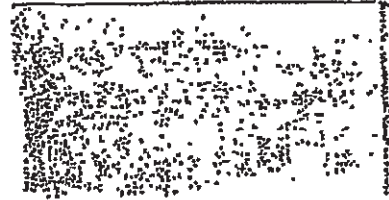
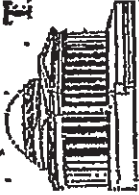


Full name of event (no initials): <u>Assoc of Community College Trustees - Legis Summit</u>			<b>IMPORTANT:</b> Attach required receipts. Blue copy of the Pre-Travel Approval Form must be attached if expense is greater than \$100.00. See <i>INSTRUCTIONS</i> on reverse side. Attach additional pages if necessary.											
Location (City/State): <u>Washington, D.C.</u>			<b>AUTOMOBILE</b> As of July 1, 2009 the rate for use of a personal vehicle is 68.5¢/mile.			<b>ROOM &amp; TAX</b> (Adjusted to single room rate). Itemize charges by day.		<b>MEALS/INCIDENTALS</b> For more information on meals and incidental expenses, see instructions. Meals/incidentals must be itemized by day.			<b>OTHER EXPENSES</b> (i.e., tolls, phone calls, taxi, limo, registration, approved car rental, airfare, etc.) (Attach receipts ≥ \$15.00.)			<b>TOTAL</b>
Guest name(s)/position(s) (Attach list if necessary):			DATE	DESCRIPTION/BUSINESS PURPOSE		DAILY MILEAGE	RATE	AMOUNT	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	
				See attached			\$ .585							

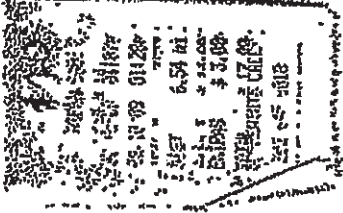
2/21/09



### TAXICAB RECEIPT



Time: \_\_\_\_\_  
 Date: 2-9-09  
 Origin of trip: Hotel  
 Destination: Langmuir St of Blag.  
 Fare: \$19.00 Sign: [Signature]

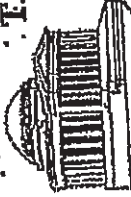


### TAXICAB RECEIPT



Time: \_\_\_\_\_  
 Date: 2/19/09  
 Origin of trip: Hotel  
 Destination: Port  
 Fare: \$17.00 Sign: \_\_\_\_\_

### TAXICAB RECEIPT



Time: \_\_\_\_\_  
 Date: 2/19/09  
 Origin of trip: Airport  
 Destination: Hotel  
 Fare: \$15.00 Sign: [Signature]

### TAXICAB RECEIPT



Time: \_\_\_\_\_  
 Date: 2/10/09  
 Origin of trip: Hotel  
 Destination: Airport  
 Fare: \$16.00 Sign: \_\_\_\_\_



