

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).

ame:	Robyn Essex		Employee # 0			Department:	council		
usiness Expense Purpose:	May DC visit t	o delegates				Destination:	Washington, D	С	
eparture Date:	5/14/24	Return Date:	5/16/24			-			
omments:	0					E1 E	Budgeted Acct #	educa a	nd train
Sharing hotel room?	Whom with:	0				-	**		
Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by Employee				
Registration	-	Registration:				]			
Airfare	600.00	Airfare:	436.21			]			
Lodging:	1,380.00	Lodging:	1,115.84			Include all c	ost & fees - Itemiz	ed receipt fo	r Lodging requ
Car Rental	-	Car Rental:				]			
KCI Airport parking	27.00	KCI Airport parking:			64.00	]			
			Meals	Overnight T	ravel	Per Diem:	<u>Rate</u>	# of days	
			Search for	City - GSA.go	v website		79.00	3.0	237.00
						Meals Provide	d will deduct from	m per diem	
						Breakfas	t 19.00	1	19.00
Per Diem for Meals	218.00					Luncl	20.00		1 -
			M&IE Meal breakdo	own will auto pop	ılate	Dinne	r 35.00		1 - 1
	Carlos de la carlo	Per Diem for Meals:	No receipts	required .	218.00				
		STOP	Go to Page 2 Nov	v and complete	then RETURN he	ere to allocate ex	oense & complete	the BES	
		Allocate Page 2 Totals to	Paid with City	Paid to	Paid by	Totals from			
		yellow cells	PCard	Vendor	Employee	page 2		Carrie and Pathol 10 - To	
Private Vehicle Mileage		Mileage:			53.60	53.60	Comments:		
Cab/Shuttle fares,		Cab/Shuttle fares/							
Tolls/Baggage fees		Tolls/Baggage fees:			_				
Fuel - City Vehicle	Selection and the production of the Control of the Control	Fuel - City Vehicle:							
A A		Business Meeting:						Mark States	
Miscellaneous Expense		Miscellaneous Expense:		-A1 FVP=10=-	4 607 67				
TOTAL TRA ESTIMATED EXPENSES	2,428.60			AL EXPENSES	1,887.65	=			
		Total Expensed paid by employee 335.60				ACH direct deposit rather than a check			
			ivel Advance issue		271.60	_	can be provide	d. Complete	e and submit
		Amount ow	ed Employee/	owed to City)	64.00	=	AP ACH form		
certify that I have incurred all of the expen	ses listed above on be	chalf of the City and that they are direct	ly related to the active	conduct of the City	s business.				Page 1 of 2
mployee Signature	Date	Division Manager Signature	Date	Departme	t Manager	Date	City Manager Sign	aturo (if roquir	red) D

EXP-1004604

### **Business Expense Statement continued**

Department: council

Name: Robyn Essex

Business Expense Purpose: Washington, DC \$0.670 Mileage log may be used for detail Rate Mileage Calculation: Date Destination Miles Amount 5-14/5-16 roundtrip airport 80 53.60 Total 53.60 Cab/Shuttle fares/Tolls: Date Description Amount Total Fuel - City Vehicle: Date Maximum allowed: Meals Local: Amount Date Breakfast Lunch Dinner Breakfast 15.00 Lunch 16.00 Dinner 28.00 Receipts are required Total Total Business Meeting & Guests: Purpose Firm & Persons Present Amount Date Total Miscellaneous Expense: Date Description Amount Total Page 2 of 2

### **Cathy Marks**

From:

Robyn Essex

Sent:

Tuesday, May 21, 2024 4:00 PM

To:

Cathy Marks

Subject:

Re: Business expense statement

This is correct. Thank you.

#### Robyn Essex

Olathe City Council, Ward 1 (913) 971-6368 | OlatheKS.org Legislative | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service

From: Cathy Marks < CMMarks@OLATHEKS.ORG>

**Sent:** Tuesday, May 21, 2024 3:02:29 PM To: Robyn Essex <RREssex@olatheks.org> Subject: Business expense statement

HI,

Please reply to this email in lieu of a signature to confirm that this is correct. Looks like you are reimbursed for parking only.

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







### **Cathy Marks**

Robyn

From:

American Airlines <no-reply@info.email.aa.com>

Sent:

Tuesday, April 23, 2024 11:24 AM

To:

Cathy Marks

Subject:

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.



