

Frankfort Square Park District

**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 - 1/24/20 – 1/25/20

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: \$17.40

Meals: \$114.00

Parking: \$70.00

Hotel/Lodging: \$125.00

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

**ATTACH ALL RECEIPTS**

Frankfort Square Park District

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

Name of Official or Employee: Bill O'Shea

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

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/24/20

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 – Park District Vehicle

Meals: \$57.00

Parking: \$34.50

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: John Keenan

Title/Position of Official or Employees: Superintendent of Recreation

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/23/20 – 1/25/20

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: \$8.12

Meals: \$190.00

Parking: \$103.50

Hotel/Lodging: \$250.00

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: Nicolette Jerik

Title/Position of Official or Employees: Recreation Supervisor

Name and Date of the Activity/Event: IAPD/IPRA Conference - 1/23/20 – 1/25/20

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: \$18.56

Meals: \$190.00

Parking: \$103.50

Hotel/Lodging: \$250.00

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

**ATTACH ALL RECEIPTS**