### Taxi Cab Receipts

DATE: \_\_\_\_\_ TIME: 2.10.09  
 TRIP-ORIGIN: London Off  
 DESTINATION: Hotel  
 FARE: \$14.00 SIGNATURE: \_\_\_\_\_

Full name of event (no initials): <u>Financing Campus Facilities through Public/Private Partnerships</u>			<b>IMPORTANT:</b> Attach required receipts. Blue copy of the Pre-Travel Approval Form must be attached if expense is greater than \$100.00. See <i>INSTRUCTIONS</i> on reverse side. Attach additional pages if necessary.																												
Location (City/State): <u>San Diego, CA</u>			<b>AUTOMOBILE</b> As of July 1, 2008 the rate for use of a personal vehicle is 58.5¢/mile.		<b>ROOM &amp; TAX</b> (Adjusted to single room rate). Itemize charges by day.		<b>MEALS/INCIDENTALS</b> For more information on meals and incidental expenses, see instructions. Meals/incidentals must be itemized by day.		<b>OTHER EXPENSES</b> (i.e., tolls, phone calls, taxi, limo, registration, approved car rental, airfare, etc.) (Attach receipts ≥ \$15.00.)		<b>TOTAL</b>																				
DATE	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT																											
	(see attached)		\$ .585																												
<b>TOTAL</b>																															
Name (please print above): <u>Robert L. Breuder</u> Department: <u>President's Office</u> Employee Vendor Number: <u>2200</u> Telephone Extension:			Signature: Immediate Supervisor Approval: _____ Authorized Signator: _____		Date: <u>2/04/09</u> Date: <u>2/25/09</u>		Total Expense Allowed by Department: <u>131.00</u> Deduct Advance by College: _____ Amount Due Employee: <u>131.00</u> ✓ Amount Due College: _____																								
The Employee Vendor Number consists of nine (9) characters. The first character is always a 1. Characters 2, 3, 4 are the first three (3) letters of the employee's last name. Character 5 is the first letter of the employee's first name. Characters 6, 7, 8, 9 are the last four (4) numbers of the employee's social security number.			<b>ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE</b>				<b>FOR OFFICE USE ONLY:</b> Audited By: <u>[Signature]</u> <u>2/26/09</u> Audited By: _____ Extensions/Footings Checked: <b>ENTERED</b> <u>FEB 26 2009</u> Comments: _____																								
<b>OTHER COLLEGE PAID EXPENSES NOT CLAIMED FOR REIMBURSEMENT</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">P.O./REQ. NO.</th> <th style="width: 25%;">VENDOR</th> <th style="width: 10%;">AMOUNT</th> <th style="width: 10%;">DEPARTMENT</th> <th style="width: 10%;">UNIT/SUB UNIT</th> <th style="width: 10%;">OBJ.FCT</th> <th style="width: 10%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">6</td> <td style="text-align: center;">1700</td> <td style="text-align: center;">3300</td> <td style="text-align: right;">\$ 131.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								P.O./REQ. NO.	VENDOR	AMOUNT	DEPARTMENT	UNIT/SUB UNIT	OBJ.FCT	AMOUNT			\$	6	1700	3300	\$ 131.00			\$				
P.O./REQ. NO.	VENDOR	AMOUNT	DEPARTMENT	UNIT/SUB UNIT	OBJ.FCT	AMOUNT																									
		\$	6	1700	3300	\$ 131.00																									
		\$																													

Whenever your transportation needs, we have you covered.  
 Drivers: Mike Call # 601579-1021

- Town Car, Limo, Van, Mini Coach
- Corporate Outings and Events
- Airport Transfers, Custom Tours, Special Events
- Dates 855-00
- Amount: 100.00
- TCE # 018828

Date: 1-27-29 AMT: 100  
 From: MIAMI  
 To: REST.  
 Name: BEUBER  
 SSN: \_\_\_\_\_  
 Ship / GMD: \_\_\_\_\_  
 Driver: 229 C. COLE

Date: 1/27 AMT: 50.00  
 Name: BEUBER  
 From: MIAMI  
 To: REST.  
 SSN: \_\_\_\_\_  
 Ship / GMD: \_\_\_\_\_  
 Driver: \_\_\_\_\_



5/7/9

Corner Bakery Cafe  
2000 S. Naperville  
Naperville, IL 60567  
Table # Q#13  
Transt: 287452 Serv: WARRM  
05/17/2009 11:14:55 AM ACUST:1

Item Description Cost  
2 Chopped Salad \$13.99

Net Total: \$13.99  
STATE \$1.16

Your opinion is important.  
Go to [www.cbfedback.com](http://www.cbfedback.com)  
within 72 hours and tell  
us about your visit.  
You could win \$5,000.00 in  
our quarterly drawing!  
Code: 0417911016745220

TOTAL: \$15.13  
Food: \$13.98  
CASH \$28.00

DORREN  
Telephone: (630) 942-2162

Sign up for our eCafe  
to receive all the latest  
on what's happening at  
Corner Bakery Cafe.  
[www.cornerbakerycafe.com](http://www.cornerbakerycafe.com)  
DORREN  
<-REPRINTED->

