

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:	Michael Wilke	es	Employee #	# 0		Department: CMO			Ì	
Business Expense Purpose:	Visit Washing	ton Delegates				Destination:	Washington, DC			
Departure Date:	5/13/25	Return Date:	5/14/25							
Comments:	0					E1 B	udgeted Acct#	0.000	000	
Sharing hotel room?	Whom with:	0								į
Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by Employee					
Registration:	-	Registration:								
Airfare:	600.00	Airfare:			438.42					
Lodging:	1,265.00	Lodging:	1,258.66			Include all co	ost & fees - Itemize	ed receipt for	Lodging re	quired
Car Rental:	-	Car Rental:								
KCI Airport parking:	30.00	KCI Airport parking:			84.00					•
			Meal	s Overnight T	ravel	Per Diem:	<u>Rate</u>	# of days		
			Search for City - GSA.gov website			92.00	3.0	276.00		
						Meals Provided	will deduct from	n per diem:		
						Breakfast	23.00	1	23.00	
Per Diem for Meals:	177.00					Lunch	26.00		-	
			M&IE Meal breakdown will auto populate			Dinner	38.00	2	76.00	
		Per Diem for Meals:	No receipts required 177.00							
		STOP	Go to Page 2 Now and complete then RETURN her				ense & complete	the BES		
		Allocate Page 2 Totals to		Paid to	Paid by	Totals from				
D	55.00	yellow cells	PCard	Vendor	Employee	page 2	C			
Private Vehicle Mileage:		Mileage:			56.00	56.00 1	Comments:			
Cab/Shuttle fares/ Tolls/Baggage fees:		Cab/Shuttle fares/ Tolls/Baggage fees:			29.74	29.74				
Fuel - City Vehicle:		Fuel - City Vehicle:			23.74	-				
raci city verificie.		Business Meeting:				_				
Miscellaneous Expense:	_	Miscellaneous Expense:			(11.00)	(11.00)	-			
TOTAL TRA ESTIMATED EXPENSES	1	The condition of the condition	TO	TAL EXPENSES	2,032.82	(11.00)				
Total Expensed paid by employee 774.16							ACH direct den	osit rather t	han a chei	ck
			avel Advance issu		-	•	ACH direct deposit rather than a check can be provided. Complete and submit			
Amount owed Employee/ (owed to City) 774.16							AP ACH form	compiete	ana sabin	
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	
receipy dider nave incurred all of the expens	es iisteu ubove oil be	many by the city and that they are affect	ay related to the deliv	e conduct of the city's	, pasificas.				. agc 1 0, 2	
Employee Signature	Date	Division Manager Signature	Date	Date Department Manager Date City Manager Signature (if require			d)	Date		

Business Expense Statement continued

Department: CMO

Name: Michael Wilkes

Business Expense Purpose: Washington, DC Mileage log may be used for detail \$0.700 Rate Mileage Calculation: Date Destination Miles Amount 5/13/25 roundtrip airport 80 56.00 --Total 56.00 Cab/Shuttle fares/Tolls: Date Description Amount 5/15/25 cab 29.74 Total 29.74 Fuel - City Vehicle: Date Maximum allowed: Amount Meals Local: Date Breakfast Lunch Dinner Breakfast 15.00 Lunch 16.00 28.00 Dinner Receipts are required Total Total Business Meeting & Guests: Purpose Firm & Persons Present Date Amount Total Miscellaneous Expense: Date Description Amount 5/14/25 personal room charge (11.00)Total (11.00)Page 2 of 2