

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	
Agency #	Resp Org Unit #	Travel Advance ID (If travel advance was made)			Document Total
110	1011	TE			\$ 1,369.23
Start Date	Time	End Date	Time	Purpose of Trip	
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	

TRANSPORTATION (Attach ticket stub)	TYPE				
HOTEL (Attach ticket stub)	No. NIGHTS	5	1,369.23	Hampton Inn, Wausau, Hampton Inn, Duluth, MN, Hampton Inn, Onalaska, Baymount Inn, Rockford, Country Inn Suites,	
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			\$ 1,369.23	Additional Information	
TRAVEL ADVANCE					
Type	Trav Adv # (if different)	Amt \$	TOTAL ADV		
Persnl					
Hotel					
Conf					
AMOUNT DUE EMPLOYEE IF EXPENSE EXCEED ADVANCE			\$ 1,369.23		
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE					

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	457.73
						6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	911.50

Expense Report Balances

TOTAL EXPENSE \$ 1,369.23

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 \$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

DATE 6/1/2006

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)

DATE 6/1/2006