



Cook County Travel Request Form (TRF)

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

Email: _____ Phone: _____

Department: _____

Purpose of Travel: _____

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

** Costs listed below are estimates.*

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	
													\$

Employee Name

Signature

Date

Supervisor Name

Signature

Date

Bureau Chief or Director Name

Signature

Date