

TRAVEL EXPENSE REPORT			INSTRUCTIONS: See Section 5.11 of the County Administrative Manual			
MILWAUKEE COUNTY Form 1423 R13e			Doc ID	Agency	Number	Emp Vend ID (5)
			TP			63257
Employee Name (Last, First, MI)			Title		Emp Location (Bldg & Rm #)	
Walker, Scott			County Executive		CH 306	
Resp Agency #	Resp Org Unit #	Travel Advance ID (if travel advance was made)			Document Total	
119	1191	TE	119	005992	\$ 1,004.06	
Start Date	Time	End Date	Time	Purpose of Trip		Trip Code (3)
5/21/2005	5:30 p.m.	5/24/2005	4:33 PM	ICSC Convention		001
Destination (City, County and State)			Destination Code		2nd Destination Code	
Las Vegas, NV			LSVG			
TYPE OF EXPENSE			AMOUNT		EXPLANATION	

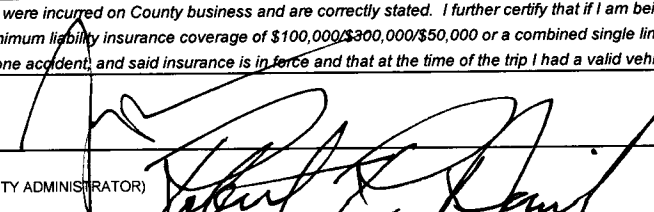
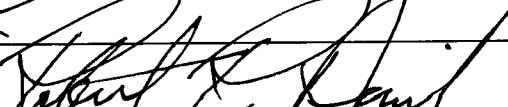
TRANSPORTATION (Attach ticket stub)	TYPE																					
HOTEL (Attach ticket stub)	No. NIGHTS			283.21																		
MEALS/INCIDENTAL EXPENSES																						
REGISTRATION FEES (Attach paid receipt)																						
TELEPHONE/FAX (Business only)																						
TAXI/LIMOUSINE (Receipt required for any one-way fare over \$15.00)																						
AUTOMOBILE RENTAL (Attach vendor's receipted invoice)																						
OTHER EXPENSE (Attach receipts)																						
TOTAL EXPENSE			\$	322.16																		
TRAVEL ADVANCE <table border="1"> <tr> <th>Type</th> <th>Trav Adv # (if different)</th> <th>Amt \$</th> <th rowspan="5">TOTAL ADV</th> <th rowspan="5">\$</th> <th rowspan="5">1,004.06</th> </tr> <tr> <td>Persnl</td> <td></td> <td>1,004.06</td> </tr> <tr> <td>Hotel</td> <td></td> <td></td> </tr> <tr> <td>Air</td> <td></td> <td></td> </tr> <tr> <td>Conf</td> <td></td> <td></td> </tr> </table>					Type	Trav Adv # (if different)	Amt \$	TOTAL ADV	\$	1,004.06	Persnl		1,004.06	Hotel			Air			Conf		
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Persnl		1,004.06																				
Hotel																						
Air																						
Conf																						
AMOUNT DUE EMPLOYE IF EXPENSE EXCEED ADVANCE																						
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE																						
			\$	681.90																		
ACCOUNT CODING FOR CHARGES Additional Information County Executive had to cancel trip to to death in the family. Hotel fee was not refundable. Reimbursement check for \$681.90 sent to Susan Walker in 8/05. See attached memo.																						

Line #	Agcy	Org Unit	Approp Unit	Activity	Function	Object	ACCOUNT CODE NAME	DOLLAR AMOUNT
(2)	(3)	(4)	(6)	(4)	(4)	(4)		
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
01	119	1191				6809	CONVENTION EXPENSE	322.16
						6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	

Expense Report Balances	TOTAL EXPENSE	\$ 322.16
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CERTIFICATION

I hereby certify that the above expenses were incurred on County business and are correctly stated. I further certify that if I am being reimbursed for the use of my private automobile, I carry minimum liability insurance coverage of \$100,000/\$300,000/\$50,000 or a combined single limit of bodily injury and property damage of \$250,000 in any one accident, and said insurance is in force and that at the time of the trip I had a valid vehicle driver's license.

EMPLOYEE SIGNATURE		DATE	2/3/2006
APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)		DATE	2/3/2006