

Frankfort Square Park District

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

Name of Official or Employee: Sue Baker

Title/Position of Official or Employees: Bookkeeper

Name and Date of the Activity/Event: PDRMA's Help 1 Essentials of Human Resources 2/15-2/16/2022

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: \$61.07

Meals: \$88.50 (Est., includes incidental expenses)

Parking: N/A

Hotel/Lodging: \$80 + tax

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