



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: | Matt Schoonover | Employee # | 0 | Department: | council |
| Business Expense Purpose: | May visit DC delegates | | | Destination: | Washington, DC |
| Departure Date: | 5/14/24 | Return Date: | 5/15/24 | | |
| Comments: | 0 | | | E1 Budgeted Acct # | educ / train |
| Sharing hotel room? Whom with: 0 | | | | | |

| Total Expenses from TRA | | BES | Paid with City PCard | Paid to Vendor | Paid by Employee | | | |
|------------------------------|----------|--|----------------------|----------------|------------------|---|-----------|--|
| Registration: | - | Registration: | | | | Include all cost & fees - Itemized receipt for Lodging required | | |
| Airfare: | 600.00 | Airfare: | 405.20 | | | | | |
| Lodging: | 1,380.00 | Lodging: | 494.58 | | | | | |
| Car Rental: | - | Car Rental: | | | | | | |
| KCI Airport parking: | 18.00 | KCI Airport parking: | | | 52.00 | | | |
| | | Meals Overnight Travel | | | | Per Diem: Rate # of days | | |
| | | Search for City - GSA.gov website | | | | 79.00 2.0 158.00 | | |
| | | | | | | Meals Provided will deduct from per diem: | | |
| | | | | | | Breakfast 19.00 1 19.00 | | |
| | | | | | | Lunch 20.00 1 20.00 | | |
| | | | | | | Dinner 35.00 - | | |
| | | M&IE Meal breakdown will auto populate | | | | | | |
| Per Diem for Meals: | 119.00 | Per Diem for Meals: | No receipts required | 119.00 | | | | |
| | | STOP Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES | | | | | | |
| | | Allocate Page 2 Totals to yellow cells | Paid with City PCard | Paid to Vendor | Paid by Employee | Totals from page 2 | | |
| Private Vehicle Mileage: | 53.60 | Mileage: | | | 53.60 | 53.60 | Comments: | |
| Cab/Shuttle fares/ | | Cab/Shuttle fares/ | | | | | | |
| Tolls/Baggage fees: | 75.00 | Tolls/Baggage fees: | | | 120.42 | 120.42 | | |
| Fuel - City Vehicle: | - | Fuel - City Vehicle: | | | | | | |
| | | Business Meeting: | | | | | | |
| Miscellaneous Expense: | - | Miscellaneous Expense: | | | | | | |
| TOTAL TRA ESTIMATED EXPENSES | 2,245.60 | TOTAL EXPENSES | | 1,244.80 | | | | |

Total Expensed paid by employee 345.02

Travel Advance issued to Employee 172.60

Amount owed Employee/ (owed to City) 172.42

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

Exp 100-2607

Business Expense Statement continued

Name: Matt Schoonover
 Business Expense Purpose: Washington, DC

Department: council

| | | | | | |
|----------------------|-----------|---|-------|---------|--|
| | | <i>Mileage log may be used for detail</i> | Rate | \$0.670 | |
| Mileage Calculation: | Date | Destination | Miles | Amount | |
| | 5-14/5-16 | roundtrip to airport | 80 | 53.60 | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| Total | | | | 53.60 | |

| | | | |
|--------------------------|---------|------------------|--------|
| Cab/Shuttle fares/Tolls: | Date | Description | Amount |
| | 5/15/24 | airport to hotel | 41.16 |
| | 5/15/24 | dinner | 32.38 |
| | 5/16/24 | hotel to airport | 46.88 |
| | | | |
| | | | |
| Total | | | 120.42 |

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

| | | | | | |
|--------------|------|-----------|-------|--------|------------------|
| Meals Local: | Date | Breakfast | Lunch | Dinner | Maximum allowed: |
| | | | | | Breakfast 15.00 |
| | | | | | Lunch 16.00 |
| | | | | | Dinner 28.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | - |

Receipts are required

Business Meeting & Guests:

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

Total -

| | | | |
|------------------------|------|-------------|--------|
| Miscellaneous Expense: | Date | Description | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | - |

Cathy Marks

From: Matthew Schoonover
Sent: Wednesday, May 22, 2024 2:15 PM
To: Cathy Marks
Cc: Lauren Lueck
Subject: Re: expense report

Sure. Looks great! Thank you!

From: Cathy Marks <CMMarks@OLATHEKS.ORG>
Date: Wednesday, May 22, 2024 at 2:12 PM
To: Matthew Schoonover <MSchoonover@OLATHEKS.ORG>
Cc: Lauren Lueck <Lauren@SchoonoverLawFirm.com>
Subject: expense report

Hi Matt,
Please look over this doc and reply to confirm your agreement with the reimbursement of taxis and parking-\$172.42.

