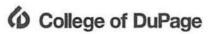
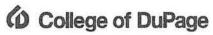


Full name of event (no initials):				IMPORTANT: Attach original paid receipts for individual expenses \$15 or greater. The approved Pre-Travel Form is required for any business-related travel; Blue Copy of the Pre-Travel must be attached in those instances. Refer to instructions on reverse side. Attach additional forms if necessary.										
Location (City/State): If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.					AUTOMOBILE As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.			MEALS/INCIDENTALS For more information on meals and incidental expenses, see instructions. Meals/Incidentals must be itemized by day.			OTHER EXPENSES: Includes, but are not limited to, tolls, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/lood are not considered "other expense" and are to be itemized under Meals/Incidentals section. Attach original paid receipts for individual expenses totaling \$15.00 or greater.			
DATE	C DES	CRIPTION/BUSINESS P	URPOSE	DAILY MILEAGE	RATE	AMOUNT	charges by day.	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL	
10/8	1/10	Jy Bd.	_	25-14	\$.575	14.45							14.45	
10/20	10/20 (0) 30					14.45							14,45	
10/22	Co	5 Bd.		15.14		14.45							14:45	
11/5	(10	MBd.		25.14		14.45							14.45	
11/19	66	2) Bl		25.14		14.45							14.45	
12/3	Cal	Holeday	Keep.	25.1	/	14.45							14.45	
12/13	5 COD	Te Viceo K	real fill	125.1	1	14.43							14.45	
1/7/1	(16)	SEG. M	ty.	5.14	,54	B.58	DID	NOT	ATT	ens	THIS MEE	77.6	13.58	
			,	_		11/10				-			11 11 (210)	
			TOTAL			114.73	1						114.73	
Dia	inne li	MC (-dise		16/4	ari	c/#	Turi	. /-	-7-	16	Total Expense Authorized by	Department	114.73	
Name (pleas	e print)	MC Guite Trestres		Signature			~		Dai	te	Less Pre-Travel Advance Iss	ued by the College		
Department	Name	1/001-0	- 1	Budget 0	fficer Appro	val			Dai	te	Amount Due Employee 144. 73			
12190			203		Amount Due College (Payment is to accompany expense									
Employee Co	olleague ID Num	nber Telep	hone Extension	Budget 0	fficer Appro	val			Dai	te	report; if paying by check, Payee is Co	atege of DuPage).		
		ACCOUNT N	UMBERS FOR	REIMBUR	RSABLE E	XPENSE			F	OR OFFICE	E USE ONLY:		- Halling Control	
FUND	FUNCTION	DEPARTMENT		OBJECT	CODE		AMOUN	Т	Au	idited By:	Jama Min	to 5	120/16	
01	90	00813	55	5020	02		114.73	101.15	Au	idited By:			N-11-12	
						\$			Fu-	tonsions/Fac	stings Charles			
						\$			EX	tensions/F00	tings Checked:			
						\$			Co	omments:				
						\$								



Full name of	event (no initials):	ne ME	ruite	IMPOF		business-i	related travel; BI	ue Copy of	the Pre-T	ravel mus	or greater. The approved Pre-Tr t be attached in those instances nal forms if necessary.		required for any		
121 Sept. 10 Sept. 10 Sept. 12 Sept. 10		f all Guests to include the meeting agenda.	ir name, title,		uary 1, 201 f a personal		ROOM & TAX (Adjusted to single room rate). Itemize charges by day.	For more and incide instruction	INCIDENT nformation o intal expense is. Meals/Inc emized by da	on meals es, see identals	OTHER EXPENSES: Includes, calls, taxi/train/bus fare, registratio etc. Meals/lood are not considered under Meals/Incidentals section. Att expenses totaling \$15.00 or greater	on fees, approve "other expense tach original pai	ed car rental, airfare, " and are to be itemized		
DATE	DESC	CRIPTION/BUSINESS PU	RPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION A	AMOUNT	TOTAL		
2/18	Co	08 Bd.		25.14	\$575	13.58							13.58		
3/3	0	ON Ba	P	5.14	.54	13.58							13.58		
2/17	Col	livelit (Mm.	25.14		1358						1 11	13.58		
3/25	- 51	EA Dra		05.14		13 58							13.58		
												174			
			TOTAL			5432							54.32		
Dian	ne MG	suire									Total Expense Authorized by Departr	ment	54.32		
Name (pleas	ne MG se print) 2 OF TA	untres		Signature)				Date	2	Less Pre-Travel Advance Issued by t	the College			
				Budget 0	fficer Appro	val			Date	9	Amount Due Employee		54.32		
/219 Employee C	244 olleague ID Numb	22 per Telepho	nne Extension	Budget 0	fficer Appro	val			Date	9	Amount Due College (Payment is to accer report; If paying by check, Payee is College of Di				
		ACCOUNT NU	MBERS FOR	REIMBUR	SABLE E	XPENSE			FO	FOR OFFICE USE ONLY:					
FUND	FUNCTION	DEPARTMENT	1	OBJECT	CODE		AMOUN	т		lited By:	Jonne Mint		,)		
01	90	00813	65	0200	a	s	54.32		_	-1	Jonne Mush	U 51	20/16		
- 21	10	000.0			,	5	1120		Auc	lited Bly.					
						s			Exte	ensions/Foo	ons/Footings Checked:				
						s			Con	nments:					
						s									





