



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:	Michael Wilkes	Employee #	124720	Department:	CMO
Business Expense Purpose:	LKM meeting	Destination:	Salina, KS		
Departure Date:	9/12/24	Return Date:	9/13/24		
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:	-	Registration:				<i>Include all cost & fees - Itemized receipt for Lodging required</i>		
Airfare:	-	Airfare:						
Lodging:	175.00	Lodging:	175.00					
Car Rental:	-	Car Rental:						
KCI Airport parking:	-	KCI Airport parking:						
		Meals Overnight Travel			Per Diem: Rate # of days			
		Search for City - GSA.gov website			59.00	2.0	118.00	
					Meals Provided will deduct from per diem:			
					Breakfast	13.00	2	26.00
					Lunch	15.00	1	15.00
					Dinner	26.00	2	52.00
Per Diem for Meals:	79.00	M&IE Meal breakdown will auto populate						
		Per Diem for Meals: No receipts required			25.00			
		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:	355.10	Mileage:			355.10	-	Comments: The hotel charge is estimated - a mistake by the hotel charged all rooms to the League. The League will charge each person in the future and it will be expensed at that time.	
Cab/Shuttle fares/		Cab/Shuttle fares/						
Tolls/Baggage fees:	-	Tolls/Baggage fees:						
Fuel - City Vehicle:	-	Fuel - City Vehicle:						
		Business Meeting:						
Miscellaneous Expense:	-	Miscellaneous Expense:						
TOTAL TRA ESTIMATED EXPENSES	609.10	TOTAL EXPENSES		555.10				

Total Expensed paid by employee 380.10
 Travel Advance issued to Employee -
 Amount owed Employee/ (owed to City) 380.10

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 9/19/24



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 #	124720	Department	CMO
Purpose of Travel:	LKM meeting	Destination:	Salina, KS		
Departure Date:	9/12/24	Return Date:	9/13/24		
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:																												
Per Diem for Meals:	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21)			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Per Diem for Meals</th> <th>Rate</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td>Per Diem rate</td> <td>59.00</td> <td>2.0</td> <td>118.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">M&IE Breakdown - Deduct meals provided</td> </tr> <tr> <td>Breakfast</td> <td>13.00</td> <td>1</td> <td>13.00</td> </tr> <tr> <td>Lunch</td> <td>15.00</td> <td> </td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>26.00</td> <td>1</td> <td>26.00</td> </tr> </tbody> </table>	Per Diem for Meals	Rate	# of days		Per Diem rate	59.00	2.0	118.00	M&IE Breakdown - Deduct meals provided				Breakfast	13.00	1	13.00	Lunch	15.00		-	Dinner	26.00	1	26.00
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M&IE Meal breakdown will auto populate																												
No receipts required				79.00																								
Private Vehicle Mileage:				530 Miles @ 0.670 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	434.10
TOTAL ESTIMATED EXPENSES	609.10

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

	Approved	Disapproved	Date
_____ Employee Signature	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ Division Manager Signature	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ Department Director Signature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/29/24
_____ City Manager Signature (if required)	<input type="checkbox"/>	<input type="checkbox"/>	_____