

Frankfort Square Park District

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

Name of Official or Employee: Al Grzyb

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

Name and Date of the Activity/Event: IAPD/IPRA Soaring to New Heights Conference January 27-29th

Check Number (if applicable): _____

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: \$34.40 (Est.)

Meals: \$197.50 (Est., includes incidental expenses)

Parking: \$79.00

Hotel/Lodging: \$268.00 (Est)

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