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: Precision Arts Challenge 3/13/26-3/15/26

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $777.48

*Mileage: 221.2 x 0.70 = $154.84
** Includes additional miles (3) to and from hotel to venue.*

Tolls: N/A

Meals & Incidental Expenses: $170

Parking: N/A

Hotel/Lodging: $452.64

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: Precision Arts Challenge 3/13/26-3/15/26

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $787.66

*Mileage: 213.18 x 0.70 = $149.66
** Includes additional miles (3) to and from hotel to venue.*

Tolls: N/A

Meals & Incidental Expenses: $170

Parking: N/A

Hotel/Lodging: $452.64

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