

Complete the yellow cells

Business Expense Statement (BES)

EXP-1002068

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 #	124702		Department:	CMO	:		
Business Expense Purpose:	LKM meeting					Destination:	Topeka, KS			
Departure Date:	4/4/24	Return Date:	4/5/24			-				
Comments:	0					E1 B	udgeted Acct #	0.000	000	
Sharing hotel room?	Whom with:	0								
Total Expenses fror	n TRA	BES	Paid with City PCard	Paid to Vendor	Paid by Employee					
Registration	-	Registration:]				
Airfare		Airfare:								
Lodging:	175.00	Lodging:			101.00	Include all c	ost & fees - Itemiz	ed receipt for	Lodging red	uired
Car Rental:	-	Car Rental:								
KCI Airport parking	-	KCI Airport parking:								
			Meals	Overnight T	ravel	Per Diem:	<u>Rate</u>	# of days		
			Search for	City - GSA.go	ov website		59.00	2.0	118.00	
						Meals Provided	will deduct fro	m per diem:		
						Breakfast	13.00	1	13.00	
Per Diem for Meals	79.00					Lunch	15.00		-	
			M&IE Meal breakdo	own will auto pop	ulate	Dinnei	26.00	1	26.00	
		Per Diem for Meals:	No receipts	required	79.00					
		STOP	Go to Page 2 Now	v and complete	then RETURN he	ere to allocate exp	ense & complete	the BES		
			Paid with City	Paid to	Paid by	Totals from				
		yellow cells	PCard	Vendor	Employee	page 2				
Private Vehicle Mileage		Mileage:			82.68	82.68	Comments:			
Cab/Shuttle fares/		Cab/Shuttle fares/			·					
Tolls/Baggage fees		Tolls/Baggage fees:								
Fuel - City Vehicle	September 1984 september 1985	Fuel - City Vehicle:				•				
		Business Meeting:			·					
Miscellaneous Expense		Miscellaneous Expense:					<u> </u>			
TOTAL TRA ESTIMATED EXPENSES	335.22			AL EXPENSES		=	Company and the order of the control	- James of Open or an	and the same of the contract o	Sand September 1 and 1 and 1 and 1 and 1
			al Expensed paid			-	ACH direct dep			
			avel Advance issue			_	can be provide	d. Complete	and subm	it
		Amount o	wed Employee/ (owed to City)	262.68	=	AP ACH form			
I certify that I have incurred all of the expens	ses listed above on be	half of the City and that they are direc	tly related to the active	conduct of the City	's business.				Page 1 of 2	
										-
Employee Signature	Date	Division Manager Signature	Date	Departme	nt Manager	Date	City Manager Sign	ature (if require	ed)	Date

Business Expense Statement continued

Name: Michael Wilkes Department: CMO Business Expense Purpose: Topeka, KS \$0.670 Mileage log may be used for detail Rate Mileage Calculation: Date Miles Amount Destination 82.68 4/4/24 roundtrip from KC to Topeka 123 Total 82.68 Cab/Shuttle fares/Tolls: Date Description Amount Total Maximum allowed: Fuel - City Vehicle: Date Dinner Meals Local: Date Breakfast Lunch Amount Breakfast 15.00 16.00 Lunch 28.00 Dinner Receipts are required Total Total Business Meeting & Guests: Date Purpose Firm & Persons Present Amount Total Miscellaneous Expense: Date Description Amount

Total

Page 2 of 2

Expense Report: EXP-1002068 Pay To: Employee: Michael Wilkes

Total Amount: 262.68

Expense Report	der and
Expense Report Number	EXP-1002068
Company	City Of Olathe
Report Date	04/22/2024
Start Date	04/22/2024
End Date	04/22/2024

Pay To	
Name	Employee: Michael Wilkes
	JMWilkes@OLATHEKS.ORG
Work Phone	+1 (913) 9718701
Address	100 E SANTA FE ST
l Property	Olathe, KS 66061
	United States of America

	raye	OI	
Amounts			
Reimbursement Currency			USD
Reimbursement Amount		2	62.68
Cash Advance Applied Amount			0.00
Personal Amount			0.00
Company Pald Credit Card Amount			0.00
Expense Report Total Amount		2	62.68

Memo

This is for an LKM meeting in Topeka, April 4th, 2024.

