

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: Groove Dance Competition 3/24/23-3/26/23

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Oregon, WI for Company Competition

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$591.40

Mileage: 325.8 x 0.655 = \$213.40

Meals & Incidental Expenses: \$160.00

Parking: N/A

Hotel/Lodging: 2 nights x \$109 = \$218

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 Co-Director

Name and Date of the Activity/Event: Groove Dance Competition 3/24/23-3/26/23

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Oregon, Wisconsin for Company Competition

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$597.29

Mileage: 334.8 x 0.655 = \$219.29

Meals & Incidental Expenses: \$160

Parking: N/A

Hotel/Lodging: 2 nights x \$109 = \$218

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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