



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 #	0	Department:	council
Business Expense Purpose:	attending LKM annual conference			Destination:	Wichita, KS
Departure Date:	Oct. 10	Return Date:	Oct. 12		
Comments:	0			E1 Budgeted Acct #	0.00000
Sharing hotel room? Whom with: 0					

Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by Employee		
Registration:	150.00	Registration:					
Airfare:	-	Airfare:					
Lodging:	201.25	Lodging:	168.82		58.31	<i>Include all cost &amp; fees - Itemized receipt for Lodging required</i>	
Car Rental:	-	Car Rental:					
KCI Airport parking:	-	KCI Airport parking:					
		Meals Overnight Travel <a href="#">Search for City - GSA.gov website</a>					
					Per Diem:	Rate	# of days
						64.00	2.0
					Meals Provided will deduct from per diem:		
					Breakfast	14.00	1
					Lunch	16.00	1
					Dinner	29.00	1
Per Diem for Meals:	112.00	<i>M&amp;IE Meal breakdown will auto populate</i>					
		Per Diem for Meals: <i>No receipts required</i>			69.00		
<b>STOP</b> Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES							
		<b>Allocate Page 2 Totals to yellow cells</b>	<b>Paid with City PCard</b>	<b>Paid to Vendor</b>	<b>Paid by Employee</b>	<b>Totals from page 2</b>	
Private Vehicle Mileage:	237.18	Mileage:			237.18	237.18	Comments:
Cab/Shuttle fares/		Cab/Shuttle fares/					
Tolls/Baggage fees:	-	Tolls/Baggage fees:			8.59	8.59	
Fuel - City Vehicle:	-	Fuel - City Vehicle:				-	
		Business Meeting:				-	
Miscellaneous Expense:	-	Miscellaneous Expense:				-	
<b>TOTAL TRA ESTIMATED EXPENSES</b>	<b>700.43</b>	<b>TOTAL EXPENSES</b>			<b>541.90</b>		

Total Expensed paid by employee 373.08  
 Travel Advance issued to Employee -  
 Amount owed Employee/ (owed to City) 373.08

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.

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: Wichita, KS

Department: council

*Mileage log may be used for detail*

Rate \$0.670

Mileage Calculation:	Date	Destination	Miles	Amount
	Oct. 10	roundtrip mileage to Wichita	354	237.18
				-
				-
				-
				-
			Total	<u>237.18</u>

Cab/Shuttle fares/Tolls:	Date	Description	Amount
	10th and 11	tolls	8.59
			Total
			<u>8.59</u>

Fuel - City Vehicle:	Date	Amount
		Total
		<u>-</u>

Meals Local:	Date	Breakfast	Lunch	Dinner
				Total
				<u>-</u>

Maximum allowed:	
Breakfast	15.00
Lunch	16.00
Dinner	28.00

*Receipts are required*

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount

Total -

Miscellaneous Expense:	Date	Description	Amount
			Total
			<u>-</u>

## Cathy Marks

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**From:** Dean Vakas  
**Sent:** Thursday, October 17, 2024 3:12 PM  
**To:** Cathy Marks  
**Subject:** Re: BES

Yes, sorry. All OK.

Dean

Get [Outlook for iOS](#)

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**From:** Cathy Marks <CMMarks@OLATHEKS.ORG>  
**Sent:** Thursday, October 17, 2024 2:51:04 PM  
**To:** Dean Vakas <DVakas@OLATHEKS.ORG>  
**Subject:** FW: BES

Hi,  
Are we OK with this Business expense statement for you?  
Thanks, Cathy

*Cathy Marks, Assistant to the City Manager*

(913) 971-8940 | [OlatheKS.org](http://OlatheKS.org)

Administration | City of Olathe, Kansas

**Setting the Standard for Excellence in Public Service**



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**From:** Cathy Marks  
**Sent:** Tuesday, October 15, 2024 11:57 AM  
**To:** Dean Vakas <dvakas@olatheks.org>  
**Subject:** BES

