

EXHIBIT F: CITY OF MILWAUKEE CIVIC PARTNERSHIP INITIATIVE PHASE II EXPENSE REPORT

THIS FORM IS A REQUEST FOR REIMBURSEMENT FOR PHASE II-RELATED EXPENSES IN ACCORDANCE WITH THE CIVIC PARTNERSHIP INITIATIVE CONTRACT SECTION VI, "DUTIES, WARRANTIES, and COVENANTS OF THE CONSULTANT," SECTION K, "TRAVEL AND ENTERTAINMENT EXPENSES." All limitations noted therein apply hereto, whether specifically restated below or not. RECEIPTS REQUIRED FOR ALL EXPENSES and NO REIMBURSEMENT AVAILABLE for claimants that reside in Milwaukee, Waukesha, Racine, Kenosha, or Ozaukee Counties.

Send invoices to MS. SHARON ROBINSON, DIRECTOR OF ADMINISTRATION, 200 E. WELLS STREET, MILWAUKEE, WI 53202

Claimants Name		Mailing Address		Daytime Phone Number
City		State	Zip Code	
Activity/Meeting (attach a copy of agenda)				Date of Activity/Meeting
Location(s)		Date _____ Time of Departure from Home ____ AM ____ PM		
		Date _____ Time of Return to Home/Destination ____ AM ____ PM		
TRAVEL:				
Personal vehicle use (\$0.51 per mile for the first 300 miles and \$0.20 per mile for every mile thereafter)		\$		
Car rental (written pre-approval and receipt required; must use lowest rate; do not use if taxis would be at same expense level or cheaper; insurance must be obtained and paid for by Consultant – it is not reimbursable)				
Taxi (receipts required)		\$		
Airfare (written pre-approval and receipt required; no baggage fees permitted)		\$		
Parking (receipts required)		\$		
Total Travel Expense			\$	
MEALS (see contract for specific time and dollar amount limitations; receipts required)				
Breakfast		\$		
Lunch		\$		
Dinner		\$		
Total Meal Expenses			\$	
TOTAL LODGING EXPENSES (\$97.00 + tax maximum; must use lowest available rate; receipt required)			\$	
Total Expenses (Travel, Meals, Lodging)			\$	
Total Amount Paid (if different from total expenses; provide receipts)			\$	
Certification: I certify that this itemized statement representing a claim for fees, travel, and lodging expenses, or a combination thereof, truthfully and accurately describes the expenses incurred and the specific services rendered and days of service provided while incurring these expenses; and that the amount of payment will not be duplicated from any other source.				
Signature				Date
Signature of Claimant		Date	Approved By	
Department Use Only:	Contract Number			