Tip  
\$21.08

11:24 AM 028 17.09  
90-0000 001 13511

ORDER# 028 17.09  
FRENCH IS 195.50  
TAXI 55.50  
30.45

\*TIL 50.95  
CASH 22.10  
CHANGE 80.85

Full name of event (no initials): <u>OFFICE RENOVATION</u>			<b>IMPORTANT:</b> Attach required receipts. Blue copy of the Pre-Travel Approval Form must be attached if expense is greater than \$100.00. See <i>INSTRUCTIONS</i> on reverse side. Attach additional pages if necessary.											
Location (City/State): <u>ON CAMPUS</u>			<b>AUTOMOBILE</b> As of January 1, 2009 the rate for use of a personal vehicle is 55.0¢/mile.			<b>ROOM &amp; TAX</b> (Adjusted to single room rate). Itemize charges by day.		<b>MEALS/INCIDENTALS</b> For more information on meals and incidental expenses, see instructions. Meals/incidentals must be itemized by day.			<b>OTHER EXPENSES</b> (i.e., tolls, phone calls, taxi, limo, registration, approved car rental, airfare, etc.) (Attach receipts ≥ \$15.00.)			<b>TOTAL</b>
Guest name(s)/position(s) (Attach list if necessary):			DAILY MILEAGE	RATE	AMOUNT	B'FAST	LUNCH	DINNER	EXPLANATION		AMOUNT	TOTAL		
DATE	DESCRIPTION/BUSINESS PURPOSE		DAILY MILEAGE	RATE	AMOUNT	B'FAST	LUNCH	DINNER	EXPLANATION		AMOUNT	TOTAL		
05/09/09	NECESSARY SUPPLY FOR THE OFFICE		.55	.55	.55	.55	.55	.55	(GLASS KETTLE CORDLESS)		\$40.65	\$40.65		
<b>TOTAL</b>			.55	.55	.55	.55	.55	.55	(GLASS KETTLE CORDLESS)		\$40.65	\$40.65		
Dr. ROBERT L. BREWSTER Name (please print above)			Sig:	Date: 5/19/09	Total Expense Allowed by Department			Deduct Advance by College			Amount Due Employee	Amount Due College		
OFFICE OF THE PRESIDENT Department			Immediate Supervisor Approval:	Date: 5/22/09	Amount Due Employee			Amount Due College			40.65	40.65		
Employee Vendor Number: X2200 Telephone Extension			Authorized Signator:	Date:	Amount Due Employee			Amount Due College			40.65	40.65		
The Employee Vendor Number consists of nine (9) characters. The first character is always a 1. Characters 2, 3, 4 are the first three (3) letters of the employee's last name. Character 5 is the first letter of the employee's first name. Characters 6, 7, 8, 9 are the last four (4) numbers of the employee's social security number.			<b>ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE</b>				<b>FOR OFFICE USE ONLY:</b> Audited By: <u>S. K... 5/27/09</u>							
DEPARTMENT	UNIT/SUB UNIT	OBJECT	AMOUNT			Audited By: <b>ENTERED</b>								
6	1730	4100	40.65			Extensions/Footings Checked: MAY 28 2009								
OTHER COLLEGE PAID EXPENSES NOT CLAIMED FOR REIMBURSEMENT			P.O./REQ. NO.	VENDOR	AMOUNT	Comments:								
\$	\$	\$	\$	\$	\$	\$								





