

**CITY OF ROCHELLE
EMPLOYEE EXPENSE REPORT**

Employee Name: Chet Olson Date: 5-3-17
 Session Name: IML LOBBY DAY and IML Bd Mtg.
 Session Description and Benefits of Attending: _____

Dates Expenses Incurred: <u>4/25 - 4/27, 2017</u>						ITEM TOTAL
Registration amount						
Auto Miles Driven (Destination: <u>Springfield, IL</u>) <u>171 X 2 = (342)</u> Miles:						<u>342</u>
IRS Allowance @ \$ 0.535 /mile						\$ <u>182.97</u>
Parking/Tolls/Cab <u>Parking = \$14.00</u>						<u>14.00</u>
Gas						
Airfare/Bus/Rail						
Lodging <u>Hotel = \$268.94</u>						\$ <u>268.94</u>
Misc (i.e. phone)						
Meals						
	<u>4/25</u> Day 1	<u>4/26</u> Day 2	<u>4/27</u> Day 3	Day 4	Day 5	
Breakfast	<u># DINA</u>	\$ <u>INC.</u> -	\$ <u>INC.</u> -	\$ -	\$ -	
Lunch	<u># DINA</u>	\$ <u>12.10</u>	<u>INC.</u>	\$ -	\$ -	
Dinner	<u># DINA</u>	\$ <u>INC.</u>	\$ -	\$ -	\$ -	
Total	\$ <u>-0-</u>	\$ <u>12.10</u>	\$ <u>-0-</u>	\$ -	\$ -	\$ <u>12.10</u>
Total Expenses						\$ <u>478.01</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						
Amount to be reimbursed to employee						<u>\$478.01</u>
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: _____

