



Complete the yellow cells

Business Expense Statement (BES)

Statement to be completed according to Admin. Reg. F-01

Form must be submitted by the 15th of the following month. Attach a memo to the Approving Authority with their approval

if late or grand total exceeds 10% of Travel Authorized.

BES expenses must be within 10% of Travel Request Authorization(TRA).

| | | | | | |
|----------------------------------|----------------|--------------|----------------|--------------------|---------------|
| Name: | Dean Vakas | Employee # | 207634 | Department: | CMO |
| Business Expense Purpose: | NLC conference | Destination: | Washington, DC | | |
| Departure Date: | 3/10/24 | Return Date: | 3/13/24 | | |
| Comments: | 0 | | | E1 Budgeted Acct # | 1001010.62220 |
| Sharing hotel room? Whom with: 0 | | | | | |

| Total Expenses from TRA | | BES | | Paid with City PCard | Paid to Vendor | Paid by Employee | | | | |
|-------------------------|----------|----------------------|--------|--|----------------|------------------|---|--|--|--|
| Registration: | 680.00 | Registration: | 545.00 | | | | Include all cost & fees - Itemized receipt for Lodging required | | | |
| Airfare: | 800.00 | Airfare: | | | | 692.20 | | | | |
| Lodging: | 1,173.00 | Lodging: | | | | 1,165.29 | | | | |
| Car Rental: | - | Car Rental: | | | | | | | | |
| KCI Airport parking: | 36.00 | KCI Airport parking: | | | | 134.17 | | | | |
| | | | | Meals Overnight Travel | | | Per Diem: Rate # of days | | | |
| | | | | Search for City - GSA.gov website | | | 79.00 4.0 316.00 | | | |
| | | | | | | | Meals Provided will deduct from per diem: | | | |
| | | | | | | | Breakfast 19.00 1 19.00 | | | |
| | | | | | | | Lunch 20.00 2 40.00 | | | |
| | | | | | | | Dinner 35.00 - | | | |
| | | | | M&IE Meal breakdown will auto populate | | | | | | |
| | | | | No receipts required | | | 257.00 | | | |
| Per Diem for Meals: | | 257.00 | | | | | | | | |
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Total Expensed paid by employee 2,353.50
Travel Advance issued to Employee 258.00
Amount owed Employee/ (owed to City) 2,095.50

ACH direct deposit rather than a check can be provided. Complete and submit AP ACH form

I certify that I have incurred all of the expenses listed above on behalf of the City and that they are directly related to the active conduct of the City's business.

Page 1 of 2

Employee Signature _____ Date _____ Division Manager Signature _____ Date _____ Department Manager _____ Date _____ City Manager Signature (if required) _____ Date _____

Business Expense Statement continued

Name: Dean Vakas
 Business Expense Purpose: Washington, DC

Department: CMO

Mileage Calculation:

| <i>Mileage log may be used for detail</i> | | Rate | \$0.670 |
|---|-------------------|-------|---------|
| Date | Destination | Miles | Amount |
| | airport roundtrip | 80 | 53.60 |
| | | | - |
| | | | - |
| | | | - |
| | | | - |
| Total | | | 53.60 |

Cab/Shuttle fares/Tolls:

| Date | Description | Amount |
|---------|----------------|--------|
| 3/10/24 | Habib King cab | 17.22 |
| 3/13/24 | UVC | 22.02 |
| | | |
| | | |
| | | |
| Total | | 39.24 |

| | | |
|----------------------|------|--------|
| Fuel - City Vehicle: | Date | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | - |

Meals Local:

| Date | Breakfast | Lunch | Dinner | Maximum allowed: |
|-------|-----------|-------|--------|-----------------------|
| | | | | Breakfast 15.00 |
| | | | | Lunch 16.00 |
| | | | | Dinner 28.00 |
| | | | | Receipts are required |
| | | | | |
| Total | | | | - |