Expense Repor	t Lines	Propies	Marie Series	
Date	Expense Item	Amount	Memo	Receipt Attached Itemized
04/22/2024	Lodging Accomodations	101.00 USD	LKM meeting April 4th	Yes
04/22/2024	Daily Per Diem	79.00 USD		
04/22/2024	Mileage with Calculation	82.68 USD	LKM meeting April 4th	

Signature

4/2/2Y



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 Wilk	es	Employee #	124702	Der	artment (CMO	·-	
Purpose of Travel:	LKM meeting			Destination: Topeka, KS					
Departure Date:	4/4/24	Return Date:	4/5/24						
Comments:				• 					
Sharing hotel room?	Whom with:			E1 Budgeted Account #					
	Amount to City PCard	Amount to Vendor	Amount to Employee						
Registration:	· · · · · · · · · · · · · · · · · · ·								
Airfare:				Lodging Rate		# days	15%	Total	
Lodging:	175.00			175.00	per day @	1	26.25	201.25	
Car Rental:									
KCl Airport parking:	man entrember a Newton of the control	erior et al. 15.7520 est a la sacration							
	Mea	ıls Overnight	Travel	Per Diem for Meals	Rate	# of days			
	Search fo	or City - GSA.	gov website_	Per Diem rate	59.00	2.0	118.00		
			M&IE Breakdoy		t meals pr	ovided			
	Enter P	er Diem Rate	(cell F21)	Breakfast	13.00	1	13.00		
	1607.5			Lunch	15.00		-		
	TRACTOR CATALOGICA COLÚMBRO UMBROCO	kdown will auto _i		Dinner	26.00	1	26.00		
Per Diem for Meals:	No receipt	s required	79.00						
Private Vehicle Mileage:		II	81.22	124	Miles @	0.655 p	er mile		
Cab/Shuttle fares/									
Tolls/Baggage fees:									
Fuel - City Vehicle:		-		Dan with a					
Other:				Describe: _					
Am	ount Charge o	n City P Card	175.00						
	Amour	nt to Vendors	-		ACH direct	deposit ra	ther than a che	c k	
Travel Advance =			160.22	•					
				·	can be provided. Complete and submit -				
ТО	TAL ESTIMATI	ED EXPENSES	335.22	, · · · · · · · · · · · · · · · · · · ·	<u>AP ACH Fo</u>	<u>orm</u>			
					Αŗ	pro <u>ved</u>	Disapproved	Date	
Employee Signature Division Man			Division Manage	er Signature					
							<u> </u>		
			Department Dir	ector Signature		[]	- 3	118/24	
		'	City Manager Si	gnature (if required)				, , , 	
			()						
			\setminus \setminus						

SPRINGHILL SUITES®

SPRINGHILL SUITES BY MARRIOTT® / TOPEKA SOUTHWEST 2745 SW Fairlawn Road, Topeka, Kansas 66614 P 785.596.9650 springhillsuites.com

J Michael Wilkes

Room: 222

300 Sw 8th

Room'Type: KSTE

Topeka KS 66603

Number of Guests: 1

Lkm

Rate: \$101.00

Clerk: KEM

Arrive: 04Apr24

Time: 04:35PM

Depart: 05Apr24

Time: 08:12AM-

Folio Number: 99115

CREDITS

101.00

DATE DESCRIPTION CHARGES

04Apr24 Room Charge 101.00

05Apr24 Visa

Card #: VIXXXXXXXXXXXX7062/XXXX
Card Type: VISA Card Entry: CHIP Approval Code: 05603D App
Label: VISA CREDIT AID: A000000031010

BALANCE:

0.00

As a Marriott Bonvoy Member, you could have earned points towards your free dream vacation today. Start earning points and Elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

See our "Privacy & Cookie Statement" on Marriott.com.

Operated under license from Marriott International, Inc. or one of its affiliates.