

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 #)
Scott K. Walker	County Executive	901 N. 9th Street Courthouse Room 306

Resp Agency #	Resp Org Unit #	Travel Advance ID (if travel advance was made)	Document Total
110	1011	TE	\$ 214.50

Start Date	Time	End Date	Time	Purpose of Trip	Trip Code (3)
5/22/2006	8:00am	5/27/2006	2:00pm	"2006 Executives' Ride"	

Destination (City, County and State)	Destination Code	2nd Destination Code
Wisconsin, Michigan, Minnesota, Iowa, Illinois		

TYPE OF EXPENSE	AMOUNT	EXPLANATION
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TRANSPORTATION (Attach ticket stub)	TYPE		
HOTEL (Attach ticket stub)	No. NIGHTS		
MEALS/INCIDENTAL EXPENSES		214.50	2 half days=\$29.50 x 2=\$58.50 4 full days=\$39.00 x 4 =\$156.00
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		\$ 214.50	Additional Information
TRAVEL ADVANCE			
Type	Trav Adv # (if different)	Amt \$	
Persnl			
Hotel			
Air			
Conf			
TOTAL ADV		\$ -	
AMOUNT DUE EMPLOYEE IF EXPENSE EXCEED ADVANCE		\$ 214.50	
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE			

Line # (R)	Agcy (R)	Org Unit (R)	Approp Unit (R)	Activity (4)	Function (4)	Object (R)	ACCOUNT CODE NAME	DOLLAR AMOUNT
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
						6809	CONVENTION EXPENSE	
						6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	214.50

Expense Report Balances	TOTAL EXPENSE	\$ 214.50
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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	6/21/2006
PROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)	DATE	6/21/2006