

Frankfort Square Park District

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

Name of Official or Employee: Jodi Dilling

Title/Position of Official or Employees: Senior Trip Coordinator

Name and Date of the Activity/Event: Niagara Falls, Ontario Trip, October 8-October 14, 2023

Check Number (if applicable): N/A

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

Description of the purpose of the expense: 7 Lunches/2 Dinners/Daily Incidental Expenses

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$503.00

Mileage: N/A

Tolls: N/A

Meals Expenses: \$334.00

Incidental Expenses: \$169.00

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: David Dilling

Title/Position of Official or Employees: Senior Trip Assistant Coordinator

Name and Date of the Activity/Event: Niagara Falls, Ontario Trip, October 8-October 14, 2023

Check Number (if applicable): N/A

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

Description of the purpose of the expense: 7 Lunches/2 Dinners/Daily Incidental Expenses

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$503.00

Mileage: N/A

Tolls: N/A

Meals Expenses: \$334.00

Incidental Expenses: \$169.00

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: _____

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