

## 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:	Robyn Essex		Employee # 0		Department: CMO					
Business Expense Purpose:	Visit Washing	ton Delegates		Dest		Destination:	Washington, D	С		
Departure Date:	5/13/25	Return Date:	5/15/25							
Comments:	0					E1 B	udgeted Acct #	0.000	000	
Sharing hotel room?	Whom with:	0								
		BES	Paid with City	Paid to	Paid by					
Total Expenses from TRA		DLO	PCard	Vendor	Employee					
Registration:	-	Registration:								
Airfare:	600.00	Airfare:	445.45							
Lodging:	1,265.00	Lodging:	1,247.66			Include all c	ost & fees - Itemiz	ed receipt for	Lodging red	quired
Car Rental:	-	Car Rental:								
KCI Airport parking:	30.00	KCI Airport parking:			26.50					
			Meal	als Overnight Travel		Per Diem:	<u>Rate</u>	# of days		
			Search for	City - GSA.go	v website_		92.00	3.0	276.00	
						Meals Provided	will deduct from	m per diem:		
						Breakfast	23.00	1	23.00	
Per Diem for Meals:	177.00					Lunch	26.00		-	
			M&IE Meal breakdown will auto populate		Dinner	38.00	2	76.00		
		Per Diem for Meals:	No receipts required 177.00							
		STOP			then RETURN he		ense & complete	the BES		
		Allocate Page 2 Totals to	-		Paid by	Totals from				
		yellow cells	PCard	Vendor	Employee	page 2				
Private Vehicle Mileage:		Mileage:			56.00	56.00 I	Comments:			
Cab/Shuttle fares/		Cab/Shuttle fares/				_				
Tolls/Baggage fees: Fuel - City Vehicle:		Tolls/Baggage fees: Fuel - City Vehicle:				_				
ruer-city vernicie.		Business Meeting:				_				
Miscellaneous Expense:	_	Miscellaneous Expense:				_	-			
TOTAL TRA ESTIMATED EXPENSES		THIS CONTINUE ON EXPENSE.	TO	TAL EXPENSES	1,952.61					
TOTAL THA ESTIMATED DAY ENGLES	2,270.00	[ Tota			_	:	ACH direct dan	osit rather t	han a cha	ck
Total Expensed paid by employee 259.50  Travel Advance issued to Employee 233.00							ACH direct deposit rather than a check can be provided. Complete and submit			
Amount owed Employee/ (owed to City) 26.50							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.									Bana 2 at 3	
i certify that I nave incurred all of the expens	es iistea above on be	naif of the City and that they are direc	tiy relatea to the activ	e conauct of the City'.	s pusiness.				Page 1 of 2	
Employee Cignoture	Data	Division Manager Signature	Dete	Donostmont Mariana		Data	City Manager Signature (if required)			Dota
Employee Signature	Date	Division Manager Signature	Date	Date Department Manager Date		City Manager Signature (if required) Date			Date	

## **Business Expense Statement continued**

Department: CMO

Name: Robyn Essex

Business Expense Purpose: Washington, DC Mileage log may be used for detail \$0.700 Rate Mileage Calculation: Date Destination Miles Amount 5/13/25 roundtrip airport mileage 80 56.00 --Total 56.00 Cab/Shuttle fares/Tolls: Date Description Amount Total Fuel - City Vehicle: Date Maximum allowed: Amount Meals Local: Date Breakfast Lunch Dinner Breakfast 15.00 16.00 Lunch 28.00 Dinner Receipts are required Total Total Business Meeting & Guests: Purpose Firm & Persons Present Date Amount Total Miscellaneous Expense: Date Description Amount Total Page 2 of 2