



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:	John Bacon	Employee #	0	Department:	CMO
Business Expense Purpose:	to meet with delegates			Destination:	Washington, DC
Departure Date:	5/14/24	Return Date:	5/16/24		
Comments:	0			E1 Budgeted Acct # council/educa/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:			410.19		
Lodging:	1,380.00	Lodging:			1,115.84		
Car Rental:	-	Car Rental:					
KCI Airport parking:	27.00	KCI Airport parking:					
		Meals: Overnight Travel				Per Diem: Rate # of days	
		Search for City - GSA.gov website				79.00 3.0 237.00	
						Meals Provided will deduct from per diem:	
						Breakfast 19.00 1 19.00	
						Lunch 20.00 -	
						Dinner 35.00 -	
Per Diem for Meals: 218.00		M&IE Meal breakdown will auto populate					
		Per Diem for Meals: No receipts required		218.00			
		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:	150.00	Tolls/Baggage fees:			55.67	55.67	
Fuel - City Vehicle:	-	Fuel - City Vehicle:					
		Business Meeting:					
Miscellaneous Expense:	-	Miscellaneous Expense:					
TOTAL TRA ESTIMATED EXPENSES	2,428.60	TOTAL EXPENSES	1,853.30				

Total Expensed paid by employee 1,853.30

Travel Advance issued to Employee 271.60

Amount owed Employee/ (owed to City) 1,581.70

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-1002632

Business Expense Statement continued

Name: John Bacon

Department: CMO

Business Expense Purpose: Washington, DC

Mileage log may be used for detail

Rate

\$0.670

Mileage Calculation:

Date	Destination	Miles	Amount
5/14-5/16	mileage to and from airport	80	53.60
			-
			-
			-
			-
Total			53.60

Cab/Shuttle fares/Tolls:

Date	Description	Amount
5/14/24	airport to hotel	30.00
5/16/24	hotel to airport	25.67
Total		55.67

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: Liz Ruback
Sent: Friday, May 31, 2024 10:34 AM
To: Cathy Marks
Subject: FW: (Needs your approval) FW: DC expenses

Liz Ruback, Assistant to the Mayor

(913) 971-8941 | OlatheKS.org

Administration | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service



From: John Bacon <JBacon@OLATHEKS.ORG>

Sent: Friday, May 31, 2024 10:33 AM

To: Liz Ruback <EMRuback@OLATHEKS.ORG>; John Bacon 2 <JWBacon@OLATHEKS.ORG>

Subject: Re: (Needs your approval) FW: DC expenses

Looks good

Thanks

John

[Get Outlook for iOS](#)

From: Liz Ruback <EMRuback@OLATHEKS.ORG>

Sent: Wednesday, May 29, 2024 3:18:46 PM

To: John Bacon 2 <JWBacon@OLATHEKS.ORG>; John Bacon <JBacon@OLATHEKS.ORG>

Subject: (Needs your approval) FW: DC expenses

John, can you approve this for Cathy? Just email us back to let us know. Thanks!

Liz Ruback, Assistant to the Mayor

(913) 971-8941 | OlatheKS.org

Administration | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service



From: Cathy Marks <CMMarks@OLATHEKS.ORG>

Sent: Thursday, May 23, 2024 1:58 PM

To: John Bacon <JBacon@OLATHEKS.ORG>

Subject: DC expenses

Departure Tue, May 14

American Airlines 4571

Kansas City (MCI)

10:54am



Washington (DCA)

2:24pm

Terminal: 2

Cabin: Economy / Coach (G)

2h 30m duration

Seat: 16A | Confirm or change seats with the airline*

Total duration

2h 30m

✈ Return Thu, May 16

American Airlines 5419

Washington (DCA)

2:58pm

Terminal: 2



Kansas City (MCI)

4:48pm

Cabin: Economy / Coach (G)

2h 50m duration

Seat: 17D | Confirm or change seats with the airline*

Total duration

2h 50m

Traveler(s)

JOHN BACON

No frequent flyer details provided

Update traveler details and make special requests. Please confirm all requests with your airline.