Full name of event (no initials): TRUSTEE JOSEPH C. WOZNIAK					IMPORTANT: Attach original paid receipts for individual expenses \$15 or greater. The approved Pre-Travel Form is required for any business-related travel; Blue Copy of the Pre-Travel must be attached in those instances. *Refer to instructions on reverse side.* Attach additional forms if necessary.									
A.C.C.T. CONGRESS 2015 Location (City/State): SAN Dream, CA If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.					uary 1, 201 a personal		ROOM & TAX (Adjusted to single room rate), Itemize charges by day.	For more i and incide instruction	INCIDENT information on intal expense is. Meals/Inc emized by da	n meals es, see identals	OTHER EXPENSES: Includes, but are not limited to, tolls, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/tood are not considered "other expense" and are to be itemized under Meals/incidentals section. Attach original paid receipts for individual expenses totaling \$15.00 or greater.			
DATE	DESC	CRIPTION/BUSINESS PURPO	DAILY MILEAGE RATE AMOU		AMOUNT	INT LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL		
10-12-15	A.C.C	T. Longress	2015		\$.575			PLANE	13.05	13.18	CABTO HOTEL 48.10	73.10	109.33	
0-13-15									3,00	21.17			24.17	
0-14-15	1							31.11	13,00	21.71	Y		65.82	
10-15-15	1								30 DA	34.05			37.05	
0-16-15	1										MAID TIP	15,00	15,00	
0-17-15	[10-						13.00	11,00	MAID TIP CAB TO APPORT 13.6. BAGGAGE 25.0	\$ 38.60	62,60	
0-2-15	Spen	HOMELAND II HOUSEARSHIP RAM/RECEPT.	(Niper)	20	.575	11.50							11.50	
0-7-15	PROG	RAM/Recept.	-	20	- 7/	11.50							11.50	
0-19-15 0 22-15	COD C	-ATTY OFFICE REHE BOARD MEDT		21	"	12.0							12.07	
		T	OTAL	81		4657		41.11	45.05	10/.11	A Marian	126.70	360,54	
Joseph	AC.	WOZNIAK	•	1-1-/-					11-	16-16	Total Expense Authorized by Department 360.			
Vame (please p	rint)	PARCLOF-TRUST	tone	Signature						Date LESS Pre-Travel Advance Issued by the College - 25			- 250.00	
Department Nar	c - bc		-1	Budget Officer Approval							Amount Due Employee 116.54			
Employee Collea	ague ID Numl	ber Telephone		Budget Officer Approval							Amount Due College (Payment is report, if paying by check, Payee is Coll	-0-		
		ACCOUNT NUMB	ERS FOR	REIMBUR	SABLE E	XPENSE	V & B. (C.) () () () () () () () () ()		FO	R OFFICE	USE ONLY:			
FUND FUNCTION DEPARTMENT OBJECT CODE							AMOUN	T	Aud	7 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
VI I	90	00813	550	300	1	s	59.29		Aud	ited By:	com Month		Commen.	
				\$		777-1778	Exte	ensions/Foot	s/Footings Checked:					
						\$			Con	ments:				
					*	s			7	WINDOWS .				

