



Business Expense Statement (BES)

Complete the yellow cells
 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 Wilkes	Employee #	124702	Department:	CMO
Business Expense Purpose:	ICMA Annual Conf			Destination:	Nashville, TN
Departure Date:	10/18/19	Return Date:	10/24/19		
Comments:	0			E1 Budgeted Acct #	1001020.62220
Sharing hotel room? Whom with:	0				

Total Expenses from TRA	BES	Paid with City PCard	Paid to Vendor	Paid by Employee	
Registration: 720.00	Registration:	720.00	✓		
Airfare: 374.94	Airfare:			347.94	✓
Lodging: 1,374.25	Lodging:			1,408.25	✓ <i>Include all cost & fees - Itemized receipt for Lodging required</i>
Car Rental: 400.00	Car Rental:			292.38	✓
KCI Airport parking: 54.00	KCI Airport parking:			101.27	✓
Per Diem for Meals: 305.00	Per Diem for Meals:			305.00	✓
STOP Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES Allocate Page 2 Totals to yellow cells					
Private Vehicle Mileage: 46.40	Mileage:			46.40	✓
Cab/Shuttle fares/Tolls/Baggage fees: 100.00	Cab/Shuttle fares/Tolls/Baggage fees:				
Fuel - City Vehicle: -	Fuel - City Vehicle:				
Miscellaneous Expense: 33.00	Miscellaneous Expense:			10.00	✓
TOTAL TRA ESTIMATED EXPENSES 3,407.59	TOTAL EXPENSES			3,231.24	✓
	Total Expended paid by employee			2,511.24	✓
	Travel Advance Issued to Employee				
	Amount owed Employee/ (owed to City)			2,511.24	✓

Meals Overnight Travel Search for City of GSA.gov website	Per Diem:	Rate	# of days	
		61.00	5.0	305.00
Meals Provided will deduct from per diem:				
Breakfast	14.00			-
Lunch	15.00			-
Dinner	27.00			-

REVIEWED
 By Tracy Fiorini at 11:34 am, Oct 31, 2019

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

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.

Employee Signature: Date: 10/31/19
 Division Manager Signature: _____ Date: _____
 Department Manager: _____ Date: _____
 City Manager Signature (if required): _____ Date: _____