

Received Event (Event Succeeded)

Date: 2/3/2009

Time: 8:20 AM

Pages: 4

Duration: 1 min 53 sec

Sender:

Company:

Fax Number:

Subject:

FEB-03-2009 08:23

P. 02/04

MILWAUKEE COUNTY Form 1423 R13e		Doc ID	Agency	Number	Emp Vend ID (s)
		TP			63257
Employee Name (Last, First, MI)		Title		Emp Location (Bldg & Rm #)	
WALKER, SCOTT		COUNTY EXECUTIVE		901 N 9TH ST MILWAUKEE 53233	
Resp Agency #	Resp Org Unit #	Travel Advance ID (if travel advance was made)		Document Total	
900	9010	TE	900	006578	\$ 149.00
Start Date	Time	End Date	Time	Purpose of Trip	
5/17/2008	9:00 A.M.	5/17/2008	5:00 P.M.	CONFERENCE	
Destination (City, County and State)			Destination Code	2nd Destination Code	
CHICAGO IL			CHIC		
TYPE OF EXPENSE		AMOUNT		EXPLANATION	

TRANSPORTATION <small>(Attach ticket stub)</small>	TYPE		
HOTEL <small>(Attach ticket stub)</small>	No. NIGHTS		
MEALS/INCIDENTAL EXPENSES			
REGISTRATION FEES <small>(Attach paid receipt)</small>			149.00
TELEPHONE/FAX <small>(Business only)</small>			
TAXI/LIMOUSINE <small>(Receipt required for any one-way fare over \$15.00)</small>			
AUTOMOBILE RENTAL <small>(Attach vendor's receipted invoice)</small>			
OTHER EXPENSE <small>(Attach receipts)</small>			
TOTAL EXPENSE			\$ 149.00

TRAVEL ADVANCE				TOTAL ADV	\$ 149.00	Additional Information
Type	Trav Adv # (if different)	Amt \$				
Personl						
Hotel						
Air						
Conl		149.00				
AMOUNT DUE EMPLOYE IF EXPENSE EXCEED ADVANCE						
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE					\$ -	

Line # (R)	Agcy (R)	Org Unit (R)	Approp Unit (R)	Activity (R)	Function (R)	Object (R)	ACCOUNT CODE NAME	DOLLAR AMOUNT
(2)	(3)	(4)	(5)	(6)	(7)	(8)		
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
						6809	CONVENTION EXPENSE	
01	900	9010	9000SV	KADM	RADM	6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	149.00

Expense Report Balances TOTAL EXPENSE \$ 149.00

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 8/8/2006

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)

DATE 8/8/2006