Business Meeting & Guests:

| Date | Purpose | Firm & Persons Present | Amount |
|------|---------|------------------------|--------|
| | | | |
| | | | |
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Total -

Miscellaneous Expense:

| Date | Description | Amount |
|---------|---------------------------|--------|
| 3/10/24 | cash tips of \$10 and \$2 | 12.00 |
| | | |
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| | | |
| Total | | 12.00 |

| Expense Report | |
|-----------------------|----------------|
| Expense Report Number | EXP-1001425 |
| Company | City Of Olathe |
| Report Date | 03/18/2024 |
| Start Date | 03/10/2024 |
| End Date | 03/19/2024 |
| Spend Authorization | SA-1000098 |

| Pay To | |
|------------|---|
| Name | Employee: Dean Vakas |
| Email | dvakas@olatheks.org |
| Work Phone | +1 (913) 9718773 |
| Address | 100 E SANTA FE ST Olathe, KS 66061 United States of America |

| Amounts | |
|---------------------------------|----------|
| Reimbursement Currency | USD |
| Reimbursement Amount | 2,096.50 |
| Cash Advance Applied Amount | 258.00 |
| Personal Amount | 0.00 |
| Company Paid Credit Card Amount | 0.00 |
| Expense Report Total Amount | 2,354.50 |

| Memo |
|------|
|------|

NLC conference

| Expense Report Lines |
|----------------------|
|----------------------|

| Date | Expense Item | Amount | Memo | Receipt Attached | Itemized |
|------------|--------------------------|--------------|------|------------------|----------|
| 03/10/2024 | Taxi and Ground Travel | 17.22 USD | | Yes | |
| 03/13/2024 | Airport Parking | 134.17 USD | | Yes | |
| 03/13/2024 | Miscellaneous Fees | 12.00 USD | | Yes | |
| 03/13/2024 | Airfare | 692.20 USD | | Yes | |
| 03/13/2024 | Taxi and Ground Travel | 22.02 USD | | Yes | |
| 03/18/2024 | Lodging Accomodations | 1,165.29 USD | | Yes | |
| 03/19/2024 | Daily Per Diem | 258.00 USD | | | |
| 03/19/2024 | Mileage - Travel Related | 53.60 USD | | | |

Signature

Date

Cathy Marks

From: Dean Vakas
Sent: Thursday, March 21, 2024 12:31 PM
To: Cathy Marks
Subject: Re: expense report

Thanks Cathy. All good.

Dean

Get [Outlook for iOS](#)

From: Cathy Marks <CMMarks@OLATHEKS.ORG>
Sent: Tuesday, March 19, 2024 12:21:09 PM
To: Dean Vakas <DVakas@OLATHEKS.ORG>
Subject: expense report

Hi,
I have attached the expense report for NLC here. If you would look over it and make sure you agree with it and reply, I can get these on the consent agenda for April 2nd.

They are daunting, so don't worry if you have questions. You ordinarily have the mileage to the airport paid with the per diem, but I missed checking the box, so you are being reimbursed after the fact. You were paid \$258 for the per diem up front, but this doc lists the amount of \$257. There is a discrepancy between our two software's, that they are trying to correct, so that is the reason for the \$1 difference.

Please let me know if you have any questions, or if I missed anything.

Thanks, Cathy

Cathy Marks, Assistant to the City Manager

(913) 971-8940 | OlatheKS.org

Administration | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service





Complete the yellow cells

Travel Request and Authorization (TRA)

This form is required for all overnight travel or if local registration is over \$1000 and must be approved in advance. Advances will not be issued for local expenses. (Admin Guideline F-01).

