

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			\$ 429.31
Start Date	Time	End Date	Time	Purpose of Trip	
9/9/2009	7:50am	9/10/2009	12:46 PM	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	\$ 196.70	Flight to DC \$181.70 + \$15.00 Checked Baggage Receipt	
HOTEL (Attach ticket stub)	No. NIGHTS	232.46	Hotel in Washington DC for 1 night 1 person	
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		\$ 429.16	Additional Information	
TRAVEL ADVANCE				
Type	Trav Adv # (if different)	Amt \$		
Persnl				TOTAL ADV
Hotel				
Air				
Conf		\$ -		
AMOUNT DUE EMPLOYE IF EXPENSE EXCEED ADVANCE		\$ 429.16		
AMOUNT DUE TREASURER IF ADVANCE EXCEEDS EXPENSE				

ACCOUNT CODING FOR CHARGES								
Line #	Agcy	Org Unit	Approp Unit	Activity	Function	Object	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	110	1011				6812	MEETINGS AND OTHER AUTHORIZED TRAVEL	429.16

Expense Report Balances

TOTAL EXPENSE \$ 429.16

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 8/1/2014

APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)

DATE 8/1/2014