OLATHE K A N S A S	Statement to b Form must be s	Dete the yellow cells be completed according to Aa submitted by the 15th of the I total exceeds 10% of Travel	min. Reg. F-01 following month.	Attach a memo	o to the Approvi		-	norization(TRA,	l.	
Name:	Jill K.B. Kenne	ey .	Employee #	198722		Department:	Municipal Cour	t		
Business Expense Purpose:	All Rise Confe	rence				Destination:	Kissimmee, FL			
Departure Date:	5/28/25	Return Date:	5/31/25			-				
Comments:	0					E1 B	udgeted Acct #	dmin Train	ing and Ed	
Sharing hotel room?	Whom with:	N/A				-	-			
Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by					
Registration:	1	Registration:	895.00	Vendor	Employee	-				
Airfare:		Airfare:	459.97			-				
Lodging:	556.90	Lodging:			283.45	Include all c	ost & fees - Itemiz	ed receipt for	Lodaina re	auir
Car Rental:		Car Rental:	273.43		200.40	-	2	, ,	5 5	•
KCI Airport parking:		KCI Airport parking:			44.00	-				
Kervinpert parking.	11100		Meal	s Overnight T		Per Diem:	Rate	<u># of days</u>		I
				City - GSA.go		<u> </u>	80.00	5.0	358.00	
						Meals Provided	will deduct fror			
						Breakfast		1	19.00	
Per Diem for Meals:						Lunch		1	20.00	
		M&IE Meal breakdown will auto populate				Dinner	35.00		-	
		Per Diem for Meals:	No receipt:	s required	358.00		•			
		STOP Go to Page 2 Now and complete then RETURN he				ere to allocate exp	ense & complete	the BES		
		Allocate Page 2 Totals to	Paid with City	Paid to	Paid by	Totals from				
		yellow cells	PCard	Vendor	Employee	page 2				
Private Vehicle Mileage:		Mileage:			54.04	54.60	Comments:			
Cab/Shuttle fares/		Cab/Shuttle fares/	99.27			99.27				
Tolls/Baggage fees: Fuel - City Vehicle:		Tolls/Baggage fees: Fuel - City Vehicle:	55.27			55.27				
r del - city venicie.		Business Meeting:				1 [
Miscellaneous Expense:	-	Miscellaneous Expense:					-			
TOTAL TRA ESTIMATED EXPENSES		Miscellaneous Expense.	TO	TAL EXPENSES	2,467.18					
TOTAL TRA LISTIMATED EXPENSES	2,005.51	Tot		:	739.49	=	ACH direct den	osit rather t	han a che	ck
		Total Expensed paid by employee739.49Travel Advance issued to Employee-					ACH direct deposit rather than a check can be provided. Complete and submit			
Amount owed Employee/ (owed to City) 739.4						-	AP ACH form			
certify that I have incurred all of the expense	es listed above on be					-			Page 1 of 2	
mployee Signature	Date	Division Manager Signature Date		 Department Manager		Date	City Manager Signature (if required)			Date