TRA estimate expenses must be within 10% of Business Expense Stmt(BES).

| | | | | | |
|--------------------------------|----------------|-----------------------|-----------------------------|---------------|-----|
| Name: | Dean Vakas | Employee # | 207634 | Department | CMO |
| Purpose of Travel: | NLC conference | | Destination: Washington, DC | | |
| Departure Date: | 3/10/24 | Return Date: | 3/13/24 | | |
| Comments: | | | | | |
| Sharing hotel room? Whom with: | | E1 Budgeted Account # | | 1001010.62220 | |

| | Amount to City PCard | Amount to Vendor | Amount to Employee | |
|--------------------------|--|------------------|--------------------|--|
| Registration: | 680.00 | | | |
| Airfare: | 800.00 | | | Lodging Rate # days 15% Total |
| Lodging: | 1,173.00 | | | 340.00 per day @ 3 51.00 1,173.00 |
| Car Rental: | | | | |
| KCI Airport parking: | | 36.00 | | |
| | Meals Overnight Travel | | | Per Diem for Meals |
| | Search for City - GSA.gov website | | | Rate # of days |
| | Enter Per Diem Rate (cell F21) | | | Per Diem rate 79.00 4.0 316.00 |
| | M&IE Meal breakdown will auto populate | | | M&IE Breakdown - Deduct meals provided |
| | No receipts required | | | Breakfast 19.00 1 19.00 |
| | | | | Lunch 20.00 2 40.00 |
| | | | | Dinner 35.00 - |
| Per Diem for Meals: | | 257.00 | | |
| Private Vehicle Mileage: | | 52.40 | | 80 Miles @ 0.655 per mile |
| Cab/Shuttle fares/ | | | | |
| Tolls/Baggage fees: | 150.00 | | | |
| Fuel - City Vehicle: | | | | |
| Other: | | | | Describe: |

| | |
|-------------------------------------|-----------------|
| Amount Charge on City P Card | 2,803.00 |
| Amount to Vendors | 36.00 |
| Travel Advance = Amount to Employee | 309.40 |
| TOTAL ESTIMATED EXPENSES | 3,148.40 |

ACH direct deposit rather than a check can be provided. Complete and submit - AP ACH Form

| | | | |
|--------------------------------------|--------------------------|--------------------------|------|
| | Approved | Disapproved | Date |
| Employee Signature | <input type="checkbox"/> | <input type="checkbox"/> | |
| Division Manager Signature | <input type="checkbox"/> | <input type="checkbox"/> | |
| Department Director Signature | <input type="checkbox"/> | <input type="checkbox"/> | |
| City Manager Signature (if required) | <input type="checkbox"/> | <input type="checkbox"/> | |

SA 10000 98

Cathy Marks

From: Dean Vakas
Sent: Monday, February 26, 2024 9:26 AM
To: Cathy Marks
Subject: Re: travel authorization

Thanks Cathy. Looks good.

So, I'm assuming I'll give you receipts for KCI airport parking and cab costs to and from the hotel for a follow-on reimbursement.

Dean

Get [Outlook for iOS](#)

From: Cathy Marks <CMMarks@OLATHEKS.ORG>
Sent: Monday, February 26, 2024 9:05:38 AM
To: Dean Vakas <DVakas@OLATHEKS.ORG>
Subject: travel authorization

Good Morning,
Please look over this new document that will supply you with per diem for NLC conference.
As long as you are still flying the same number of days, this should be correct-leaving on the 10 and returning the 13.

It also includes mileage to and from the airport.

Please reply to this email to confirm your agreement.

Thanks, Cathy

Cathy Marks, Assistant to the City Manager

(913) 971-8940 | OlatheKS.org

Administration | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service





CONGRESSIONAL CITY CONFERENCE

March
11-13
2024

EXECUTIVE EDUCATION AND PRE-CONFERENCE ACTIVITIES

MARCH 9 - 10, 2024

*** Please do not reply to this e-mail. It was sent from an automated system. ***

Thank you for registering for 2024 Congressional City Conference. We are excited to see you in March! Remember that <https://ccc.nlc.org/> is your online resource for conference schedule, speakers and special events.

