



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:	Dean Vakas	Employee #	0	Department:	CMO
Business Expense Purpose:	Attend NLC Conference	Destination:	Washington, DC		
Departure Date:	3/9/25	Return Date:	3/12/25		
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:	487.48	Airfare:			487.48																										
Lodging:	1,293.75	Lodging:			1,214.01	<i>Include all cost &amp; fees - Itemized receipt for Lodging required</i>																									
Car Rental:	-	Car Rental:																													
KCI Airport parking:	30.00	KCI Airport parking:			56.88																										
		Meals Overnight Travel Search for City - GSA.gov website			<table border="1"> <thead> <tr> <th>Per Diem:</th> <th>Rate</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>92.00</td> <td>4.0</td> <td>368.00</td> </tr> <tr> <td colspan="4">Meals Provided will deduct from per diem:</td> </tr> <tr> <td>Breakfast</td> <td>23.00</td> <td>2</td> <td>46.00</td> </tr> <tr> <td>Lunch</td> <td>26.00</td> <td>2</td> <td>52.00</td> </tr> <tr> <td>Dinner</td> <td>38.00</td> <td>2</td> <td>76.00</td> </tr> </tbody> </table>			Per Diem:	Rate	# of days			92.00	4.0	368.00	Meals Provided will deduct from per diem:				Breakfast	23.00	2	46.00	Lunch	26.00	2	52.00	Dinner	38.00	2	76.00
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Dinner	38.00	2	76.00																												
Per Diem for Meals:	217.00	M&IE Meal breakdown will auto populate																													
		Per Diem for Meals:	No receipts required		194.00																										
		<b>STOP</b> Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES																													
		<b>Allocate Page 2 Totals to yellow cells</b>	<b>Paid with City PCard</b>	<b>Paid to Vendor</b>	<b>Paid by Employee</b>	<b>Totals from page 2</b>																									
Private Vehicle Mileage:	56.00	Mileage:			56.00	56.00	Comments:																								
Cab/Shuttle fares/		Cab/Shuttle fares/																													
Tolls/Baggage fees:	150.00	Tolls/Baggage fees:			29.20	29.20																									
Fuel - City Vehicle:	-	Fuel - City Vehicle:																													
		Business Meeting:																													
Miscellaneous Expense:	-	Miscellaneous Expense:																													
<b>TOTAL TRA ESTIMATED EXPENSES</b>	<b>3,014.23</b>			<b>TOTAL EXPENSES</b>	<b>2,817.57</b>																										

Total Expensed paid by employee 2,037.57  
 Travel Advance issued to Employee 273.00  
 Amount owed Employee/ (owed to City) 1,764.57

*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: Dean Vakas  
 Business Expense Purpose: Washington, DC

Department: CMO

*Mileage log may be used for detail*

	Date	Destination	Rate	Miles	Amount
Mileage Calculation:		roundtrip to airport	\$0.700	80	56.00
					-
					-
					-
					-
				Total	<u>56.00</u>

Cab/Shuttle fares/Tolls:	Date	Description	Amount
	3/9/25	urber to hotel	29.20
			Total <u>29.20</u>

Fuel - City Vehicle:	Date	Amount
		Total <u>-</u>

Meals Local:	Date	Breakfast	Lunch	Dinner
				Total <u>-</u>

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 <u>-</u>



\*\*\* 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 resource 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: 2308  
Dean Vakas  
City of Olathe  
City of Olathe  
100 E Santa Fe  
Olathe, KS 66061

EXP-1007504

SA-1000673

submitted 2-19

confirmation 83389998



2308

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

## Registration Details

Dean Vakas

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

Description	Item Total
Hill Day (Qty: 1)	\$0.00
Registration (Qty: 1)	\$780.00
<b>Total Registration Fees:</b>	<b>\$780.00</b>
<b>Total Registration Paid:</b>	<b>(\$780.00)</b>
<b>Current Balance:</b>	<b>\$0.00</b>