V.61718

Full name of event (no initials) <u>October/November Expenses on behalf of College of DuPage</u> Location (City/State): _____ Guest name(s)/position(s) (Attach list if necessary): _____		<b>IMPORTANT:</b> Attach required receipts. Blue copy of the Pre-Travel Approval Form must be attached if exp. See <b>INSTRUCTIONS</b> on reverse side. Attach additional pages if necessary.									
		<b>AUTOMOBILE</b> As of January 1, 2009 the rate for use of a personal vehicle is 55.0¢/mile.		<b>ROOM &amp; TAX</b> (Adjusted to single room rate). Itemize charges by day.		<b>MEALS/INCIDENTALS</b> For more information on meals and incidental expenses, see instructions. Meals/incidentals must be itemized by day.		<b>OTHER EXPENSES</b> (i.e., tolls, phone calls, taxi, limo, registration, approved car rental, etc.) (Attach receipts ≥ \$15.00.)		<b>TOTAL</b>	
DATE	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL	
10/26/10	Lunch mtg. w/ John Paulson - Nat. Employee		\$ .55							86.21 ✓	
11/9/10	Agenda Planning Mtg w/ Bd Chair & Vice Chair									63.00 ✓	
										149.23	
Name (please print above) <u>Robert L. Breuder</u> Department <u>President</u>		Signature <u>[Signature]</u> Immediate Supervisor Approval <u>[Signature]</u>		Date <u>12-7-10</u> Date <u>2-7-10</u>		Total Expense Allowed by Department <u>149.23</u> Deduct Advance by College _____ Amount Due Employee <u>149.23</u> Amount Due College _____					
Employee Vendor Number _____ Telephone Extension _____		Authorized Signator _____ Date _____		<b>ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE</b>				<b>FOR OFFICE USE ONLY:</b> Audited By: <u>[Signature]</u> 12/10/10 Audited By: _____ Extensions/Feelings checked: <u>5 1 1 1 1 1 1 1 1 1</u> Comments: <u>DEC 8 2010</u>			
The Employee Vendor Number consists of nine (9) characters. The first character is always a J. Characters 2, 3, 4 are the first three (3) letters of the employee's last name. Character 5 is the first letter of the employee's first name. Characters 6, 7, 8, 9 are the last four (4) numbers of the employee's social security number.		DEPARTMENT <u>01 90</u>		UNIT/SUB UNIT <u>00 781</u>		PROJECT <u>5561001</u>		AMOUNT <u>149.23</u>			
<b>OTHER COLLEGE PAID EXPENSES NOT CLAIMED FOR REIMBURSEMENT</b>		P.O./REQ. NO.		VENDOR		AMOUNT					

12/4/10

Artisanhand Restaurant & Bar  
260151 Butterfield Rd  
Wheaton, IL 60187  
630 653-5800

Server: Terry  
01:32 PM  
Date: 12/11  
DOB: 11/09/2010  
11/09/2010  
5/50009

5742883

Signature card present: BRUNDER ROBERT  
Approval: 493042

Amount: \$ 52.02

\*Tip: 11.00

Total: 63.02

████████████████████  
████████████████████  
████████████████████  
████████████████████  
████████████████████

Thanks! Come again.



12/09/10 10/28/2010  
Get 2  
2 Todd Tea 6.50  
2 Lobster Biscuit Cup 20.00  
2 Salad Lobster 18.00  
2 Coffee 7.00  
1 Chicken Caesar Salad 14.00

Subtotal 63.50  
Sales Tax 5.71



Host your next event in one of our private rooms. Ask your server for details.

