

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 1/31 – 2/2

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: \$45.82

Meals: \$137.50

Parking: \$45

Hotel/Lodging: \$192

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: Dance Co-Director

Name and Date of the Activity/Event: Dance Idol 1/31-2/2

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: \$54.64

Meals: \$137.50

Parking: \$45

Hotel/Lodging: \$192

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: Dance Idol 1/31-2/2

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: 17.40

Meals: \$137.50

Parking: \$45

Hotel/Lodging: \$192

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