

12/12/23

Business Expense Statement continued

Name: Michael Wilkes
 Business Expense Purpose: Topeka, KS

Department: CMO

		Rate	\$0.655
		<i>Mileage log may be used for detail</i>	
Mileage Calculation:	Date	Destination	Miles
		roundtrip	124
			Total
			81.22

Cab/Shuttle fares/Tolls:	Date	Description	Amount
	12/7/23	pcard	1.50
	12/8/23	pcard tolls	1.50
			Total
			3.00

Fuel - City Vehicle:	Date	Amount
		Total
		-

Meals Local:	Date	Breakfast	Lunch	Dinner	Maximum allowed:
					Breakfast 15.00
					Lunch 16.00
					Dinner 28.00
					Receipts are required
					Total
					-

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount
			Total
			-

Miscellaneous Expense:	Date	Description	Amount
			Total
			-

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J Michael Wilkes

Room: 324

300 Sw 8th

Room Type: KSTE

Topeka KS 66603

Number of Guests: 1

League Of Ks Municipaliti

Rate: \$101.00

Clerk: TLB

Arrive: 07Dec23

Time: 04:36PM

Depart: 08Dec23

Time: 07:54AM

Folio Number: 93709

DATE	DESCRIPTION	CHARGES	CREDITS
07Dec23	Market Beverage	3.00	
07Dec23	Market Packaged Food	4.00	
07Dec23	Room Charge	101.00	
08Dec23	Visa		108.00
Card #: VXXXXXXXXXXXXX7062/XXXX			
Card Type: VISA Card Entry: CHIP Approval Code: 06414D App			
Label: VISA CREDIT AID: A0000000031010			
BALANCE:		0.00	

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KANSAS TURNPIKE AUTHORITY
CHARGE TRANSACTION

ENTRY PLAZA	ENTRY LANE	ENTRY DATE	ENTRY TIME	ENTRY SEQ.
197	07	12/07/23	16:00:50	0913

EXIT PLAZA	EXIT LANE	EXIT DATE	EXIT TIME	EXIT COLL
183	07	12/07/23	16:12:29	1248

CLASS: 02 AMOUNT: \$ 1.50

CHARGED TO: XXXX-XXXX-XXXX-1332

KANSAS TURNPIKE AUTHORITY
CHARGE TRANSACTION

ENTRY PLAZA	ENTRY LANE	ENTRY DATE	ENTRY TIME	ENTRY SEQ.
183	03	12/08/23	11:15:30	0609

EXIT PLAZA	EXIT LANE	EXIT DATE	EXIT TIME	EXIT COLL
197	04	12/08/23	11:27:02	1289

CLASS: 02 AMOUNT: \$ 1.50

CHARGED TO: XXXX-XXXX-XXXX-1332



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:	Michael Wilkes	Employee #	124702	Department	CMO
Purpose of Travel:	Attend an LKM meeting		Destination: Topeka, KS		
Departure Date:	Dec. 7	Return Date:	Dec. 8		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #	1001020.62220	

	Amount to City PCard	Amount to Vendor	Amount to Employee	
Registration:				
Airfare:				
Lodging:	220.00			Lodging Rate # days 15% Total 175.00 per day @ 1 26.25 201.25
Car Rental:				
KCI Airport parking:				
	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21) M&IE Meal breakdown will auto populate			Per Diem for Meals Rate # of days Per Diem rate 64.00 2.0 128.00 M&IE Breakdown - Deduct meals provided Breakfast 14.00 - Lunch 16.00 - Dinner 29.00 -
Per Diem for Meals:	No receipts required	128.00		
Private Vehicle Mileage:		74.67		114 Miles @ 0.655 per mile
Cab/Shuttle fares/ Tolls/Baggage fees:				
Fuel - City Vehicle:				
Other:				Describe: _____

Amount Charge on City P Card 220.00
Amount to Vendors -
Amount to Employee 202.67
ESTIMATED EXPENSES 422.67

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

Approved Disapproved Date

Division Manager Signature

Department Director Signature

City Manager Signature (if required)

☐☐☐☐☐☐

10/18/23

TMP -
85,49
623-3997