

Employee Signature

Date

Division Manager Signature

Date

Department Manager

Date

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 Wilke	es	Employee #	124720		Department:	СМО			
Business Expense Purpose:	LKM meeting		·			Destination:	Salina, KS			
Departure Date:	9/12/24	Return Date:	9/13/24			-				
Comments:	0					E1 B	Budgeted Acct#	0.00	000	
Sharing hotel room?	Whom with:	. 0				-				
Total Expenses fror	m TRA	BES	Paid with City PCard	Paid to Vendor	Paid by Employee					
Registration	: -	Registration:								
Airfare	····	Airfare:	_			1				
Lodging:	175.00	Lodging:	175.00			Include all c	ost & fees - Itemiz	ed receipt fo	r Lodging red	quired
Car Rental	: -	Car Rental:				1				
KCI Airport parking	<u> </u>	KCI Airport parking:								
			Meal	s Overnight T	ravel	Per Diem:	Rate	# of days		
and objects to the second of t	A PART CANADA WAS A PART OF THE PART OF TH		Search for	City - GSA.go	v website	-	59.00	2.0	118.00	
The second of th						Meals Provided	d will deduct fro	m per diem	:	
				e de la companyone	grandario	Breakfas	· · · · · · · · · · · · · · · · · · ·	2	26.00	
Per Diem for Meals	: 79.00		2 (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			Lunch		1	15.00	
	A constitution of the state of		M&IE Meal breaka	lown will auto popi	ulate	Dinne		2	52.00	
- And Andrews Commencer Co		Per Diem for Meals:	CENTER SERVICE SERVICES	entendeben et et som ben ken en en et e	25.00					
	Hieries	STOP	The state of the s		then RETURN he	ere to allocate exi	oense & complete	the BES		i Avij
		The Company of the Co	Paid with City		Paid by	Totals from			<u>, in general property in the contract</u>	es, its error to segan
	2000	yellow cells	PCard	Vendor	Employee	page 2				
Private Vehicle Mileage	: 355.10	Mileage:			355.10		Comments:	14 St. 52 St. 60 L		
Cab/Shuttle fares,		Cab/Shuttle fares/					The hotel charge			-
Tolls/Baggage fees		Tolls/Baggage fees:				149 508422334	hotel charged all rooms to the League. The Leag			
Fuel - City Vehicle	:	Fuel - City Vehicle:				-	will charge each	•	e future and	it will b
88 (1980) 157 (1980) 1880 (1980) 1873 (1980)	er en	Business Meeting:					expensed at that	t time.		
Miscellaneous Expense	-	Miscellaneous Expense:				* 1757 (340 (52 v ± v				34-1/34
TOTAL TRA ESTIMATED EXPENSES	s 609.10		TO	TAL EXPENSES	555.10	_				
		Tota	al Expensed paid	d by employee	380.10	=	ACH direct dep	osit rather	than a chec	k
		Travel Advance issued to Employee -				can be provided. Complete and submit				
		Amount owed Employee/ (owed to City) 380.10								
certify that I have incurred all of the expen	ses listed above on bei	half of the City and that thev are direc	tly related to the active	e conduct of the City's	s business.	=	5 ;	on 22500 9846 4465500 ⁰⁰⁰	Page 1 of 2	
•		,	-				1		/	7/29
							- · ·		, ,	, , –

City Manager Signature (if required)

Date

Business Expense Statement continued

Department:

CMO

Name: Michael Wilkes

Business Expense Purpose: Salina, KS

\$0.67 Mileage log may be used for detail Rate Mileage Calculation: Date Destination Miles Amount 9-12-9-13 530 355.10 roundtrip Jaline to CIKI HOW Total 355.10-Cab/Shuttle fares/Tolls: Date Description Amount Total Fuel - City Vehicle: Date Maximum allowed: Amount Meals Local: Date Breakfast Lunch Dinner Breakfast 15.00 Lunch 16.00 Dinner 28.00 Receipts are required Total Total Business Meeting & Guests: Purpose Date Firm & Persons Present Amount Total Miscellaneous Expense: Date Description Amount Total Page 2 of 2



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	<u>L</u>						
Comments:	W-5			,						
Sharing hotel room?	' Whom with:			E1 Budgeted Account #						
	Amount to City PCard	Amount to Vendor	Amount to Employee		· · · · · · · · · · · · · · · · · · ·					
Registration:				1						
Airfare:				Lodging Rate	,	# days	15%	Total		
Lodging:	175.00			175.00	per day @	1	26.25	201.25		
Car Rental:				_						
KCI Airport parking:		S CONTRACTOR OF THE PROPERTY O	a samula egras servi di upossera la pasadelessa a compansionales							
	The same of the sa	ls Overnight	新。 1995 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 20	Per Diem for Meals		# of days				
	<u>Search fo</u>	<u>r City - : GSA.</u>	gov website	Per Diem rate	59.00	2.0	118.00			
				M&IE Breakdo			WALL BUILDING WA			
	Enter P	er Diem Rate	(cell F21)	Breakfast	 	1	13.00			
			parallel and the second	Lunch			-			
Dan Diana fan Marala	M&IE Meal breal	Office and the same property of the property of the same of the sa	T Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Dinner	26.00	1	26.00			
Per Diem for Meals:	No receipt:	s required	79.00	F30	Miles 6	0.670				
Private Vehicle Mileage: Cab/Shuttle fares/			355.10	530	Miles @	0.6. 70 pe	er mile			
Tolls/Baggage fees:										
Fuel - City Vehicle:			-	1						
Other:				Describe:						
	1985 <u>1</u> 406 5701		Through the state of the state	-						
Am	ount Charge o	The Control of the Co	175.00	-	EW. Falls					
V	Amoun	t to Vendors	-	-	ACH direct (deposit rati	her than a chec	.k		
Travel Advance = Amount to Employee 434.10					can be prov	ided. Comp	olete and subm	it -		
TOTAL ESTIMATED EXPENSES 609.10				<u>.</u>	AP ACH Fo	<u>rm</u>				
					Ap	proved D	isapproved [Date		
Employee Signature		,	Division Manag	er Signature						
			Department Dir	ector Signature						
			(2	Cotor olgitature		4	1 7	129/24		
		•	City Manager Si	gnature (if required)			— <i>1</i>	1		
		,								
		()							
		'								