Check #: _____

Please send Workshop Expenses to:
Illinet/OCLC Services Office
Illinois State Library
300 South Second Street, Room 310
Springfield, Illinois 62701