

Frankfort Square Park District

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

Name of Official or Employee: Donnette Castle

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: KAR Dance Competition 2/23/24-2/25/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to University Park, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$195.78

Mileage: 53.4 x 0.67 = \$35.78

Tolls: N/A

Meals & Incidental Expenses: \$160.00

Parking: N/A

Hotel/Lodging: N/A

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 Director

Name and Date of the Activity/Event: KAR Dance Competition 2/23/24-2/25/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to University Park, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$193.77

Mileage: 50.4 x 0.67 = \$33.77

Tolls: N/A

Meals & Incidental Expenses: \$160.00

Parking: N/A

Hotel/Lodging: N/A

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: Donnette Cannonie

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: Applause Dance Competition 3/1/24-3/3/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Batavia, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$489.07

Mileage: 101.8 x 0.67 = \$68.21

Tolls: \$18.00

Meals & Incidental Expenses: \$147.50

Parking: N/A

Hotel/Lodging: \$255.36

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 Director

Name and Date of the Activity/Event: Applause Dance Competition 3/1/24-3/3/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Batavia, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$488.40

Mileage: 100.8 x 0.67 = \$67.54

Tolls: \$18.00

Meals & Incidental Expenses: \$147.50

Parking: N/A

Hotel/Lodging: \$255.36

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: Donnette Castle

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: Precision Dance Competition 3/8/24-3/10/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Normal, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$607.47

Mileage: 221.8 x 0.67 = \$148.61

Meals & Incidental Expenses: \$147.50

Parking: N/A

Hotel/Lodging: \$311.36

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 Director

Name and Date of the Activity/Event: Precision Dance Competition 3/8/24-3/10/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Normal, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$606.80

Mileage: 220.8 x 0.67 = \$147.94

Tolls: N/A

Meals & Incidental Expenses: \$147.50

Parking: N/A

Hotel/Lodging: \$311.36

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: Donnette Castle

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: Groove Dance Competition 4/12/24-4/14/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Washington, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$570.23

Mileage: 249.8 x 0.67 = \$167.37

Tolls: N/A

Meals & Incidental Expenses: \$147.50

Parking: N/A

Hotel/Lodging: \$255.36

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 Director

Name and Date of the Activity/Event: Groove Dance Competition 4/12/24-4/14/24

Check Number (if applicable): N/A

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

Description of the purpose of the expense: Travel to Washington, IL for Company Competition.

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$569.56

Mileage: 248.8 x 0.67 = \$166.70

Tolls: N/A

Meals & Incidental Expenses: \$147.50

Parking: N/A

Hotel/Lodging: \$255.36

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