

Received Event (Event Succeeded)

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P.02/04

TRAVEL EXPENSE REPORT
 MILWAUKEE COUNTY Form 1423 R13a

INSTRUCTIONS: See Section 5.11 of the County Administrative Manual

Doc ID		Agency		Number		Emp Vend ID (S)	
TP						63316	
Employee Name (Last, First, MI)				Title		Emp Location (Bldg & Rm #)	
Dennik, Robert R.				Director		CC 533	
Resp Agency #		Resp Org Unit #		Travel Advance ID (if travel advance was made)		Document Total	
119		1191		TE 119 006777		\$ 1,364.20	
Start Date		Time		End Date		Time	
9/6/06		7:50 AM		9/7/06		7:45 PM	
Destination (City, County and State)				Destination Code		2nd Destination Code	
Washington, DC				DC			

TYPE OF EXPENSE	AMOUNT	EXPLANATION
TRANSPORTATION <small>(Attach ticket stub)</small>	air \$ 858.20	2 fares @ \$414.10 ea; stanby fee \$50
HOTEL <small>(Attach ticket stub)</small>	No. NIGHTS 4 636.64	4 people x \$159.16/night ea. (Scott Walker, Ed Eberle, Jim Villa, Robert Dennik)
MEALS/INCIDENTAL EXPENSES	68.11	6/6=\$10.54; 6/7=\$57.57 (for 2 people)
REGISTRATION FEES <small>(Attach paid receipt)</small>		
TELEPHONE/FAX <small>(Business only)</small>	10.50	7 calls @ \$1.50 ea
TAXI/LIMOUSINE <small>(Receipt required for any one-way fare over \$15.00)</small>	49.70	1 bus ticket \$10; cab fares 2 @ \$14, 1 @ 11.70
AUTOMOBILE RENTAL <small>(Attach vendor's receipt/pled invoice)</small>		
OTHER EXPENSE <small>(Attach receipts)</small>	2.87	newspapers

TOTAL EXPENSE		\$ 1,626.02	Additional Information
TRAVEL ADVANCE			
Type	Trav Adv # (if different)	Amt \$	TOTAL ADV
Person		1,364.20	
Hotel			
Air			
Conf			
		\$ 1,364.20	
AMOUNT DUE EMPLOYE IF EXPENSE EXCEED ADVANCE		\$ 261.82	
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE			

Line # (R)	Agcy (R)	Org Unit (R)	Approp Unit	Activity (4)	Function (4)	Object (R)	ACCOUNT CODE NAME	DOLLAR AMOUNT
(2)	(3)	(4)	(6)	(4)	(4)	(4)		
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
						6809	CONVENTION EXPENSE	
01	119	1191				6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	1,626.02

Expense Report Balances

TOTAL EXPENSE, \$ 1,626.02

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/\$200,000/\$50,000 or a combined single limit of bodily injury and property damage of \$200,000 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: *Robert R. Dennik* DATE: 9/19/2006

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR): *Jim Seemayer* DATE: 9/19/2006

SW