Thanks so much!
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





AA RECORD LOCATOR: AIODTE



Get your boarding pass faster!
Scan this barcode at any
American Airlines Self-Service
Machine.

Kansas City to Washington 1 Adult

Tuesday May 14, 2024 – Wednesday May 15, 2024

Total Paid:

\$405.20 USD

AA Record Locator

AIODTE

Reservation Name

MCI/DCA

Your record locator is your reservation confirmation number and
will be needed to retrieve or reference your reservation.

Status: **Ticketed** Apr 26, 2024

Flight

Depart

Arrive

American Airlines

5419

Operated by Envoy Air

Kansas City (MCI)

May 14, 2024 05:45 PM

Travel Time : 2 h 37 m

Class : Economy

Seat : 17D

Washington (DCA)

May 14, 2024 09:22 PM

Booking Code : S

Aircraft : Canadair Regional Jet 900

Fare Amount

Adult

1 × \$348.84 USD \$348.84 USD

Taxes & Carrier-Imposed Fees

Taxes and Fees \$56.36 USD

Carrier-Imposed Fees \$0.00 USD

Flight Subtotal

\$405.20 USD

Flight

Depart

Arrive

American Airlines

4453

Operated by Envoy Air

Washington (DCA)

May 15, 2024 07:56 PM

Travel Time : 2 h 55 m

Class : Economy

Seat : 19A

Kansas City (MCI)

May 15, 2024 09:51 PM

Booking Code : G

Aircraft : Embraer 175

Receipt

| PASSENGER | TICKET NUMBER | FREQUENT FLYER NUMBER | FARE | EQUIV FARE | Tax/Fee/Charge | TICKET TOTAL |
|------------------------------|---------------|-----------------------|--------------|------------|----------------|--------------|
| SCHOONOVER,MATTHEW | 0012136226679 | 3A55AM6 | \$348.84 USD | 0.00 USD | 56.36 | 405.20 |
| Payment Type: VISA *****0465 | | | | | Total | \$405.20 USD |

Endorsements/Restrictions

NONREF/FAREDIF/CXL BY FLT TIME OR NOVALUE

Terms and conditions:

If you've already begun travel, this receipt may only show portions of your trip not flown.

If your ticket involves travel outside the U.S., Canada, U.S. Virgin Islands or Puerto Rico and has been reissued, your ticket total may not include all taxes. Please contact Reservations for the correct total.

A summary of all the terms and conditions that apply to your travel are available on [aa.com/conditionsofcarriage](https://www.aa.com/conditionsofcarriage).

washington

p l a z a

#10 Thomas Circle, N.W.
Washington, D.C. 20005
(202) 842-1300 • (800) 424-1140 • Fax (202) 371-9602

Schoonover, Mr Matthew
Po Box 768
Olathe, 66051

Arrival Date: 05/14/24
Departure Date: 05/15/24

No. In Party: 1
Folio Number: 12N1W9

Room Number: 211


| Date | Transaction | Description | Charges | Payment |
|-----------------------------|-------------|-----------------|-----------|---------|
| 05/14/24 | ROOM 1 | Room Charge | -- 426.55 | |
| 05/14/24 | RMTX 1 | Room Tax 15.95% | -- 68.03 | |
| 05/15/24 | VISA 1 | XXXX3118 | NF | 494.58 |
| Subtotals | | | \$ 494.58 | 494.58 |
| PAID IN FULL --- THANK YOU! | | | | |

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person or company or association fails to pay for any part of the full amount of these charges. I also agree that all charges contained in this account and any disputes or requests for copies must be made within five days of my departure.

Guest Signature _____



Total **\$41.16**
May 15, 2024

 The picture can't be displayed.

Total **\$41.16**

Good news - you've been refunded a portion of your original upfront price on this trip because of a change to the anticipated route.

| | |
|-----------|---------|
| Trip fare | \$30.78 |
|-----------|---------|

| | |
|----------|---------|
| Subtotal | \$30.78 |
|----------|---------|

| | |
|---|--------|
| Booking Fee  | \$2.90 |
|---|--------|

| | |
|-----------------------|--------|
| DCA Airport Surcharge | \$5.00 |
|-----------------------|--------|

| | |
|-------------------------------|--------|
| DC Digital Dispatch Surcharge | \$0.15 |
|-------------------------------|--------|

| | |
|--|--------|
| DC Fee  | \$2.33 |
|--|--------|

Payments



Apple Pay Mastercard ****1484

5/16/24 5:08 AM

\$41.16

 The picture can't be displayed.

