

TRAVEL EXPENSE REPORT
MILWAUKEE COUNTY Form 1423 R13

INSTRUCTIONS: See Section 5.11 of the County Administrative Manual

"Milw. Night" 2006

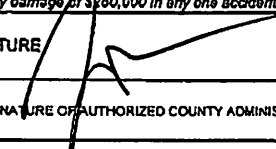
Doc ID	Agency	Number	Emp Vend ID (5)
TP			63257
Employee Name (Last, First, MI)		Title	Emp Location (Bldg & Rm #)
Scott Walker		County Executive	Courthouse Rm. 306
Resp Agency #	Resp Org Unit #	Travel Advances ID (if travel advance was made)	Document Total
504	5041		\$ 808.20
Start Date	Time	End Date	Time
9/8/2006		9/7/2006	
Purpose of Trip			Trip Code (3)
Meeting with Transportation Security Administration			002 MEETINGS
Destination (City, County and State)		Destination Code	2nd Destination Code
Washington, D.C.		DC DC Washington HI CST	
TYPE OF EXPENSE		AMOUNT	EXPLANATION

TRANSPORTATION (Attach ticket stub)	TYPE	airfare	\$808.20	(\$404.10 x 2) Air fare paid by S. Walker for himself & Jim Villa via personal credit card.
HOTEL (Attach ticket stub)	No. NIGHTS			
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			\$ 808.20	Additional Information
TRAVEL ADVANCE				
Type	Trav Adv # (if different)	Amt \$		
Paranl				
Hotel				
Air				
Conf				
AMOUNT DUE EMPLOYEE IF EXPENSE EXCEED ADVANCE			\$ 808.20	
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE				

ACCOUNT CODING FOR CHARGES									
Line # (R)	Agcy (R)	Org Unit (R)	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		
						6809	CONVENTION EXPENSE		
01	504	5041				6812	MEETINGS AND OTHER AUTHORIZED TRAVEL		808.20
Expense Report Balances									TOTAL EXPENSE \$ 808.20

CERTIFICATION

I hereby certify that the above expenses were incurred on County business and are correctly stated. I further certify that 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 \$300,000 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: 09/13/06

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR): _____ DATE: 09/13/06

Time: 3:18 PM Duration: 2 min 0 sec Company: Subject: SWalker_NetworkData4001828 SEP. 13. 2006 3:25 PM