Issued: April 23, 2024

# Your trip confirmation and receipt

We charged \$436.21 to your card ending in 0465 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: ETWHFZ

Tuesday, May 14, 2024

=

**MCI** 

Kansas City 10:54 AM AA 4571

Operated by Republic Airways as American Eagle

0

**DCA** 

Washington Reagan **2:24 PM** 

Seat: 18A

Class: Economy (V)

Meals:

**Thursday, May 16, 2024** 

E DCA

Washington Reagan **8:20 AM** 

AA 4571

Operated by Republic Airways as American Eagle

, MCI

Kansas City

Seat: 17F

Class: Economy (S)

Meals:

Manage your trip

# Earn 15,000 bonus miles\*

Plus no annual fee. Terms Apply.

Learn more



### Your purchase

**Robyn Essex** 

Join the AAdvantage® Program

New ticket (0012135305943)

[\$377.68 + Taxes & carrier-imposed fees

\$58.53]

\$436.21

**Total cost** 

\$436.21

Your payment

Visa (ending 0465)

\$436.21

**Total paid** 

\$436.21

# 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

Essex, Mrs Robyn Po Box 768 Olathe, 66051

Arrival Date:

05/14/24

No. In Party:

1

Departure Date: 05/14

05/16/24 Folio Number:

12N1W7

Room Number: 512

Date Transaction Description Charges Payment 05/14/24 ROOM Room Charge 426.55 05/14/24 RMTX 1 Room Tax 15.95% 68.03 05/15/24 Room Charge Room Tax 15.95% ROOM 1 535.80 05/15/24 RMTX 1 85.46 05/16/24 PYVISA 1 XXXX3118 EE 1115.84 Subtotals \$ 1115.84 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 \_\_\_\_\_

KC International Airport
Garage/Surface Parking
KC Airport Parking
400 Panama City Ave
KCMO 64152

DATE: 05/16/24 TIME: 10:23 AM

Receipt No. 52/458/92/2

\* Original \*

Ticket: 20270631

Entry: 05/14/24 09:13 AM

LPR : 365ERN

Amount

64.00

Credit: 64.00

Trans ID : 769170190

Card No.: xxxxxxxxxxxxx2000

Card Type: MASTER CARD

816.243.5870 Thank you for parking with us Have a great day



### **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:	Robyn Essex Employee #			Department council					
Purpose of Travel:	May DC visit	to delegates		Destination: Washington, DC					
Departure Date:	5/14/24	Return Date:	5/16/24						
Comments:									
Sharing hotel room?	Whom with:			E1 Budge	eted Accour	nt#	educa and 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								
	Mea	ls Overnight	Travel	Per Diem for Meals	Rate	# of day	<u>s</u>		
	Search fo	r City - GSA.	gov website	Per Diem rate	79.00	3.0	237.00		
				M&IE Breakdov	wn - <b>Deduc</b> t	meals p	provided		
	Enter P	er Diem Rate	(cell F21)	Breakfast	19.00	1	19.00		
				Lunch	20.00		-		
	M&IE Meal brea	kdown will auto p	populate	Dinner	35.00		-		
Per Diem for Meals:	THE STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF	PROBREMENT OF CONTROL OF CONTROL	218.00		400		<u> </u>		
Private Vehicle Mileage:			53.60	80	Miles @	0.670	per mile		
Cab/Shuttle fares/	AND A SHAT MARKON METHOD STORM FOR CO	SALESTINATEZ FASTORISTERNOGO GARA					•		
Tolls/Baggage fees:	150.00								
Fuel - City Vehicle:									
Other:				Describe:					
Am	ount Charge o	on City P Card	2,157.00						
。 · · · · · · · · · · · · · · · · · · ·			-	Ñ	ΔCH direct (	denosit r	ather than a chec		
Amount to Vendors				ě.					
Travel Advance = Amount to Employee 271.60					can be prov	ided. Co	mplete and subm	lit -	
то	TAL ESTIMATI	2,428.60		<u>AP ACH Fo</u>	<u>rm</u>				
			•		Ap	proved	Disapproved I	Date	
Employee Signature		·	Division Manage	er Signature					
		•	Department Dir	ector Signature					
		•	City Manager Si	gnature (if required)					

JA 1000253

pd, 4/4

### **Cathy Marks**

From:

Robyn Essex

Sent:

Tuesday, April 23, 2024 8:20 PM

To: Subject: Cathy Marks Re: DC Trip

Looks good. Thanks, Cathy!

### Robyn Essex

Olathe City Council, Ward 1 (913) 971-6368 | OlatheKS.org Legislative | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service

From: Cathy Marks < CMMarks@OLATHEKS.ORG>

Sent: Tuesday, April 23, 2024 4:19:53 PM To: Robyn Essex <RREssex@olatheks.org>

Subject: DC Trip

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