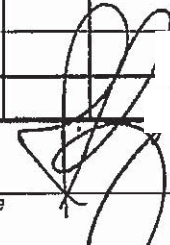
Paul Huszyński  
Marketing Partner

VIA BARCODED QR CODE

1-4

V78550 Pitt-Trip

REIMBURSABLE EXPENSE FORM

Full name of event (no initials): <u>Community Colleges for International Development 35th Annual Conference</u> Travel dates <u>2/26-3/1</u>				<b>IMPORTANT:</b> 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>Orlando, FL</u> ✓ If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.				<b>AUTOMOBILE</b> As of January 1, 2011 the rate for use of a personal vehicle is \$1.0¢/mile.		<b>ROOM &amp; TAX</b> (Adjusted to single room rate). Itemize charges by day.		<b>MEALS/INCIDENTALS</b> For more information on meals and incidental expenses, see instructions. Meals/incidentals must be itemized by day.		<b>OTHER EXPENSES:</b> 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		
2/26/11	Round trip airfare		\$ .51					34.50					
	charged on personal c.c.										375.40		
2/26/11									Tolls		1.75 ✓		
2/27/11	Per diem meals: 2 days @ 34.50 = 69 + 2 days @ \$46 = 92.00							46.00					
2/28/11	Allowable per diem=\$161 less \$131.24 charged to College c.c. totals \$29.76 reimbursed							46.00			29.76 ✓		
3/1/11								34.50	Tolls		1.75 ✓		
<b>TOTAL</b>											<b>408.66</b>		
Robert L. Breuder Name (please print)				 Signature				Date				Total Expense Authorized by Department 408.66	
Office of the President Department Name				Budget Officer Approval				Date				Less Pre-Travel Advance Issued by the College	
2200 ✓ Telephone Extension				Budget Officer Approval				Date				Amount Due Employee ✓ 408.66	
Employee Colleague ID Number				Budget Officer Approval				Date				Amount Due College (Payment is to accompany expense report; if paying by check, Payee is College of DuPage).	
<b>ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE</b>								<b>FOR OFFICE USE ONLY:</b>					
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By: <u>JEM</u> <u>3/19/11</u>								
01	80	00781	5503002	\$ 408.66	Audited By:								
				\$	Extensions/Receipts Checked:								
				\$	Comments: <u>MAR 11 2011</u>								
				\$									

Monica

**From:** NOREPLY@TOWERTRAVEL.COM  
**Sent:** Friday, February 25, 2011 12:27 PM  
**To:** Miller, Monica  
**Subject:** Invoice for BREUDER/ROBERT DRBREUDERWENDY Departing 26FEB11, Record Locator EUKBNY



This itinerary has been ticketed - please review within 24hrs for accuracy - penalties may apply for changes  
 Tower/Mail reason - SEATS AND CAR

Invoice Number: 2508647 - eMail Date and Time: 2/25/2011 12:26:51 PM CST

**Travel Summary - Record EUKBNY**

<b>Traveler</b>	
BREUDER/ROBERT DR BREUDERWENDY	
<b>Date</b>	<b>From/To/Flight/Vendor</b> <b>Depart/Arrive/Class/Type</b>
02/26/2011	ORD - AA 1967      06:05 First
02/26/2011	MCO Enterprise Rent a Car 02/26-03/01 Intermediate 2/4
03/01/2011	MCO - AA 1131      02:35 Door
ORD	PM/04:35 PM Economy

**Billing Summary:**

<b>Air Travel</b>	
Ticket Number: 00000000000000000000	355.40
0017950298170 (Electronic)	20.00
Service Fee	355.40
Ticket Number: 00000000000000000000	
0017950298169 (Electronic)	20.00
Service Fee	750.80
	Subtotal: 750.80
	Paid -750.80
	(Billed To CAXXXXXXXXXXXXXX0170)
	Amount Due 0.00

*Handwritten:* = 375.40

**AIR - Saturday, February 26 2011**

<b>American Airlines Flight AA1967 First Class</b>	
<b>Depart:</b>	<b>Weather</b>
Offshore International, TERMINAL 3	
Chicago, Illinois, United States	
06:05 PM Saturday, February 26 2011	
<b>Arrive:</b>	<b>Weather</b>
Orlando International Airport	
Orlando, Florida, United States	
09:45 PM Saturday, February 26 2011	
<b>Duration:</b>	
2 hour(s) and 40 minute(s) non-stop	
<b>Status:</b>	
Confirmed - American Airlines Booking Reference: EUKBNY	
<b>Meal:</b>	
Dinner	
<b>Equipment:</b>	
McDonnell Douglas MD-80 Stretch Jet	
06B Confirmed - BREUDER/ROBERT DR	
06A Confirmed - BREUDERWENDY	
<b>Class:</b>	
X	
<b>FP Number:</b>	
AA03X6X58 - BREUDER/ROBERT DR	
AA09M2P40 - BREUDERWENDY	

3/17/11

THANK YOU  
ORLANDO-ORANGE COUNTY  
EXPRESSWAY AUTHORITY

BEACHLINE AIRPORT  
Lane: 3 Collector: 5743  
Tue Mar 1 11:58:56 2011  
Toll paid: \$ 1.00

