

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: Applause March 1-3

Check Number (if applicable): \_\_\_\_\_

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

Description of the purpose of the expense: Company Competition #2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mileage: \$46.01

Meals: \$137.50

Parking: \$45/day

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: Applause March 1-3

Check Number (if applicable): \_\_\_\_\_

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

Description of the purpose of the expense: Company Competition #2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mileage: \$53.61

Meals: \$137.50

Parking: \$45/day

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: Melissa Bravo

Title/Position of Official or Employees: Dance Instructor

Name and Date of the Activity/Event: Applause March 1-3

Check Number (if applicable): \_\_\_\_\_

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

Description of the purpose of the expense: Company Competition #2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mileage: \$15.30

Meals: \$137.50

Parking: \$45/day

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**