

Employee Signature	Date	Division Manager Signature	Date	Department Manager	Date	City Manager Signature (if required)	Date
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Business Expense Statement continued

Name: Michael Wilkes
 Business Expense Purpose: Topeka, KS

Department: CMO

Mileage log may be used for detail

Rate

\$0.670

Mileage Calculation:

Date	Destination	Miles	Amount
4/4/24	roundtrip from KC to Topeka	123	82.68
			-
			-
			-
			-
Total			82.68

Cab/Shuttle fares/Tolls:

Date	Description	Amount
Total		-

Fuel - City Vehicle:

Date	Amount	
Total		-

Meals Local:

Date	Breakfast	Lunch	Dinner	Maximum allowed:
				Breakfast 15.00
				Lunch 16.00
				Dinner 28.00
Total				-

Receipts are required

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount

Total -

Miscellaneous Expense:

Date	Description	Amount
Total		-

Total -

Expense Report	
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
Email	JMWilkes@OLATHEKS.ORG
Work Phone	+1 (913) 9718701
Address	100 E SANTA FE ST Olathe, KS 66061 United States of America

Amounts	
Reimbursement Currency	USD
Reimbursement Amount	262.68
Cash Advance Applied Amount	0.00
Personal Amount	0.00
Company Paid Credit Card Amount	0.00
Expense Report Total Amount	262.68

Memo

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

Expense Report Lines

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

Date

4/22/24



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:	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:							
KCI Airport parking:							
	Meals Overnight Travel			Per Diem for Meals	Rate	# of days	
	Search for City - GSA.gov website			Per Diem rate	59.00	2.0	118.00
	Enter Per Diem Rate (cell F21)			M&IE Breakdown - Deduct meals provided			
				Breakfast	13.00	1	13.00
				Lunch	15.00		-
				Dinner	26.00	1	26.00
	M&IE Meal breakdown will auto populate						
Per Diem for Meals:	No receipts required		79.00				
Private Vehicle Mileage:			81.22	124	Miles @	0.655	per mile
Cab/Shuttle fares/							
Tolls/Baggage fees:							
Fuel - City Vehicle:							
Other:				Describe:			

Amount Charge on City P Card 175.00

Amount to Vendors -

Travel Advance = Amount to Employee 160.22

TOTAL ESTIMATED EXPENSES 335.22

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

Employee Signature

Division Manager Signature

Department Director Signature

City Manager Signature (if required)

Approved Disapproved Date

☐☐☐☐☒☐

3/18/24

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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

DATE	DESCRIPTION	CHARGES	CREDITS
04Apr24	Room Charge	101.00	
05Apr24	Visa		101.00

Card #: VXXXXXXXXXXXX7062XXXX
Card Type: VISA Card Entry: CHIP Approval Code: 05603D App
Label: VISA CREDIT AID: A0000000031010

BALANCE: 0.00

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