

Frankfort Square Park District

**TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM**

Name of Official or Employee: Luke Deuser

Title/Position of Official or Employees: Lead Park Maintenance

Name and Date of the Activity/Event: IAPD/IPRA Conference – 1/25/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

**Description of the purpose of the expense:**

Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

**Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):**

Mileage: Traveling in FSPD vehicle w/Bill O'Shea, no reimbursement required.

Meals: \$57.00

Parking: N/A

Hotel/Lodging: N/A

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

Employee's/Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Executive Director's and/or Park Board Treasurer's Authorization:**

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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Frankfort Square Park District

**TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM**

Name of Official or Employee: Nicolette Jerik

Title/Position of Official or Employees: Recreation Supervisor

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/24/19 - 1/26/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

**Description of the purpose of the expense:**

Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

**Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):**

Mileage: \$28.34

Meals: \$190.00

Parking: \$105.00

Hotel/Lodging: \$246.00

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

**Employee's/Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Director's and/or Park Board Treasurer's Authorization:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM**

Name of Official or Employee: John Keenan

Title/Position of Official or Employees: Superintendent of Recreation

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/24/19 – 1/26/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

**Description of the purpose of the expense:**

Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

**Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):**

Mileage: \$4.36

Meals: \$190.00

Parking: \$105.00

Hotel/Lodging: \$246.00

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

**Employee's/Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Director's and/or Park Board Treasurer's Authorization:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM**

Name of Official or Employee: Audrey Marcquenski

Title/Position of Official or Employees: Director

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/24/19 – 1/26/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

**Description of the purpose of the expense:**

Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

**Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):**

Mileage: \$8.72

Meals: \$190.00

Parking: \$105.00

Hotel/Lodging: \$246.00

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

**Employee's/Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Director's and/or Park Board Treasurer's Authorization:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM

Name of Official or Employee: William O'Shea

Title/Position of Official or Employees: Assistant Superintendent of Parks

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/25/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

Description of the purpose of the expense:  
Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):

Mileage: N/A, traveling by FSPD vehicle

Meals: \$57.00

Parking: \$35.00

Hotel/Lodging: N/A

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

Employee's/Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director's and/or Park Board Treasurer's Authorization:

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM**

Name of Official or Employee: Ed Reidy

Title/Position of Official or Employees: Superintendent of Parks

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/25/19 – 1/26/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

**Description of the purpose of the expense:**

Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

**Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):**

Mileage: \$14.17

Meals: \$114.00

Parking: \$70.00

Hotel/Lodging: \$123.00

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

Employee's/Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Executive Director's and/or Park Board Treasurer's Authorization:**

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**TRAVEL, MEAL AND LODGING EXPENSE  
REIMBURSEMENT FORM**

Name of Official or Employee: Matt Tillman

Title/Position of Official or Employees: Athletic Supervisor

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/24/19 – 1/26/19

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): \_\_\_\_\_

**Description of the purpose of the expense:**

Professional Development  
\_\_\_\_\_  
\_\_\_\_\_

**Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable):**

Mileage: N/A – Daily commute exceeds conference distance

Meals: \$190.00

Parking: \$105.00

Hotel/Lodging: \$246.00

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): \_\_\_\_\_

Employee's/Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Executive Director's and/or Park Board Treasurer's Authorization:**

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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