



DEPARTMENT OF HUMAN RIGHTS AND ETHICS

RANJIT HAKIM

EXECUTIVE DIRECTOR

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TONI PRECKWINKLE

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January 14, 2015

Honorable Joan P. Murphy
Commissioner, 6th District
Cook County Board of Commissioners
118 North Clark Street, Room 567
Chicago, Illinois 60602

Dear Commissioner Murphy:

In accordance with the Ordinance Adopting Guidelines for the Expenditure and Reimbursement of Contingency Funds for Cook County Commissioners (Cook County Ordinance 09-O-32), as amended on May 1, 2012, I have reviewed your November 2014 Contingency Account Expense Report, Reimbursement Requests, and supporting documentation submitted on December 12, 2014.

In addition to mileage reimbursement for travel to meetings related to your County duties and registration dues for the 2015 NACo Conference, your staff has informed me that you had to establish a home office to facilitate your recovery from Shingles and have apportioned \$75 of your home internet and telephone service to this temporary accommodation. Based on this representation, I have approved, signed, and forwarded the 29C form (and supporting documentation) to the Office of the Comptroller for further review and processing.

If you have any questions, please do not hesitate to contact me at (312) 603-1106.

Sincerely,

Ranjit Hakim
Executive Director

cc: Lawrence Wilson, Comptroller, Office of the Cook County Comptroller
Ivana Dabizljevic, Director of Financial Control, Office of the Cook County
Comptroller
Matthew B. DeLeon, Secretary to the Board of Cook County Commissioners
Jamie Jones, Administrative Assistant III, Secretary to the Board

COOK COUNTY BOARD OF COMMISSIONERS

CONTINGENCY ACCOUNT EXPENSE REPORT FOR:

Commissioner Joan Patricia Murphy
November 1, 2014 - November 30, 2014
6th district

1. ATTENDANCE AT MEETINGS AND EVENTS IN THE PERFORMANCE OF OFFICIAL DUTIES (HELD BY OTHERS)

- a. Meals (provide general detail as to how these costs are related to constituent services or official duties) _____ *0*
- b. Cost for meetings and events (e.g., cost of tickets or admission fee) _____ *\$ 490.00*
- c. Other costs (specify; cannot be for general promotion of an organization) _____ *0*

2. TRAVEL AND TRANSPORTATION EXPENSE FOR COUNTY FUNCTIONS, MEETINGS AND DUTIES

- a. Fuel/Usage (automobile)
(usage at current mileage rate, cannot seek reimbursement for both fuel and usage) _____ *\$ 84.00*
- b. Parking Fees/Tolls _____ *0*
- c. Financing Costs of Vehicle
(reimbursement for percentage attributable to official Cook County use only) _____ *0*
- d. Fare (specify air, bus, train, etc.) _____ *0*
- e. Public Transit _____ *0*
- f. Taxi _____ *0*
- g. Livery _____ *0*

3. PRE-APPROVED EDUCATIONAL EXPENSES DIRECTLY RELATED TO COUNTY GOVERNMENT (ENROLLED IN BY YOU)

- a. Tuition _____ 0
- b. Fees _____ 0
- c. Books _____ 0
- d. Other Materials (specify) _____ 0

4. PERIODICALS AND PUBLICATIONS RELATED TO OFFICIAL DUTIES

- a. Newspapers _____ 0
- b. Journals _____ 0
- c. Magazines _____ 0
- d. Books _____ 0
- e. Electronic Subscriptions _____ 0
- f. Other (specify) _____ \$ 75.00

11/15/14 Home Office Internet,
Fax & Telephone accomodation

5. MEMBERSHIP FEES FOR COMMUNITY OR CIVIC ORGANIZATIONS
(specify organization) _____

6. OTHER COSTS DIRECTLY RELATED TO THE PROVISION OF COUNTY CONSTITUENT SERVICES (BY YOUR OFFICE) (specify type of service/program - generally, type of service/activity provided or engaged in) _____

7. I HAVE NOT ACCEPTED CONTINGENCY FUNDS FOR THE PERIOD

_____ to _____.

total \$649.

Substantiating Documentation

For all categories, please attach the following documents in support of the above list of expenditures. All documents must be legible. Where it is indicated, please specify the necessary information on the attached documents.

- a. Executed mileage logs
- b. Fuel receipts
- c. Copies of travel documents
- d. Copies of cancelled checks, redacted bank/credit card statements which indicate proof of payment, and what payment was for
- e. Course/program/workshop description for pre-qualified educational programs and verification of completion or attendance, or passage, if applicable
- f. Detailed receipts (if for meals, specify whether the receipts for meals fall under number 1a or 6)

JOAN PATRICIA MURPHY - 6th District
PRINT COMMISSIONER NAME & DISTRICT

Joan P. Murphy
SIGN COMMISSIONER NAME

11/30/14
DATE

Quares McHugh
PREPARED BY

11/30/14
DATE