



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:	Marge Vogt	Employee #	0	Department:	CMO
Business Expense Purpose:	Attend NLC Conference			Destination:	Washington, DC
Departure Date:	3/9/25	Return Date:	3/11/25		
Comments:	0			E1 Budgeted Acct #	0.00000
Sharing hotel room? Whom with:	0				

Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by Employee			
Registration:	780.00	Registration:	780.00					
Airfare:	490.96	Airfare:			490.96			
Lodging:	1,293.75	Lodging:			809.34		Include all cost & fees - Itemized receipt for Lodging required	
Car Rental:	-	Car Rental:						
KCI Airport parking:	60.00	KCI Airport parking:			84.00			
		Meals Overnight Travel			Per Diem: Rate # of days			
		Search for City - GSA.gov website				92.00	3.0	276.00
		M&IE Meal breakdown will auto populate			Meals Provided will deduct from per diem:			
Per Diem for Meals:	212.00				Breakfast	23.00	1	23.00
					Lunch	26.00	1	26.00
					Dinner	38.00	1	38.00
		Per Diem for Meals:	No receipts required					189.00
		STOP Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES						
		Allocate Page 2 Totals to yellow cells	Paid with City PCard	Paid to Vendor	Paid by Employee	Totals from page 2		
Private Vehicle Mileage:	56.00	Mileage:			56.00	Comments:		
Cab/Shuttle fares/		Cab/Shuttle fares/						
Tolls/Baggage fees:	150.00	Tolls/Baggage fees:			-			
Fuel - City Vehicle:	-	Fuel - City Vehicle:			-			
		Business Meeting:			-			
Miscellaneous Expense:	-	Miscellaneous Expense:			-			
TOTAL TRA ESTIMATED EXPENSES	3,042.71	TOTAL EXPENSES			2,409.30			

Total Expensed paid by employee 1,629.30
 Travel Advance issued to Employee -
 Amount owed Employee/ (owed to City) 1,629.30

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 _____ Division Manager Signature _____ Date _____ Department Manager _____ Date _____ City Manager Signature (if required) _____ Date _____

Business Expense Statement continued

Name: [Marge Vogt](#)
 Business Expense Purpose: Washington, DC

Department: [CMO](#)

Mileage Calculation: *Mileage log may be used for detail* Rate \$0.700

Date	Destination	Miles	Amount
	roundtrip to airport	80	56.00
			-
			-
			-
Total			56.00

Cab/Shuttle fares/Tolls:

Date	Description	Amount
Total		-

Fuel - City Vehicle:

Date	Amount	
Total		-

Meals Local:

Date	Breakfast	Lunch	Dinner	
Total				-

Maximum allowed:	
Breakfast	15.00
Lunch	16.00
Dinner	28.00

Receipts are required

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount

Total -

Miscellaneous Expense:

Date	Description	Amount
Total		-

Total -



CONGRESSIONAL CITY CONFERENCE

March
10-12
2025

EXECUTIVE EDUCATION AND PRE-CONFERENCE ACTIVITIES

MARCH 8-9, 2025



***** Please do not reply to this e-mail. It was sent from an automated system. *****

Thank you for registering for the 2025 Congressional City Conference. We are excited to see you in March! Remember that <https://ccc.nlc.org> is your online source for conference schedule, speakers, and special events.

This is your official confirmation for conference payment as well as your hotel reservation. Please print this receipt and retain it for your records. Changes and additions may be made by clicking the link below.

Profile

Confirmation ID: 2368
Lance Vogt
City of Olathe
City of Olathe
10 E Santa Fe St
Olathe, KS 66061-3409

Exp- 1007514

SA- 1000680

*dropped 3/11 from
hotel reservation*

83390249



Scan this QR code at any self-service registration counter to print your badge. Valid photo ID will be required.

2368

Registration Details

Marge Vogt

Registration Type: NLC Member, Early Bird (Nov 15th - Feb 19th)

Description	Item Total
Half Day (Qty: 1)	\$0.00
Registration (Qty: 1)	\$780.00
Total Registration Fees:	\$780.00
Total Registration Paid:	(\$780.00)
Current Balance:	\$0.00

Payment History

Payment #1

2/31/2024 — \$780.00 [Payment]
Cathy Marks / Visa / *****8077

Payment Allocation

2/31/2024 — Applied: Marge Vogt's Hotel Reservation	\$0.00
2/31/2024 — Applied: Marge Vogt's Registration	\$780.00
Total Amount Applied:	\$780.00

Payment #1	
Payment Totals	
Total Payments:	\$780.00
Total Refunds:	\$0.00
Total Net Paid:	\$780.00

Financial Summary

Total Housing Fees:	\$0.00
Total Amount Applied to Housing:	\$0.00
Housing Balance:	\$0.00
Total of All Fees:	\$780.00
Total Amount Applied to All Fees:	(\$780.00)
Total Balance Due:	\$0.00

Housing Details



WASHINGTON MARRIOTT MARQUIS
 901 Massachusetts Ave.,
 N.W.
 Washington, DC 20001-9000
 Phone: 202-824-9200
 Fax: 202-824-5501

Category: RUN OF HOUSE
Daily Rate: \$349.00
Room Tax: 15.95%
Estimated Charges: \$1,214.00

Check-in: 9 March 2025
~~**Check-out:** 12 March 2025~~
Guests in Room: Marge Vogt

3/11

Occupancy Tax: \$0.00

Note: Taxes and fees are subject to change without notice

Room Requests:

Bedding Request: King Bed

Hotel Cancellation Policy:

A credit card with an expiration date of April 2025 or later is required in order to secure your hotel reservation. Your confirmed hotel may charge a deposit to your credit card equal to one night's room and tax for each reservation. This deposit will be charged on or after March 1, 2025.

