

u Milw. Night DC" 7.15.2008

TRAVEL EXPENSE REPORT MILWAUKEE COUNTY Form 1423 R13e		INSTRUCTIONS: See Section 5.11 of the County Administrative Manual		
Doc ID	Agency	Number	Emp Vend ID (5)	
TP			63257	
Employee Name (Last, First, MI)		Title	Emp Location (Bldg & Rm #)	
Walker, Scott K.		County Executive	CH 306	
Agency #	Resp Org Unit #	Travel Advance ID (if travel advance was made)	Document Total	
119	1191	TE 119 007966	\$ 1,339.00	
Start Date	Time	End Date	Time	Purpose of Trip
9/10/2008	7:35 AM	9/10/2008	7:54 AM	Milwaukee Night in Washington, DC
Destination (City, County and State)		Destination Code	2nd Destination Code	
Washington, DC		DC		
TYPE OF EXPENSE		AMOUNT	EXPLANATION	

TRANSPORTATION (Attach ticket stub)	TYPE	air	\$ 1,339.00	2 RT ticket for County Exec. & Ed Eberle
HOTEL (Attach ticket stub)	No. NIGHTS	1	513.75	1 night ea. For County Exec. & Ed Eberle
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			\$ 1,952.75	airline ticket charge to change ticket from Robert Dennik to Ed Eberle
TRAVEL ADVANCE				
Type	Trav Adv # (if different)	Amt \$	TOTAL ADV	
Personl				
Hotel		1,339.00		
Conf				
AMOUNT DUE EMPLOYEE IF EXPENSE EXCEED ADVANCE			\$ 613.75	
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE				

Line # (R)	Agcy (R)	Org Unit (R)	Approp Unit	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	
	119	1191				6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	1,952.75

Expense Report Balances TOTAL EXPENSE \$ 1,952.75

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

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)

DATE Sept 22, 2008