Total **\$32.38**

Trip fare \$22.31

Subtotal \$22.31

Booking Fee ⓘ \$2.90

DC Digital Dispatch Surcharge \$0.25

Tip \$5.40

DC Fee ⓘ \$1.52

Payments



Apple Pay Mastercard **1484**

\$32.38

5/15/24 3:07 PM

Receipt ID # 5b6a7f7b-7144-49e6-acab-259a7696eb21

[Switch Payment Method](#)

[Download PDF](#)

Total \$46.88

Trip fare \$31.17

Subtotal \$31.17

Booking Fee ⓘ \$2.90

DCA Airport Surcharge \$5.00

Tip \$7.81

Payments



Apple Pay Mastercard ••••1484

\$39.07

5/15/24 9:02 AM



Apple Pay Mastercard ••••1484

\$7.81

5/15/24 2:47 PM

Receipt ID # a7973562-46ea-406b-9d32-73affa8ea06a

[Switch Payment Method](#)

[Download PDF](#)

You rode with Anteneh

4.97 ★ Rating

🛡️ Has passed a multi-step safety screen


When you ride with Uber, your trips are insured in case of a covered accident.

[Learn more >](#)

Cathy Marks

From: Matthew Schoonover
Sent: Wednesday, May 22, 2024 9:51 AM
To: Cathy Marks
Subject: Re: parking receipt for DC

Here you go!

 **EXPENDITURE AFFIDAVIT**

Name: Matthew Schoonover
Department: City Council


The following expenditure was incurred for city business for which no receipt was available.

Event: Washington DC visit
Place: local parking garage
Date of Purchase: 5/10/24

Total Amount: \$2.00

| Description: | Amount: |
|--|---------------|
| <u>airport parking for DC trip 5/10 - 5/16</u> | <u>\$2.00</u> |
| | |
| | |
| | |
| | |

I affirm that the above-described expenditure was incurred during the performance of official city business and pertained to city business.


Signature

5/21/24
Date

V10 11/15/2021 12:11

On May 21, 2024, at 5:45 PM, Matthew Schoonover <MSchoonover@olatheks.org> wrote:



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: | Matt Schoonover | Employee # | | Department | council |
| Purpose of Travel: | May visit DC delegates | Destination: | Washington, DC | | |
| Departure Date: | 5/14/24 | Return Date: | 5/15/24 | | |
| Comments: | | | | | |
| Sharing hotel room? | Whom with: | E1 Budgeted Account # | educ / train | | |
| Registration: | Amount to City PCard | Amount to Vendor | Amount to Employee | | |
| Airfare: | 600.00 | | | Lodging Rate | # days 15% Total |
| Lodging: | 1,380.00 | | | 600.00 per day @ 2 | 90.00 1,380.00 |
| Car Rental: | | | | | |
| KCI Airport parking: | 18.00 | | | | |
| Per Diem for Meals: | Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21) | | | Per Diem for Meals | Rate # of days |
| | | | | Per Diem rate | 79.00 2.0 158.00 |
| | M&IE Meal breakdown will auto populate | | | M&IE Breakdown - Deduct meals provided | |
| | | | | Breakfast | 19.00 1 19.00 |
| | | | | Lunch | 20.00 1 20.00 |
| | | | | Dinner | 35.00 - |
| Private Vehicle Mileage: | No receipts required | | | 119.00 | |
| Cab/Shuttle fares/ Tolls/Baggage fees: | 75.00 | | | 80 Miles @ 0.670 per mile | |
| Fuel - City Vehicle: | | | | | |
| Other: | | | | Describe: | |

Amount Charge on City P Card 2,073.00

Amount to Vendors -

Travel Advance = Amount to Employee 172.60

TOTAL ESTIMATED EXPENSES 2,245.60

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

Employee Signature

Division Manager Signature

Department Director Signature

City Manager Signature (if required)

Approved Disapproved Date

☐☐☐☐☐☐

SA-1000261

PL-5-1

Cathy Marks

From: Lauren Lueck <Lauren@SchoonoverLawFirm.com>
Sent: Wednesday, May 1, 2024 11:54 AM
To: Cathy Marks
Cc: Matthew Schoonover
Subject: Re: DC per diem

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.

Hi Cathy,

He is back in town, got in late last night.

I just went over this with him and he approves, and, has given me permission to approve on his behalf (and cc'd him).

Many thanks,

Lauren

Lauren Lueck, *Executive Assistant*
Schoonover & Moriarty LLC
Lauren@schoonoverlawfirm.com



From: Cathy Marks <CMMarks@OLATHEKS.ORG>
Date: Wednesday, May 1, 2024 at 11:41 AM
To: Lauren Lueck <Lauren@SchoonoverLawFirm.com>
Subject: FW: DC per diem

Hi,
Is Matt in town? If so, can you get him to reply to the original email to OK this item, please? You can reply if you are directed from him to do so.
Thanks,
Cathy

Cathy Marks, Assistant to the City Manager
(913) 971-8940 | OlatheKS.org
Administration | City of Olathe, Kansas