THANK YOU  
ORLANDO-ORANGE COUNTY  
EXPRESSWAY AUTHORITY

BEACHLINE AIRPORT  
Lane: 12 Collector: 1  
Sat Feb 26 23:33:58  
Toll paid: \$ 1.00

FLORIDA'S TURNPIKE  
TOLL RECEIPT

DATE:02/25/11 TIME:2529 TRANS:3434  
PLAZA:BEACHLINE LANE:15 EXL ID:0516  
CLASS:02 TOLL:\$ 0.75 PAID:CASH

YOU WOULD HAVE SAVED \$ 0.25 AT  
THIS TOLL PLAZA BY USING SURPASS  
AVAILABLE AT SUWALY, CUS, 46A  
AND VNN-SURPASS-CUR

TOLL RECEIPT

DATE:03/01/11 TIME:11  
PLAZA:BEACHLINE LANE:03  
CLASS:02 TOLL:\$ 0.7

YOU WOULD HAVE SAVED  
THIS TOLL PLAZA BY US  
AVAILABLE AT SUWALY  
AND VNN-SURPASS

Full name of event (no initials): Lunch meeting with Trustee Simoda  
 Location (City/State): Lombard  
 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, 2011 the rate for use of a personal vehicle is 51.0¢/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
2/24/11			\$.51								65.84
<b>TOTAL</b>											

Name (please print): Robert L. Breuder ✓  
 Department Name: Office of the President  
 Employee Colleague ID Number: \_\_\_\_\_ Telephone Extension: 2200

Signature: \_\_\_\_\_ Date: 4/28/11  
 Budget Officer Approval: \_\_\_\_\_ Date: 4-28-11

Total Expense Authorized by Department: 65.84  
 Less Pre-Travel Advance Issued by the College: \_\_\_\_\_  
 Amount Due Employee: 65.84 ✓  
 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:	Date:
01	80	00761	550100	65.84	DEM	5/2/11
					Extensions/Foolings Checked:	
					Comments:	MAY 3 2011







Pack-66p

REIMBURSABLE EXPENSE FORM

Full name of event (no initials): Breakfast Mtg.

**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): Downers Grove

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, 2011 the rate for use of a personal vehicle is 51.0¢/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?** Included, but are not limited to, taxis, phone calls, taxi/minibus 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	LOGGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
11/21/11			\$ .51								27.95
<b>TOTAL</b>											27.95

Name (please print): Robert L. Breuder  
Signature: [Signature] Date: 1/19/12

Department Name: President's Office  
Box: \_\_\_\_\_ Date: 1/19/12

Employee Colleague ID Number: 2200 Telephone Extension: \_\_\_\_\_ Budget Officer Approval: \_\_\_\_\_ Date: 1/27/2012

Total Expense Authorized by Department: \_\_\_\_\_  
Less Pre-Travel Advance Issued by the College: \_\_\_\_\_  
College Payment to accompany expense report if paying by check. Payee is College of DuPage. 27.95

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	
01	80	00731	590.1001	27.95	<u>[Signature]</u>	<u>1/27/12</u>
				\$	Audited By:	<u>135208</u>
				\$	Extensions/Footings Checked:	<b>ENTERED</b>
				\$	Comments:	<u>FEB 16 2012</u>

Honey Jam Cafe  
3000 Oak Grove Road  
Downers Grove, IL 60515  
630-963-2233

Server:                   DOB: 11/21/2011  
08:48 AM               11/21/2011  
Table 80/1             2/20010

VISA                   1648594  
Card #XXXXXXXXXX5003  
Magnetic card present: BREUDER ROBERT L  
Approval: 044809

Amount:               \$ 22.95  
+ Tip:                 6.00  
= Total:               28.95

X \_\_\_\_\_

Customer Copy

Vo 124012

REIMBURSABLE EXPENSE FORM

Full name of event (no initials): President's Council Mtg.