Price summary

Traveler 1: Adult	\$410.19
Flight	\$353.48
Taxes & Fees	\$56.71
Subtotal	\$410.19
Total	\$410.19



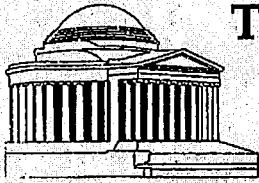
10 Thomas Circle, N.W Washington DC 20005
(202) 842-1300 • (800) 424-1140
www.washingtonplazahotel.com

Bacon, Mr John
Po Box 768
Olathe, 66051

Arrival Date: 05/14/24 No of Guests:1
Departure Date: 05/16/24 Folio Number: 12N1W4 Room Number: 940

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	ROOM	1	Room Charge	--	535.80	
05/15/24	RMTX	1	Room Tax 15.95%	--	85.46	
05/16/24	MC	1	XXXX7558	AR		1115.84
Subtotals					\$ 1115.84	1115.84

PAID IN FULL --- THANK YOU!



TAXICAB RECEIPT

Time: 11:20
Date: 5-14-2024

Origin of trip: Rega Natural Air Port

Destination: West Plaza Hotel

Fare: \$25.00 Sign: Chene
Thurber

+ 5.00 TIP

\$30.00

\$5.00

Merchant:
email:

Curb Mobility LLC
cs@gocurb.com

YELLOW CAB CO.
202 544 1212

CREDIT SALE

MERCHANT: 844027733881
TERMINAL ID: 07986186
TRIP NUMBER: 6574133
DRIVER ID: 00059684
MEDALLION: B340
RES. NUMBER: 6373783A

PASSANGER: 1 Rate: 1 DISTANCE: 5.56
05/16/2024 START: 08:10 END: 08:30

FARE AMOUNT: \$18.29
EXTRA AMOUNT: \$2.25
TIP AMOUNT: \$5.13

TOTAL: \$25.67

AID: A00000000041010
APPLICATION NAME: Mastercard
ATC: 0290
TransRef: 98366719
Rec/INV #: 98366719
MASTER: **** 7558
APPROVAL CODE: 01691P
CONTACT CHIP: ISSUER
AUTHORIZATION MODE:

DRIVER COPY

Signature: _____

BACON/JOHN

DFHV COMPLAINTS
LINES TTY 711
PH: 855-484-4966
dhv.dc.gov



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:	John Bacon	Employee #		Department	CMO
Purpose of Travel:	to meet with delegates			Destination:	Washington, DC
Departure Date:	5/14/24	Return Date:	5/16/24		
Comments:					
Sharing hotel room?	Whom with:			E1 Budgeted Account #	council/educa/train

	Amount to City PCard	Amount to Vendor	Amount to Employee	
Registration:				
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:	27.00			
	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 3.0 237.00 M&IE Breakdown - Deduct meals provided Breakfast 19.00 1 19.00 Lunch 20.00 - Dinner 35.00 -
Per Diem for Meals:	No receipts required 218.00			
Private Vehicle Mileage:	53.60			80 Miles @ 0.670 per mile
Cab/Shuttle fares/ Tolls/Baggage fees:	150.00			
Fuel - City Vehicle:				
Other:				Describe:

Amount Charge on City P Card	2,157.00
Amount to Vendors	-
Travel Advance = Amount to Employee	271.60
TOTAL ESTIMATED EXPENSES	2,428.60

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 1000 245

4/24

Cathy Marks

From: John Bacon
Sent: Wednesday, April 24, 2024 8:36 AM
To: Cathy Marks
Subject: Re: authorization to travel

Looks good
Thanks
John

Get [Outlook for iOS](#)

From: Cathy Marks <CMMarks@OLATHEKS.ORG>
Sent: Tuesday, April 23, 2024 4:19:27 PM
To: John Bacon <JBacon@OLATHEKS.ORG>
Subject: authorization to travel

Hi,
Can you take a look and please reply to this email in lieu of signature, please?
This doc will provide per diem and mileage before the trip to Washington, DC.

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

