

**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 @ \$0.36/mile _____

_____ Workshop Expense

_____ Plane, train, bus, cab: _____

_____ Workshop Registration Refund for

_____ Lodging _____

_____ Meals _____

_____ IOUG Representative to

Workshop Refreshments: _____

Workshop copies, supplies: _____

_____ Other (please specify)

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

Please send Other Expenses to:
Linda McEwan, IOUG Treasurer
Renner Learning Resource Center
1700 Spartan Drive
Elgin, IL 60123