

**CITY OF ROCHELLE  
EMPLOYEE EXPENSE REPORT**

Employee Name: Chet Olson Date: 7-26-17  
 Session Name: IML SUMMER BOARD Mtg.  
 Session Description and Benefits of Attending: \_\_\_\_\_

<b>Dates Expenses Incurred:</b> <u>July 20-22, 2017</u>						<b>ITEM TOTAL</b>
Registration amount						
Auto Miles Driven (Destination: <u>DEER Park, IL.</u> )		<u>80.4 x 2 = 160.8</u>		Miles:	<u>160.8</u>	
IRS Allowance @ \$ 0.535 /mile						\$ <u>86.03</u> -
Parking/Tolls/Cab <u>Tolls = \$4.40 x 2 = \$8.80</u>						<u>8.80</u>
Gas						
Airfare/Bus/Rail						\$ -
Lodging <u>Hotel = \$264.18</u>						<u>\$ 264.18</u>
Misc (i.e. phone)						
Meals						
	<u>7/20</u> Day 1	<u>7/21</u> Day 2	<u>7/22</u> Day 3	Day 4	Day 5	
Breakfast	<u>DNA</u>	\$ <u>INC.</u> -	\$ <u>INC.</u> -	\$ -	\$ -	
Lunch	<u>DNA</u>	<u>INC.</u>	<u>\$ INC.</u>	\$ -	\$ -	
Dinner	<u>INC.</u>	<u>INC.</u>	\$ <u>DNA</u> -	\$ -	\$ -	
Total	\$ <u>-0-</u> -	\$ <u>-0-</u> -	\$ <u>-0-</u> -	\$ -	\$ -	\$ <u>-0-</u> -
Total Expenses						\$ <u>359.01</u>
Less Cash Advance (less registration for family)						
Less Expenses Pre-Paid (including City Vehicle)						
Less Expenses Paid by City Credit Card - include all receipts						<u>\$359.01</u>
Amount to be reimbursed to employee						
Amount to be paid to City by employee						\$0.00

Please attach receipts.  
(Do not include non-reimbursable costs.)

Chet Olson  
Employee Signature

\_\_\_\_\_  
Department Manager Approval

Fund	Account No.	Work Order No.	Amount

Notes: \_\_\_\_\_  
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