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: Kids Artistic Revue 2/20/2026-2/22/2026

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $600.04

*Mileage: 138.20 x 0.70 = $96.74
** Includes additional miles (3) to and from hotel to venue.*

Tolls: $8.70

Meals & Incidental Expenses: $185.00

Parking: N/A

Hotel/Lodging: $309.60

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: Kids Artistic Revue 2/20/2026-2/22/2026

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $606.06

*Mileage: 146.80 x 0.70 = $102.76
** Includes additional miles (3) to and from hotel to venue.*

Tolls: $8.70

Meals & Incidental Expenses: $185.00

Parking: N/A

Hotel/Lodging: $309.60

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