## Payment History

### Payment #1

12/31/2024 — \$780.00 [ Payment ]  
Cathy Marks / Visa / \*\*\*\*\*8077

### Payment Allocation

12/31/2024 — Applied: Dean Vakas's Hotel Reservation	\$0.00
12/31/2024 — Applied: Dean Vakas's Registration	\$780.00
<b>Total Amount Applied:</b>	<b>\$780.00</b>

**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
<b>Housing Balance:</b>	\$0.00
Total of All Fees:	\$780.00
Total Amount Applied to All Fees:	(\$780.00)
<b>Total Balance Due:</b>	\$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:**  
Dean Vakas

**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](mailto:NLC@maritz.com) by February 14<sup>th</sup>, 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 14<sup>th</sup>, 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, student, youth chaperone or youth delegates. Substitutions are welcome. All changes and cancellation requests must be made in writing to [NLC@maritz.com](mailto: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](mailto:NLC@maritz.com)

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

## Cathy Marks

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**From:** Dean Vakas <deanvakas@yahoo.com>  
**Sent:** Friday, January 10, 2025 1:29 PM  
**To:** Cathy Marks  
**Cc:** Dean Vakas  
**Subject:** Fwd: Your trip confirmation (MCI - DCA)

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Cathy -

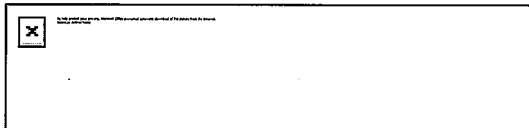
Here's my flight schedule for March NLC.

Dean

Sent from my iPhone 16 Pro

Begin forwarded message:

**From:** American Airlines <no-reply@info.email.aa.com>  
**Date:** December 31, 2024 at 12:36:49 PM CST  
**To:** deanvakas@yahoo.com  
**Subject:** **Your trip confirmation (MCI - DCA)**



Your trip confirmation and receipt

Confirmation code: **CUHDDY**

**Sunday, March 9, 2025**



**MCI**  
Kansas City  
**5:00 PM**

**AA 5440**  
Operated by PSA Airlines as  
American Eagle



## Your payment

Visa (ending 2225 ) \$487.48

Total paid **\$487.48**

## Bag information

### Checked Bag (Airport)

1<sup>st</sup> bag \$40.00

2<sup>nd</sup> bag \$45.00

### Checked Bag (Online\*)

1<sup>st</sup> bag \$35.00

2<sup>nd</sup> bag \$45.00

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

\*Online payment available beginning 24 hours (and up to 4 hours) before departure.

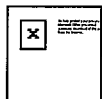
### Carry-on bags (American Airlines)

#### Personal item

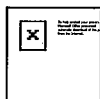
A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.

#### Carry-on

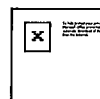
Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).



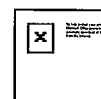
[Book a hotel »](#)



[Book a car »](#)



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[Vacations »](#)



MARRIOTT MARQUIS WASHINGTON DC

GUEST FOLIO

9113	VAKAS/D	349.00	03/12/25	11:00	13061	39096
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
GD	CITY OF OLATHE		03/09/25	21:21		
TYPE			ARRIVE	TIME		
5						

ROOM CLERK	ADDRESS	PAYMENT	MBV#:	XXXXX1544
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DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/09	FR BITES 25469113	42.90		
03/09	ASSN GRP 9113, 1	349.00		
03/09	ROOM TAX 9113, 1	55.67		
03/10	ASSN GRP 9113, 1	349.00		
03/10	ROOM TAX 9113, 1	55.67		
03/11	FR BITES 26569113	27.50		
03/11	ASSN GRP 9113, 1	349.00		
03/11	ROOM TAX 9113, 1	55.67		
03/12	VS CARD			\$1284.41

TO BE SETTLED TO: VISA 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.