This is your official confirmation for conference payment as well as your hotel reservation. Please print this receipt and retain it for your records. Changes and additions can be made by clicking the link below.

Profile

Confirmation ID: 3279

Dean Vakas

City of Olathe

100 E Santa Fe

Olathe, KS 66061

Hotel confirmation
85864411



3279

Scan this QR code at any self-service
registration counter to print your badge.
Valid photo ID will be required.

Registration Details

Dean Vakas

Registration Type: First Time Attendee, Early Bird (Nov 18th - Feb 19th)

| Description | Item Total |
|--|------------|
| First Time Attendee Lunch and NLC 101 (Qty: 1) | \$0.00 |
| First Time Attendee Gift (Qty: 1) | \$0.00 |
| Hill Day (Qty: 1) | \$0.00 |
| Registration (Qty: 1) | \$545.00 |
| Total Registration Fees: | \$545.00 |
| Total Registration Paid: | (\$545.00) |
| Current Balance: | \$0.00 |

Housing Details

WESTIN WASHINGTON DC HOTEL

999 9th St., N.W.
Washington, DC 20001-4427

Phone: 202-898-9000
Fax: 202-682-3419

| Status | Category | Occupancy |
|---|---------------|--|
| CONFIRM | RUN OF HOUSE | Adults: 1 |
| Arrival | Departure | Guests in Room |
| 10 March 2024 | 13 March 2024 | Dean Vakas |
| Daily Rate | Room Tax | Deposit |
| \$335.00 | 15.95% | Credit Card Guarantee Cathy Marks *****0465 |
| Resort Fee | Occupancy Tax | |
| \$0.00 | \$0.00 | Note: Taxes and fees are subject to change without notice |
| Estimated Reservation Charges | | |
| \$1,165.30 | | |
| Hotel Cancellation Policy | | |
| <p>A credit card with an expiration date of March 2024 or later is required in order to secure your hotel reservation. Your confirmed hotel may charge a deposit to your credit card equal to one night's room and tax for each reservation. This deposit will be charged on or after March 1, 2024.</p> <p>Cancellation within 72 hours of your scheduled arrival will result in forfeiture of your entire deposit as a late cancellation penalty. Failure to check-in on your scheduled arrival date will result in this same cancellation charge and cancellation of any remaining nights of your reservation.</p> | | |
| Total Charges | Paid | Balance Due |
| \$0.00 | \$0.00 | \$0.00 |

Financial Summary

| | |
|----------------------------------|---------------|
| Total Housing Fees: | \$0.00 |
| Total Amount Applied to Housing: | \$0.00 |
| Housing Balance: | \$0.00 |

| | |
|-----------------------------------|------------|
| Total of All Fees: | \$545.00 |
| Total Amount Applied to All Fees: | (\$545.00) |
| Total Balance Due: | \$0.00 |

Payment History

| | |
|---|----------|
| Payment #1 | |
| 01/25/2024 — \$545.00 [Payment] Cathy Marks / Visa / *****0465 | |
| Payment Allocation | |
| 01/25/2024 — Applied: Dean Vakas's Hotel Reservation | \$0.00 |
| 01/25/2024 — Applied: Dean Vakas's Registration | \$545.00 |
| Total Amount Applied: | \$545.00 |
| Payment Totals | |
| Total Payments: | \$545.00 |
| Total Refunds: | \$0.00 |
| Total Net Paid: | \$545.00 |

Cancellation Policy

All requests must be sent in writing to NLC@maritz.com by February 16th, 2024, and are subject to a \$100 cancellation fee. No partial refunds will be made if you decide not to attend particular functions. No registrations nor cancellations will be accepted by telephone. No cancellations will be accepted after February 16th, 2024. Substitutions are permitted and can be made at any time.

Group Registration Policy

Groups of five or more will receive a complimentary sixth registration, provided the registrations are paid in full. To receive the group incentive, all individuals must register at the same time.

