

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: Rainbow April 16-18

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #2

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

Mileage: \$10.56

Meals: \$41.25

Parking: \$45 per 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: Kari Jensen

Title/Position of Official or Employees: Dance Co-Director

Name and Date of the Activity/Event: Rainbow April 16-18

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #2

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

Mileage: \$19.37

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 Bravo

Title/Position of Official or Employees: Dance Instructor

Name and Date of the Activity/Event: Rainbow April 16-18

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #2

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

Mileage: \$0.00

Meals: \$41.25

Parking: \$45 per 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: Donnette Cannonie

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: Spotlight April 23-25

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #3

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

Mileage: \$45.80

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: _____

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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: Spotlight April 23-25

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #3

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

Mileage: \$53.93

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 Bravo

Title/Position of Official or Employees: Dance Instructor

Name and Date of the Activity/Event: Spotlight April 23-25

Check Number (if applicable): _____

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Company Competition #3

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

Mileage: \$19.58

Meals: \$41.25

Parking: \$45 per 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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