1284.41  
 - 70.40  
 -----  
 \$1,214.01  
 ↳ Room Charge

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

42.90  
 27.50  
 -----  
 \$70.40  
 ↳ Room Service

Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity. See members.marriott.com for new Marriott Bonvoy benefits.



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

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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.

The Parking Spot  
12060 NW Prairie View Road  
8162701000

MCIEN122 3/9/2025 3:09 PM  
MCICS2 3/12/2025 4:29 PM  
Sequence # 3000342503121670  
Cashier Number 102319582  
Transaction Number 5z7yh  
Member Number 6220270413309518202  
Reservation Number 120720847  
Approved Sale 085970

Covered self-park 3d

Reservation Total  
Covered self-park 3d \$68.25  
\*\*Discount (\$17.06)  
Airport Use Recovery Fee \$5.69  
Covered self-park Total \$56.88

Amount Due \$56.88  
Charged to Visa 2225 ~~\$56.88~~

\*\* U.S. Government Discount applied

Have a great day, Constantine!  
Reserve for our best rates!  
Visit [www.theparkingspot.com](http://www.theparkingspot.com) today.

Business traveler?  
Connect your Spot Club account to  
automatically send receipts to Concur,  
Certify or Expensify  
[www.theparkingspot.com/expense](http://www.theparkingspot.com/expense)

Retain this copy for statement validation  
Customer Copy

*airport parking*  
*at KCI*

Receipt from tesfayeyk@yahoo.com

From: tesfayeyk@yahoo.com (messenger@messaging.squareup.com)

To: deanvakas@yahoo.com

Date: Sunday, March 9, 2025 at 08:15 PM CDT

CAB From ~~2505~~ 2505  
AIR PORT to  
marriott  
marquis  
HOTEL

tesfayeyk@yahoo.com



Let tesfayeyk@yahoo.com know how  
your experience was

**\$29.20**

Custom Amount	\$24.33
Purchase Subtotal	\$24.33
Tip	\$4.87
<b>Total</b>	<b>\$29.20</b>

Expense Report	
Expense Report Number	EXP-1007504
Company	City Of Olathe
Report Date	03/17/2025
Start Date	03/17/2025
End Date	03/17/2025
Spend Authorization	SA-1000673

Pay To	
Name	Employee: Dean Vakas
Email	dvakas@olatheks.org
Work Phone	+1 (913) 9718773
Address	100 E SANTA FE ST Olathe, KS 66061 United States of America

Amounts	
Reimbursement Currency	USD
Reimbursement Amount	1,764.57
Cash Advance Applied Amount	273.00
Personal Amount	0.00
Company Paid Credit Card Amount	0.00
Expense Report Total Amount	2,037.57

Memo:

NLC trip

Expense Report Lines

Date	Expense Item	Amount	Memo	Receipt Attached	Itemized
03/17/2025	Airfare	487.48 USD	air to NLC 2025	Yes	
03/17/2025	Daily Per Diem	194.00 USD			
03/17/2025	Mileage - Local	56.00 USD	nlc 2025	Yes	
03/17/2025	Lodging Accomodations	1,214.01 USD	NLC hotel	Yes	
03/17/2025	Parking	56.88 USD	NLC 2025	Yes	
03/17/2025	Taxi and Ground Travel	29.20 USD	NLC 2025	Yes	

Signature

Date

## Re: Thanks!



Dean Vakas

To  Cathy Marks



Mon 3/17/2025 9:38 AM

 You replied to this message on 3/17/2025 9:41 AM.

This message is part of a tracked conversation. [Click here](#) to find all related messages or to open the original flagged message.

Thanks, Cathy. I am in agreement.

Dean

Get [Outlook for iOS](#)

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**From:** Cathy Marks <[CMMarks@Olatheks.org](mailto:CMMarks@Olatheks.org)>

**Sent:** Monday, March 17, 2025 8:52:40 AM

**To:** Dean Vakas <[DVakas@Olatheks.org](mailto:DVakas@Olatheks.org)>

**Subject:** RE: Thanks!