**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): Chicago, IL

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

**AUTOMOBILE**  
As of July 1, 2011 the rate for use of a personal vehicle is \$5.56/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, net/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 option. 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
11/11/11	Mileage to attend President's Council	60.3	\$ 5.55						Mileage		✓ 33.47
									2 tolls	40 x 2	✓ .80
<b>TOTAL</b>											34.27

Robert L. Breuder  
Name (please print)

Office of the President  
Department Name

Employee Colleague ID Number:

*[Signature]*  
Signature

11/30/11  
Date

*[Signature]*  
Budget Officer Approval

11/30/11  
Date

*[Signature]*  
Subject Officer Approval

12/1/11  
Date

Total Expense Authorized by Department

Less Pre-Travel Advance Issued by the College

Amount Due Employee: 34.27

Amount Due College (payment in 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	80	00781	550302	\$ 33.47	<i>[Signature]</i>	12/1/11
01	80	00781	5501001	\$ .80	<i>[Signature]</i>	12/1/11
				\$	Extensions/Footings Checked:	<i>[Signature]</i>
				\$	Comments:	DEC 8 - 2011

U0124013

Full name of event (no initials): Meetings - J.P. Morgan and Lunch Mtg.

Location (City/State): Chicago, 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 July 1, 2011 the rate for use of a personal vehicle is \$5.56/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 is not limited to, tips, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/food are not considered "other expenses" 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	LOGGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
11/22/11	Mileage to J.P. Morgan and back to College	78.5	\$ 5.55								39.13
	Parking	43.2							Tolls	1.05	31.00
11/30/11	Mileage to Lunch Mtg at JW Marriott, Chicago	68.5									38.57
		43.1							Tolls	1.05	
<b>TOTAL</b>											<b>110.80</b>

Name (please print): Robert L. Breuder Signature: [Signature] Date: 11/30/11

Department Name: Office of the President Budget Officer: [Signature] Date: 11/30/11

Employee College ID Number: 1033797 Telephone Extension: 2200 Budget Officer Approval: [Signature] Date: 12/2/11

Total Expense Authorized by Department: \_\_\_\_\_

Less Pre-Travel Advance Issued by the College: \_\_\_\_\_

Amount Due Employee: 110.88

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:	Date
01	80	00781	5501001	\$ 33.10	<u>[Signature]</u>	<u>12/2/11</u>
01	80	00781	5503002	\$ 49.90	<u>[Signature]</u>	<u>12/7/11</u>
				\$ 47.90		
<b>TOTAL</b>						

Extensions/Foolings Checked: \_\_\_\_\_

Comments: \_\_\_\_\_

DEC 8 - 2011

Full name of event (no initials) Council for Advancement & Support of Education  
 Location (City/State): Chicago, 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 July 1, 2011 the rate for use of a personal vehicle is 55.5¢/mile.

**ROOM & TAX**  
 (Adjusted to single room rate). Rental 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/trains/airfare, 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
4/18/12	To/From Fairmont Hotel Downtown Chicago to speaking engagement	81.8	\$.555	48.17							48.17
<b>TOTAL</b>											48.17

Name (please print) Robert L. Breuder ✓  
 Department Name President's Office ✓  
 Employee College ID Number 1033797 Telephone Extension 2200

Signature: *[Signature]* Date: 4/19/12  
 Budget Officer Approval: *[Signature]* Date: 4/19/12

Total Expense Authorized by Department  
 Less Pre-Travel Advance Issued by the College  
 Amount Due Employee 48.17  
 Amount Due College (Payment is necessary unless report is paid by check from College of DuPage)

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	Date:
01	80	06781	550,300	48.17	<i>[Signature]</i>	4/26/12
					Audited By:	V150335
					Extensions/Footings Checked:	ENTERED
					Comments:	MAY 01 2012

Full name of event (no initials): American Association of Community Colleges - Annual Convention

Location (City/State): Orlando, FL

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.**

<b>AUTOMOBILE</b> As of July 1, 2011 the rate for use of a personal vehicle is 55.5¢/mile.	<b>ROOM &amp; TAX</b> (Adjusted to single room rate). Itemize charges by day.	<b>MEALS/INCIDENTALS</b> For more information on meals and incidental expenses, see instructions. Meals/Incidentals must be itemized by day.	<b>OTHER EXPENSES</b> 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
4/10/12	Reimbursement for Airfare charged to personal credit card		\$ .555								667.60
<i>[Handwritten Signature]</i>											
<b>TOTAL</b>											667.60

