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: CRU Dance 2/27/2026-3/1/2026

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $613.54

Mileage: 100.2 x 0.70 = $70.14

Tolls: $3.80

Meals & Incidental Expenses: $170

Parking: N/A

Hotel/Lodging: $369.60

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: CRU Dance 2/27/2026-3/1/2026

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $616.06

Mileage: 103.8 x 0.70 = $72.66

Tolls: $3.80

Meals & Incidental Expenses: $170

Parking: N/A

Hotel/Lodging: $369.60

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