TRAVEL EXPENSE REPORT

MILWAUKEE COUNTY Form 1423 R13e

INSTRUCTIONS: See Section 5.11 of the County Administrative Manual

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

Agency #	Resp Org Unit #	Travel Advance ID (If travel advance was made)			Document Total
119	1191	TE	119	005612	$ 381.44

Start Date	Time	End Date	Time	Purpose of Trip	Trip Code (3)
5/23/2004		5/25/2004		ICSC Spring 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	air	$ 381.44	Air/hotel pkg.
HOTEL (Attach ticket stub)	No. NIGHTS	2		
MEALS/INCIDENTAL EXPENSES				
REGISTRATION FEES (Attach paid receipt)				
TELEPHONE/FAX (Business only)				
TAXI/LIMOUSINE (Receipt required for any one-way fare over $15.00)			18.00	
AUTOMOBILE RENTAL (Attach vendor's receipted invoice)				
OTHER EXPENSE (Attach receipts)				
TOTAL EXPENSE			$ 399.44	Additional Information

TRAVEL ADVANCE

Type	Trav Adv # (If different)	Amt $	
Persnl			
H			TOTAL ADV
		381.44	
Conf			$ 381.44

AMOUNT DUE EMPLOYE IF EXPENSE EXCEED ADVANCE	$ 18.00
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE	

ACCOUNT CODING FOR CHARGES

Line # (R) (2)	Agcy (R) (3)	Org Unit (R) (4)	Approp Unit (6)	Activity (4)	Function (4)	Object (R) (4)	ACCOUNT CODE NAME	DOLLAR AMOUNT
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
01	119	1191				6809	CONVENTION EXPENSE	399.44
						6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	

Expense Report Balances TOTAL EXPENSE $ 399.44

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 6/29/2004

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR) DATE 6/29/2004

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