Cancellation within 24 hours of your scheduled arrival will result in forfeiture of your entire deposit as a late cancellation penalty. Failure to check-in on your scheduled arrival date will result in this same cancellation charge and cancellation of any remaining nights of your reservation.

Cancellation Policy

All requests must be sent in writing to NLC@maritz.com by February 14th, 2025, and are subject to a \$100 cancellation fee. No partial refunds will be made if you decide not to attend particular functions. No registrations nor cancellations will be accepted by telephone. No cancellations will be accepted after February 14th, 2025. Substitutions are permitted and can be made at any time.

Group Registration Policy

Groups of five or more will receive a complimentary sixth registration, provided the registrations are paid in full. To receive the group incentive, all individuals must register at the same time.

After Group Registration is completed, each team member will receive a confirmation.

Group Cancellation Policy

No refunds will be given to those who previously registered as individuals. Group registrations do not apply to these registration categories: spouse, parent, youth chaperone or youth delegates. Substitutions are welcome. All changes and cancellation requests must be made in writing to NLC@maritz.com.

Questions?

For registration or housing information corrections, please contact:

NLC Registration and Housing Center Information c/o Maritz

Phone: (864) 208-2901

Email: NLC@maritz.com

[Maritz Privacy Policy](#) | [Maritz Terms of Use](#)

MCI ✈️ DCA

Kansas City to Wash. D.C. (Reagan)

Confirmation # **4LJ623**

Confirmation date: 02/25/2025

PASSENGER Margaret Vogt
RAPID REWARDS # 234008191
TICKET # 5262314897872
EST. POINTS EARNED 2,570


Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Sunday, 03/09/2025 Est. Travel Time: 2h 15m [Wanna Get Away®](#)

FLIGHT # 1202	DEPARTS MCI 07:45AM Kansas City		ARRIVES DCA 11:00AM Wash. D.C. (Reagan)
----------------------	---	---	---

Flight 2: Tuesday, 03/11/2025 Est. Travel Time: 2h 45m [Wanna Get Away®](#)

FLIGHT # 2958	DEPARTS DCA 04:40PM Wash. D.C. (Reagan)		ARRIVES MCI 06:25PM Kansas City
----------------------	---	---	---

Payment information

Total cost

Air - 4LJ623		
Base Fare	\$	428.24
U.S. Transportation Tax	\$	32.12
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	10.40
U.S. Passenger Facility Chg	\$	9.00
Total	\$	490.96

Payment

February 25, 2025	
Payment Amount	\$490.96
Gift Card	

Fare rules: If you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket number : 5262314897872

Re: Receipts



Marge Vogt

To  Cathy Marks

Start your reply all with:

[Thank you!](#)

[Ok, thanks.](#)

[Great, thanks for confirming!](#)

[Feedback](#)

Hi Cathy!

The expense report looks OK.

Thanks,
Marge



Tue 3/18/2025 12:42 PM



MARRIOTT MARQUIS WASHINGTON DC

GUEST FOLIO

6011	VOGT/M	349.00	03/11/25	11:00	11811	39096
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
AD	CITY OF OLATHE		03/09/25	11:23		
TYPE			ARRIVE	TIME		
5						
ROOM	ADDRESS	PAYMENT			MBV#:	
CLERK						

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/09	ASSN GRP 6011, 1	349.00		
03/09	ROOM TAX 6011, 1	55.67		
03/10	ASSN GRP 6011, 1	349.00		
03/10	ROOM TAX 6011, 1	55.67		
03/11	AX CARD			
			\$809.34	

TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE MARRIOTT MARQUIS WASHINGTON DC. PLEASE REVIEW AND CONTACT AT YOUR SERVICE WITH ANY CHANGES. ADDITIONAL CHARGES WILL BE CHARGED TO YOUR CARD.

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



MARRIOTT MARQUIS WASHINGTON DC
901 MASSACHUSETTS AV
WASHINGTON DC 20001
PH: 866-435-7627

Treat yourself to the comfort of Marriott Hotels in your home. Visit ShopMarriott.com.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

KC International Airport
Garage/Surface Parking
KC Airport Parking
400 Panama City Ave
KCMO 64152

DATE: 03/11/25
TIME: 18:47

Receipt no. 62/746/1/2

* Original *

Ticket: **20334463**

Entry : 03/09/25 05:20

Amount **84.00**

Credit: 84.00

Card No. : xxxxxxxxxxxxxxx7000

Card Type: AMEX

816.243.5970

Thank you for parking with us
Have a great day

Expense Report	
Expense Report Number	EXP-1007514
Company	City Of Olathe
Report Date	03/17/2025
Start Date	03/17/2025
End Date	03/18/2025
Spend Authorization	SA-1000680

Pay To	
Name	Employee: Marge Vogt
Email	MVogt@OLATHEKS.ORG
Work Phone	+1 (913) 9718745
Address	100 E SANTA FE ST Olathe, KS 66061 United States of America

Amounts	
Reimbursement Currency	USD
Reimbursement Amount	1,629.30
Cash Advance Applied Amount	0.00
Personal Amount	0.00
Company Paid Credit Card Amount	0.00
Expense Report Total Amount	1,629.30

Memo

NLC trip

Expense Report Lines

Date	Expense Item	Amount	Memo	Receipt Attached	Itemized
03/17/2025	Airfare	490.96 USD	NLC 2025	Yes	
03/17/2025	Daily Per Diem	189.00 USD	NLC 2025	Yes	
03/17/2025	Lodging Accomodations	809.34 USD	NLC 2025	Yes	
03/17/2025	Mileage - Local	56.00 USD	NLC 2025	Yes	
03/18/2025	Parking	84.00 USD	NLC 2025	Yes	

Signature _____

Date _____