

Frankfort Square Park District

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

Name of Official or Employee: Donnette Cannonic

Title/Position of Official or Employees: Dance Coordinator

Name and Date of the Activity/Event: Applause Dance Competition 3/4/22-3/6/22

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): N/A

Description of the purpose of the expense: Travel, meals, parking, and hotel for Applause Dance Competition

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$394.38

Mileage: 46.9 x 0.585 = \$27.44 x 2 = \$54.88

Meals: \$147.50

Parking: N/A

Hotel/Lodging: 2 nights x \$96 = \$192

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): N/A

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 Coordinator

Name and Date of the Activity/Event: Applause Dance Competition 3/4/22-3/6/22

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): N/A

Description of the purpose of the expense: Travel, meals, parking, and hotel for Applause Dance Competition

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$397.30

Mileage: 49.4 x 0.585 = \$28.90 x 2 = \$57.80

Meals: \$147.50

Parking: N/A

Hotel/Lodging: 2 nights x \$96 = \$192

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): N/A

Employee's/Officer's Signature: _____

Date: _____

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

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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: Applause Dance Competition 3/4/22-3/6/22

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): N/A

Description of the purpose of the expense: Travel, meals, parking, and hotel for Applause Dance Competition

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$339.50

Mileage: N/A

Meals: \$147.50

Parking: N/A

Hotel/Lodging: 2 nights x \$96 = \$192

Car rental: N/A

Airfare: N/A

Other Transportation (bus, train, taxi, shuttle, etc): N/A

Employee's/Officer's Signature: _____

Date: _____

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

Date: _____

Date: _____

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