

Frankfort Square Park District

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

Name of Official or Employee: Marlon Medina

Title/Position of Official or Employee: Assistant Superintendent of Parks

Name and Date of the Activity/Event: IAPD/IPRA Conference – 1/25/2024 – 1/26/2024

Check Number (if applicable): N/A

Credit Card Receipt Number (if applicable): _____

Description of the purpose of the expense: Professional Development

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): \$357.45

Mileage: N/A

Tolls: N/A

Meals: \$118.50

Parking: \$84.00

Hotel/Lodging: \$154.95

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