Hi,  
Please reply to this email in lieu of a signature.  
Thanks, Cathy

*Cathy Marks, Assistant to the City Manager*

(913) 971-8940 | [OlatheKS.org](http://OlatheKS.org)

Administration | City of Olathe, Kansas

**Setting the Standard for Excellence in Public Service**





**Hyatt Regency Wichita**  
 400 West Waterman  
 Wichita, 67202  
 Tel: 316-293-1234  
 Fax: 316-293-1200

**INFORMATION INVOICE**

MR Constantine Vakas  
 26702 W 109th St  
 Olathe KS 66061  
 United States

Room No. 0502  
 Arrival 10-10-24  
 Departure 10-11-24  
 Folio Window 2  
 Folio No.

Confirmation No. 5674105801  
 Group Name League of KS Municipalities

Date	Description	Charges	Credits
10-10-24	Deposit Transferred at C/I		176.51
10-10-24	Package Room	155.00	
10-10-24	City TBID Fee	4.26	
10-10-24	Occupancy Tax 6%	9.56	
10-10-24	Room - Sales Tax 7.50%	11.95	
10-14-24	Room - Sales Tax 7.50% Exempt	-11.95	
10-18-24	Visa Refund XXXXXXXXXXXX8077 XX/XX		-7.69

**Total** 168.82 168.82

Guest Signature

**Balance** 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

**WE HOPE YOU ENJOYED YOUR STAY WITH US!**

**World of Hyatt Summary**

Membership: XXXXXX433Z  
 Bonus Codes:  
 Qualifying Nights: 1  
 Eligible Spend: 205.00  
 Redemption Eligible: 0.00

Contact our Quality Assurance department at [wichita.regency@hyatt.com](mailto:wichita.regency@hyatt.com)

For inquiries concerning your bill please call 316-293-1234 option 4.

Please remit payment to:  
 Hyatt Regency Wichita  
 400 West Waterman  
 Wichita, KS. 67201-7053

Summary Invoice, please see front desk for eligibility details.



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 United States

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 Folio Window 1  
 Folio No. 795698

Confirmation No. 5674105801  
 Group Name League of KS Municipalities

Date	Description	Charges	Credits
10-10-24	Early Check-In	50.00	
10-10-24	Occupancy Tax 6%	3.00	
10-10-24	Room - Sales Tax 7.50%	3.75	
10-10-24	City TBID Fee	1.38	
10-10-24	Occupancy Tax 6%	0.08	
10-10-24	Room - Sales Tax 7.50%	0.10	
10-11-24	Visa XXXXXXXXXXXX2225 XX/XX		62.57
10-14-24	Visa tax exempt XXXXXXXXXXXX2225 XX/XX		-11.95
10-18-24	Visa XXXXXXXXXXXX2225 XX/XX		7.69
<b>Total</b>		<b>58.31</b>	<b>58.31</b>

Guest Signature

**Balance** 0.00

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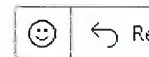
Summary Invoice, please see front desk for eligibility details.



Dean Vakas <deanvakas@yahoo.com>

To Cathy Marks

Cc Dean Vakas



You replied to this message on 10/14/2024 1:57 PM.

**DriveKS**

**Account** 

<b>Activity</b>	<b>Type</b>	<b>Amount</b>
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10/11/2024	Toll	\$0.96
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10/11/2024	Toll	\$1.68
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10/11/2024	Toll	\$0.24
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10/11/2024	Toll	\$1.44
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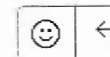
10/11/2024	Toll	\$0.72
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Dean Vakas <deanvakas@yahoo.com>

To Cathy Marks

Cc Dean Vakas



You replied to this message on 10/14/2024 1:57 PM.

10/11/2024 Toll \$0.24

10/11/2024 Toll \$0.77

10/11/2024 Toll \$0.67

10/11/2024 Toll \$0.19

10/10/2024 Toll \$1.68



Vehicles



Payments



Home



Activity



Support