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: Rainbow Dance Competition 4/10/26-4/12/26

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $227.42

*Mileage: 60.6 x 0.70 = $42.42
** Includes additional miles (3) to and from hotel to venue.*

Tolls: N/A

Meals & Incidental Expenses: $185

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: Kari Jensen

Title/Position of Official or Employees: Dance Director

Name and Date of the Activity/Event: Rainbow Dance Competition 4/10/26-4/12/26

Check Number (if applicable): N/A

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

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

Reimbursement Expense (Estimated Costs or Actual Costs with receipts, if applicable): $216.08

*Mileage: 44.4 x 0.70 = $31.08
** Includes additional miles (3) to and from hotel to venue.*

Tolls: N/A

Meals & Incidental Expenses: $185

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