



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:	LeEtta Felter	Employee #	0	Department:	CMO
Business Expense Purpose:	Visit Washington Delegates			Destination:	Washington, DC
Departure Date:	5/13/25	Return Date:	5/14/25		
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:	-	Registration:				Include all cost & fees - Itemized receipt for Lodging required				
Airfare:	600.00	Airfare:	462.46							
Lodging:	1,265.00	Lodging:	1,253.16							
Car Rental:	-	Car Rental:								
KCI Airport parking:	30.00	KCI Airport parking:			84.00					
		Meals Overnight Travel								
		Search for City - GSA.gov website								
		M&IE Meal breakdown will auto populate								
Per Diem for Meals:	177.00	Per Diem for Meals:	No receipts required	177.00						
		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	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:			(5.50)	(5.50)	-			
TOTAL TRA ESTIMATED EXPENSES	2,278.00	TOTAL EXPENSES		2,027.12						

Total Expensed paid by employee 311.50

Travel Advance issued to Employee 233.00

Amount owed Employee/ (owed to City) 78.50

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.

Page 1 of 2

Employee Signature	Date	Division Manager Signature	Date	Department Manager	Date	City Manager Signature (if required)	Date
--------------------	------	----------------------------	------	--------------------	------	--------------------------------------	------

Business Expense Statement continued

Name: [LeEtta Felter](#)

Department: [CMO](#)

Business Expense Purpose: Washington, DC

Mileage Calculation:		<i>Mileage log may be used for detail</i>	Rate	\$0.700
	Date	Destination	Miles	Amount
	5/13/25	airport roundtrip mileage	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	Maximum allowed: Breakfast 15.00 Lunch 16.00 Dinner 28.00
					<i>Receipts are required</i>
Total					-

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount
Total			-

Miscellaneous Expense:	Date	Description	Amount
	5/14/25	personal room charge	(5.50)
Total			(5.50)