After Group Registration is completed, each team member will receive a confirmation.

Group Cancellation Policy

No refunds will be given to those who previously registered as individuals. Group registrations do not apply to these registration categories: spouse, student, youth chaperone or youth delegates. Substitutions are welcome. All changes and cancellation requests must be made in writing to NLC@maritz.com.

Questions?

For registration or housing information corrections, please contact:

NLC Registration and Housing Center Information c/o Maritz Global Events

Phone: (864) 208-2901

Email: NLC@maritz.com

[Maritz Privacy Policy](#) | [Maritz Terms of Use](#)

Cathy Marks

From: Dean Vakas <deanvakas@yahoo.com>
Sent: Tuesday, March 5, 2024 11:11 AM
To: Cathy Marks
Cc: Dean Vakas
Subject: Fw: Your trip confirmation (MCI - DCA)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Here you go Cathy.

Dean

----- Forwarded Message -----

From: American Airlines <no-reply@info.email.aa.com>
To: "DEANVAKAS@YAHOO.COM" <DEANVAKAS@YAHOO.COM>
Sent: Tuesday, January 30, 2024, 10:05:39 AM CST
Subject: Your trip confirmation (MCI - DCA)



Issued: January 30, 2024

We charged \$692.20 to your card ending in 7564 for your ticket purchase.

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **KTAIND**

Sunday, March 10, 2024



MCI
Kansas City
5:51 AM

AA 4652

Operated by Republic
Airways as American
Eagle

DCA
Washington Reagan
9:22 AM

Seat: **11C**
Class: **Economy (M)**
Meals:

Wednesday, March 13, 2024



DCA
Washington Reagan
3:07 PM

AA 5440

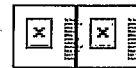
Operated by PSA
Airlines as American
Eagle

MCI
Kansas City
5:14 PM

Seat: **11C**
Class: **Economy (V)**
Meals:

[Manage your trip](#)

Earn 50,000 bonus miles
Plus great travel benefits. Terms Apply.
[Learn more](#)



Your purchase

Constantine Vakas - AAdvantage® #: 30E****

New ticket (0012112150729) \$692.20

[\$615.81 + Taxes & carrier-imposed fees \$76.39]

Total cost **\$692.20**

Your payment

Visa (ending 7564) \$692.20

Total paid \$692.20

Bag information

Checked Bag (Airport)

MCI - DCA

1st bag No charge

2nd bag \$40.00

Transactions

Visit capitalone.com to see detailed transactions.

JULIE S VAKAS #7564: Payments, Credits and Adjustments

| Trans Date | Post Date | Description | Amount |
|------------|-----------|------------------------------------|------------|
| Feb 1 | Feb 3 | FT LEAVENWORTH COMMFORT LEAVENWOKS | \$6.54 |
| Feb 6 | Feb 9 | TALBOTS #0223OVERLAND PARKKS | \$90.54 |
| Feb 9 | Feb 9 | ELECTRONIC PAYMENT | \$1,196.05 |

