

Full name of event (no initials): Dianne McGuire

Location (City/State): _____

If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.

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.

AUTOMOBILE As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.	ROOM & TAX (Adjusted to single room rate). Itemize charges by day.	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/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.
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DATE	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
10/8	COB Bd.	25.14	\$.575	14.45							14.45
10/20	COB Bd.	25.14		14.45							14.45
10/22	COB Bd.	25.14		14.45							14.45
11/5	COB Bd.	25.14		14.45							14.45
11/19	COB Bd.	25.14		14.45							14.45
12/3	COB Holiday Recp.	25.14		14.45							14.45
12/15	COB Review Legal Bill	25.14		14.45							14.45
1/7/16	COB Bd. Mtg.	25.14	.54	13.58					DID NOT ATTEND THIS MEETING		13.58
TOTAL				114.73							114.73

<u>Dianne McGuire</u> Name (please print)	<u>Wendie Reine</u> Signature	<u>1-7-16</u> Date	Total Expense Authorized by Department	114.73
<u>Board of Trustees</u> Department Name	<u>Budget Officer Approval</u> Date		Less Pre-Travel Advance Issued by the College	—
<u>1219266</u> Employee Colleague ID Number	<u>2203</u> Telephone Extension	<u>Budget Officer Approval</u> Date	Amount Due Employee	114.73
			Amount Due College (Payment is to accompany expense report, if paying by check, Payee is College of DuPage)	

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	
01	90	00813	5502002	\$ 114.73 101.15	<u>Jane Nantz</u>	<u>5/20/16</u>
				\$	Audited By:	
				\$	Extensions/Footings Checked:	
				\$	Comments:	
				\$		

101.15

101.15

1

Full name of event (no initials): <u>Dianne McGuire</u> Location (City/State): _____ If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AUTOMOBILE</td> <td style="width:15%;">ROOM & TAX</td> <td style="width:15%;">MEALS/INCIDENTALS</td> <td style="width:45%;">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.</td> </tr> <tr> <td>As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.</td> <td>(Adjusted to single room rate). Itemize charges by day.</td> <td>For more information on meals and incidental expenses, see instructions. Meals/Incidentals must be itemized by day.</td> <td></td> </tr> </table>	AUTOMOBILE	ROOM & TAX	MEALS/INCIDENTALS	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.	As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.	(Adjusted to single room rate). Itemize charges by day.	For more information on meals and incidental expenses, see instructions. Meals/Incidentals must be itemized by day.	
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DATE	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
2/18	COD Bd.	25.14	\$-.575	13.58							13.58
3/3	COD Bd.	25.14	.54	13.58							13.58
3/17	COD Audit Com.	25.14		13.58							13.58
3/25	SLEA Grad.	25.14		13.58							13.58
TOTAL				54.32							54.32

<u>Dianne McGuire</u>		Total Expense Authorized by Department	54.32
Name (please print)	Signature	Less Pre-Travel Advance Issued by the College	—
Board of Trustees	Date	Amount Due Employee	54.32
Department Name	Budget Officer Approval	Amount Due College (Payment is to accompany expense report; if paying by check, Payee is College of DuPage).	
1219244	2203		
Employee Colleague ID Number	Telephone Extension	Budget Officer Approval	Date

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	
01	90	00813	5502002	\$ 54.32	<u>Jane Minter</u>	5/20/16
				\$	Audited By:	
				\$	Extensions/Footings Checked:	
				\$	Comments:	
				\$		

2

Receipts Attached

REIMBURSABLE EXPENSE FORM

Full name of event (no initials): Trustee
Joseph C. Wozniak
A.C.C.T. Congress 2015

Location (City/State): SAN Diego, CA.
* OCT. 2015 EXPENSE ACCT.
 If applicable, attach a listing of all guests to include their name, title, company name as well as the meeting agenda.

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.

AUTOMOBILE	ROOM & TAX	MEALS/INCIDENTALS	OTHER EXPENSES:
As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.	(Adjusted to single room rate). Itemize charges by day.	For more information on meals and incidental expenses, see instructions. Meals/incidentals must be itemized by day.	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	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
10-12-15	A.C.C.T. Congress 2015		\$.575			PLANE 10.00	13.05	13.18	BAGGAGE 25.00 CABS TO HOTEL 48.10	73.10	109.33
10-13-15							3.00 5.00	21.17			24.17
10-14-15						31.11	13.00	21.71			65.82
10-15-15							50 DA 3.00	34.05			37.05
10-16-15									MAID TIP 15.00 CAB TO AIRPORT 13.60 BAGGAGE 25.00	15.00	15.00
10-17-15							13.00	11.00		38.60	62.60
10-2-15	EOB - HOMELAND II (RT. NAPLES) OPEN HOUSE	20	.575	11.50							11.50
10-7-15	EOB - SCHOLARSHIP PROGRAM/RECEPT.	20	"	11.50							11.50
10-19-15	EOB - ATTY OFFICE RE HEARING	21	"	12.07							12.07
10-22-15	EOB BOARD MEET	20	"	11.50							11.50
	TOTAL	81		46.57		41.11	45.05	101.11		126.70	360.54

