

Frankfort Square Park District

TRAVEL, MEAL AND LODGING EXPENSE
REIMBURSEMENT FORM

Name of Official or Employee: Nicolette Jerik

Title/Position of Official or Employees: Recreation Supervisor

Name and Date of the Activity/Event: Applause March 5-7

Check Number (if applicable):

Credit Card Receipt Number (if applicable):

Description of the purpose of the expense: Company Competition #1

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

Mileage: \$34.80

Meals: \$41.25

Parking: \$45/day

Hotel/Lodging:

Car rental:

Airfare:

Other Transportation (bus, train, taxi, shuttle, etc):

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 March 5-7

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #1

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

Mileage: \$41.64

Meals: \$41.25

Parking: \$45/day

Hotel/Lodging: _____

Car rental: _____

Airfare: _____

Other Transportation (bus, train, taxi, shuttle, etc): _____

Employee's/Officer's Signature: _____

Date: _____

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

Date: _____

Date: _____

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**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: Applause March 5-7

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #1

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

Mileage: \$50.46

Meals: \$41.25

Parking: \$45/day

Hotel/Lodging: _____

Car rental: _____

Airfare: _____

Other Transportation (bus, train, taxi, shuttle, etc): _____

Employee's/Officer's Signature: _____

Date: _____

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

Date: _____

Date: _____

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

Name of Official or Employee: Melissa Jensen

Title/Position of Official or Employees: Dance Instructor

Name and Date of the Activity/Event: Applause March 5-7

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #1

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

Mileage: \$13.22

Meals: \$41.25

Parking: \$45/day

Hotel/Lodging: _____

Car rental: _____

Airfare: _____

Other Transportation (bus, train, taxi, shuttle, etc): _____

Employee's/Officer's Signature: _____

Date: _____

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

Date: _____

Date: _____

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