

Frankfort Square Park District

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

Name of Official or Employee: Donnette Cannonie

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: Dance Idol 2/1 – 2/3

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #1

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

Mileage: \$24.08

Meals: \$137.50

Parking: \$45

Hotel/Lodging: \$188

Car rental: _____

Airfare: _____

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: _____

ATTACH ALL RECEIPTS

Frankfort Square Park District

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

Name of Official or Employee: Kari Jensen

Title/Position of Official or Employees: Assistant Dance Director

Name and Date of the Activity/Event: Dance Idol 2/1 – 2/3

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #1

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

Mileage: \$31.67

Meals: \$137.50

Parking: \$45

Hotel/Lodging: \$188

Car rental: _____

Airfare: _____

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: Melissa Bravo

Title/Position of Official or Employees: Dance Instructor

Name and Date of the Activity/Event: Dance Idol 2/1 – 2/3

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #1

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

Mileage: N/A

Meals: \$137.50

Parking: \$45

Hotel/Lodging: \$188

Car rental: _____

Airfare: _____

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: _____

ATTACH ALL RECEIPTS