Joseph C. Wozniak Name (please print)	<i>[Signature]</i> Signature	11-16-15 Date	Total Expense Authorized by Department	360.54
TRUSTEE - BOARD OF TRUSTEES Department Name			Less Pre-Travel Advance Issued by the College	- 250.00
X2953 Employee Colleague ID Number			Amount Due Employee	110.54
			Amount Due College (Payment is to accompany expense report, if paying by check, Payee is College of DuPage)	0

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE				
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT
41	90	00813	5503001	\$ 59.29
				\$
				\$
				\$
				\$

FOR OFFICE USE ONLY:

Audited By: *[Signature]* 12/16/15 SEE ATTACHED COMMENTS

Audited By:

Extensions/Footings Checked:

Comments:

Full name of event (no initials): <u>TRUSTEE</u> <u>Joseph C. WOZNIAK</u> <u>NOV. + DEC. 2015 EXP. ACCT.</u>						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): <u>College of DuPage</u> <u>GRANELLYN, IL</u> If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda. <u>2015</u>						AUTOMOBILE As of January 1, 2015 the rate for use of a personal vehicle is 57.5¢/mile.	ROOM & TAX (Adjusted to single room rate). Itemize charges by day.	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/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	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL			
11-5-15	COD-BOARD Meet.	20	\$.575	11.50							11.50			
11-12-15	COD FOUNDATION ALUMNI AWARDS	20	"	11.50							11.50			
11-19-15	COD-BOARD Meet.	20	"	11.50							11.50			
12-2-15	COD-Pres. Search	20	"	11.50							11.50			
12-17-15	COD-BOARD Meet.	20	"	11.50					ID NOT ATTEND		11.50			
TOTAL		100	=	57.50							57.50			
Name (please print): <u>Joseph C. WOZNIAK</u> <u>TRUSTEE - BOARD OF TRUSTEES</u> Department Name: <u>D197261</u> <u>X2953</u> Employee Colleague ID Number: <u>D197261</u> Telephone Extension: <u>X2953</u>						Signature: <u>[Signature]</u> Date: <u>5-9-15</u> Budget Officer Approval: _____ Date: _____								
						Total Expense Authorized by Department: <u>57.50</u>		Less Pre-Travel Advance Issued by the College: <u>-</u>						
						Amount Due Employee: <u>57.50</u>		Amount Due College (Payment is to accompany expense report; if paying by check, Payee is College of DuPage): _____						
ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:									
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By: <u>[Signature]</u> 5/20/15 Audited By: _____ Extensions/Footings Checked: _____ Comments: _____									
01	90	00813	5502002	\$ 57.50 - 46.00										
				\$										
				\$										
				\$										

Full name of event (no initials): Trustee
Joseph C. WOZNIAK
Feb-March-April 2016 EXP ACCT.

Location (City/State): College of DuPage
GLEN ELLYN, IL

If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.

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.

AUTOMOBILE
 As of January 1, 2013 the rate for use of a personal vehicle is 56.5¢/mile.
54

ROOM & TAX
 (Adjusted to single room rate). Itemize charges by day.

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/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.

2016 DATE	DESCRIPTION/BUSINESS PURPOSE R.T.	DAILY MILEAGE	RATE	AMOUNT	LODGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
2-18-16	COD - Board Meet.	20	56.5	11.50	10.80						11.50
2-25-16	COD - BOARD Meet.	20	54	11.50	10.80						11.50
3-3-16	COD - BOARD Meet	20	"	11.50	10.80						11.50
3-25-16	COD - SLEA (BLICE) GRAD	20	"	11.50	10.80						11.50
4-7-16	COD - Board Meet	20	"	11.50	10.80						11.50
4-20-16	COD - Pres. Meet. CANDIDATE DR. SAM	20	"	11.50	10.80						11.50
4-21-16	COD Bd Meet (Reorganize)	20	"	11.50	10.80						11.50
TOTAL		140	-	80.50	75.60						80.50

Name (please print): Joseph C. WOZNIAK
 Department Name: Trustee - BOARD OF TRUSTEES
 Employee Colleague ID Number: 0497261 Telephone Extension: X 2953

Signature: [Signature] Date: 5-10-16

Budget Officer Approval: _____ Date: _____

Budget Officer Approval: _____ Date: _____

Total Expense Authorized by Department: 80.50

Less Pre-Travel Advance Issued by the College: 0

Amount Due Employee: 80.50

Amount Due College (Payment is to accompany expense report; if paying by check, Payee is College of DuPage): _____

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	
01	90	00813	6502002	\$ 75.60	<u>[Signature]</u>	<u>5/20/16</u>
				\$	Audited By:	
				\$	Extensions/Footings Checked:	
				\$	Comments:	
				\$		

(2)