JULIE S VAKAS #7564: Transactions

| Trans Date | Post Date | Description | Amount |
|------------|-----------|--|----------|
| Jan 23 | Jan 24 | Kindle Unltd*R010H95E0888-802-3080WA | \$11.99 |
| Jan 24 | Jan 25 | AMZN Mktp US*R00T380U2Amzn.com/billWA | \$10.94 |
| Jan 24 | Jan 25 | COSTCO WHSE #0349LENEXAKS | \$36.28 |
| Jan 24 | Jan 26 | ALDI 46053LENEXAKS | \$6.94 |
| Jan 25 | Jan 26 | AMAZON.COM*R041M7FW1SEATTLEWA | \$19.16 |
| Jan 25 | Jan 26 | DILLONS #0040LEAVENWORTHKS | \$29.40 |
| Jan 25 | Jan 26 | DILLONS #9040LEAVENWORTHKS | \$24.98 |
| Jan 25 | Jan 26 | FT LEAVENWORTH COMMFORT LEAVENWOKS | \$85.67 |
| Jan 26 | Jan 27 | APPLE.COM/BILL866-712-7753CA | \$9.99 |
| Jan 26 | Jan 27 | GREAT PLAINS SPCA913-808-3287KS | \$51.69 |
| Jan 27 | Jan 29 | SHADOW GLEN GOLF CLUBOLATHEKS | \$119.48 |
| Jan 28 | Jan 29 | APPLE.COM/BILL866-712-7753CA | \$10.94 |
| Jan 29 | Jan 31 | ALDI 46007OLATHEKS | \$11.87 |
| Jan 30 | Jan 31 | AMERICAN AIR0012112150729FORT WORTH TX TK#: 0012112150729 PSGR: VAKAS/CONSTANTINE ORIG: MCI, DEST: DCA, S/O: X, CARRIER: MQ, SVC: M ORIG: DCA, DEST: MCI, S/O: X, CARRIER: MQ, SVC: V | \$692.20 |
| Jan 30 | Jan 31 | MARSHALLS #0609OLATHEKS | \$48.58 |
| Jan 30 | Jan 31 | WHOLEFDS OLA #10538OLATHEKS | \$28.11 |
| Jan 31 | Feb 1 | SQ *1900 BARKER ON MASSLawrenceKS | \$30.96 |
| Jan 31 | Feb 1 | DILLONS # 0098LAWRENCEKS | \$15.15 |
| Jan 31 | Feb 1 | TJ MAXX #624LAWRENCEKS | \$16.38 |
| Jan 31 | Feb 2 | WHEATFIELDS BAKERYLAWRENCEKS | \$9.43 |
| Feb 1 | Feb 2 | DILLONS #0040LEAVENWORTHKS | \$10.83 |
| Feb 1 | Feb 2 | DILLONS #9040LEAVENWORTHKS | \$17.85 |
| Feb 1 | Feb 2 | FT LEAVENWORTH COMMFORT LEAVENWOKS | \$84.93 |
| Feb 1 | Feb 2 | FT LEAVENWORTH COMMFORT LEAVENWOKS | \$7.51 |
| Feb 1 | Feb 2 | USPS PO 1950380593LEAVENWORTHKS | \$13.60 |
| Feb 1 | Feb 3 | CLASSIC CARWASH NORTHLEAVENWORTHKS | \$4.25 |
| Feb 2 | Feb 3 | DAIRY QUEEN #44857OLATHEKS | \$5.89 |

Additional Information on the next page

\$22.02

Custom Amount \$22.02

https://goride.site/pages/r/receipt/79525_HH6JMGDL

Total \$22.02



UVC Inc

2711 26th St NE

Washington, DC 20018

(202) 269-1100

Visa 2225 (Contactless)

Mar 13

VISA

2024 at

VISA CARDHOLDER

1:20

PM

#fBbr

Auth

code:

00985D

AID: A0000000031010

No CVM

DRIVER ID: 79525

Run your own business?

Start using Square and process \$1,000 in sales for free.

\$17.22


Custom Amount \$17.22

Total \$17.22





Habib - King Cab
5999 Stevenson Ave
Alexandria, VA 22304

Visa 2225 (Swipe)

CONSTANTINE VAKAS

Mar 10
2024 at
9:25
AM
#vv8a
Auth
code:
05769D

Run your own business?
Start using Square and process \$1,000 in sales
for free.

Cathy Marks

From: Dean Vakas
Sent: Sunday, March 17, 2024 3:10 PM
To: Cathy Marks
Subject: 10-13 March NLC Conference

Cathy —

I have two last receipts. And I have no written record to submit, other than this email.

I tipped the room maid at the Westin Hotel \$10. And, I tipped a bell hop \$2.

When complete, please forward my reimbursement in the form of a personal check.

Thank you.

Dean

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