O College of DuPage

Jose	ph C.	: TRUSTER WOZNIAK	IMPO	IMPORTANT: Attach original paid receipts for individual expenses \$15 or greater. The approved Pre-Travel Form is required for any business-related travel; Blue Copy of the Pre-Travel must be attached in those instances. Refer to instructions on reverse side. Attach additional forms if necessary.										
Nov. + DEC. 2015 EXP, ACCT Location (City/State): Collage of Dipage GENELLY, TL If applicable, attach a listing of all Guests to include their name, little, company, name as well as the meeting agenda.				MOBILE nuary 1, 201 of a personal /mile.		ROOM & TAX (Adjusted to single room rate). Itemize charges by day.	For more i and incide instruction	INCIDENT Information of Intal expensions. Meals/Incommized by d	on meals es, see cidentals	OTHER EXPENSES: Includes, but are not limited to, tolls, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/food are not considered "other expense" and are to be itemized under Meals/incidentals section. Attach original paid receipts for individual expenses totaling \$15.00 or greater.				
DATE	DES	CRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL		
11-5-1	5 COD	-BOARD Meet	20	\$.575	11.50	5						11.50		
11-12-1	15 COD F	DUNGATION ALUMN	\$ 20	11	11,50							11.50		
11-19-	5 COD-	-BOARD Meet.	20	11	11.50							11.50		
12-2-1	5 COD	- PRES. Senuch	20	"	11.50					more seeing		11.50		
12-17-	15 200	BOARD Meet.	20	-#	11.50	~	_	_	17	NOT AT	JEWD	11.50		
lo (e Name (pleas	oh C	TOTAL WUZNIAK	/OO Signature	-	57.50	77	<u> </u>	5-9	-15	Total Expense Authorized by	AND THE PROPERTY OF THE PARTY O	57.50 57.50		
TRUS Department	Name	CARD OF TRUSTERS	Budget 0	Budget Officer Approval						Less Pre-Travel Advance Issued by the College Amount Due Employee 57.56				
OH97 Employee C	∠⊄ (olleague ID Numi	X 2953 ber Telephone Extens	on Budget C	Officer Appro	oval			Date	e	Amount Due College (Payment report; if paying by check, Payee is Co				
		ACCOUNT NUMBERS	FOR REIMBU	RSABLE E	XPENSE			FO	R OFFICE	USE ONLY:				
FUND	FUNCTION	DEPARTMENT	OBJECT	CODE		AMOUN	Т		Audited By: Jams Mach 5/20/15					
Ol	90	00813 55		502002 \$ 57.50 46.00					Audited By: Audited By:					
					s			Extensions/		Extensions/Faotings Checked:				
					\$					nents:				
					S									

(College of DuPage

Full name of event (no initials): TRUSTER JOSEPH CI WOZNIAK				IMPORTANT: Attach original paid receipts for individual expenses \$15 or greater. The approved Pre-Travel Form is required for any business-related travel; Blue Copy of the Pre-Travel must be attached in those instances. Refer to Instructions on reverse side. Attach additional forms if necessary.											
Location (City/State): College OF During Company name as well as the meeting agenda.					AUTOMOBILE As of January 1, 2013 the rate for use of a personal vehicle is 56.5¢/mile.			For more in and incide instruction	information of ental expense es. Meals/Inc emized by d	on meals es, see cidentals	OTHER EXPENSES: Includes, but are not limited to, tolls, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/food are not considered "other expense" and are to be itemized under Meals/incidentals section. Attach original paid receipts for individual expenses totaling \$15.00 or greater.				
DATE	DESC	CRIPTION/BUSINESS PURPOS	E A.T.	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL		
2-18-1	6 COD	-Boned Meet.		20	\$.56		10.80						11.50		
2-25-1	6 COD.	-BOARD MOST.		20	1575	Hiso	10.80						4.50		
3-3-1	6 COD.	- BUARD Mest	-	20	71	4.50	10.80						14.50		
3-25-	6 COD	SLEA (PLICE) G	RAD	20	11	1150	10.80						11.50		
4-7-10	COD-	BOARD Meet		20	it	11:50	10.80						11.50		
4-20-1	6 COD-	Presiment Sand	ONTE	20	11	14.50							4.50		
4-21-1	6 Copt	Bd Meet (Reorga	NIZE	20	4	11.50							11.50		
		TO	TAL	140	_	80,50	75.60				7	ie j	80.50		
1,000	h C-1	WAZNIAK	- 1	/ Mohen / 5						16	Total Expense Authorized by Department \$0.50				
		WOZNIAK ARDOFTRUST		Signature						, -	Less Pre-Travel Advance Issue	ed by the Callege	0		
Department I	lame			Budget Officer Approval						,	Amount Due Employee		80.50		
D-197 Employee Col	league ID Numb	er X 2 9 3 Telephone Ex		Budget Of	ficer Approv	ral			Date	1	Amount Due College (Payment is report; if paying by check, Payee is Coll	(영화) [[의 선생] [[선생] [[d] [[d] [[d] [[d] [[d] [[d] [[d] [[
		ACCOUNT NUMBE	RS FOR I	REIMBUR	SABLE E	XPENSE			FO	R OFFICE	USE ONLY:				
FUND	FUNCTION	DEPARTMENT		OBJECT (CODE		AMOUNT		Aud	dited By: Denne Minto 5/20/16					
00	01 90 00813 502002 \$						75.60		Aud	Audited/By:					
						\$			-	naina m	inne Charland				
						\$			Exte	ansions/Foot	ings Checked:				
						S			Com	nments:					
						\$			- 1						