<u>Robert L. Brender</u> Name (please print)	<u>4/10/12</u> Date	Total Expense Authorized by Department
<u>Office of the President</u> Dept	<i>[Signature]</i> Budget Officer Approval	Less Pre-Travel Advance Issued by the College
<u>2200</u> Employee Telephone #/ Number	<i>[Signature]</i> Budget Officer Approval	Amount Due Employee
<u>2200</u> Telephone Extension		Amount Due College (Payment is to accompany expense report if paying by check, Paper is College of DuPage).

ACCOUNT NUMBERS FOR REIMBURSABLE EXPENSE					FOR OFFICE USE ONLY:	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	
01	80	00781	550 300 2	667.60	<u>Jess Wharton</u> 4/10/12	
					Audited By:	<u>V148640</u>
					Extensions/Footings Checked:	<b>ENTERED</b>
					Comments:	

Monica

To: **From:** NOREPLY@TOWERTRAVEL.COM  
**Sent:** Thursday, March 15, 2012 8:37 PM  
**To:** Breuder, Dr. Robert; Miller, Monica  
**Subject:** Invoice for BREUDER/ROBERT L Departing 21APR12, Record Locator GDWXBJ



This itinerary has been ticketed - please review within 24hrs for accuracy - penalties may apply for changes

TowerMail reason - SENT ITIN

Invoice Number: 2621135 - eMail Date and Time: 3/15/2012 8:36:36 PM CST

**Travel Summary - Record GDWXBJ**

<b>Traveler</b> BREUDER/ROBERT L			
<b>Date</b>	<b>From/To/Flight/Vendor</b>	<b>Depart/Arrive/Class/Type</b>	
04/21/2012	ORD- AA 716	07:10 Economy	
04/21/2012	MCO	AM/10:40 AM	
04/21/2012	MCO	04/21-04/25 Full Size 2/4 Door	
04/25/2012	MCO- AA 366	11:30 Economy	
	ORD	AM/01:25 PM	

**Billing Summary**

<b>Air Travel</b>	
<b>Ticket Number:</b> 0017045044074 (Electronic)	645.60
<b>Service Fee</b>	22.00
<b>Air Total</b>	667.60
<b>Subtotal</b>	667.60
<b>Paid</b>	-667.60
<b>(Billed To</b>	
<b>VXXXXXXXXXXXX2004)</b>	
<b>Amount Due</b>	0.00

**AIR - Saturday, April 21 2012**

<b>American Airlines Flight AA716 Economy Class</b>	
<b>Depart:</b> O'Hare International, Terminal 3 Chicago, Illinois, United States	<b>Weather</b>
<b>Arrive:</b> Orlando International Airport Orlando, Florida, United States	<b>Weather</b>
<b>Duration:</b> 2 hour(s) and 30 minute(s) Non-stop	
<b>Status:</b> Confirmed - American Airlines Booking Reference: GDWXBJ	
<b>Meal:</b> Food For Purchase	
<b>Equipment:</b> McDonnell Douglas MD-80 Stretch Jet	
<b>Seat:</b> 09D Confirmed	
<b>Class:</b> L	
<b>FF Number:</b> AA03X6X58 - BREUDER/ROBERT L	
<b>Baggage</b>	
<b>Allowance:</b> NIL	

For Pick Up

Full name of event (no initials): Asheville  
President's Institute for  
Student Success

**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): Asheville, NC

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

**AUTOMOBILE**  
 As of July 1, 2011 the rate for use of a personal vehicle is 55.5¢/mile.

**ROOM & TAX**  
 (Adjusted to single room rate). Normalize 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 is not limited to, tolls, phone calls, taxi/train/bus fare, registration fees, approved car rental, airfare, etc. Meals/food are not considered "other expenses" 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
4/13/12	Mileage to O'Hare	29.9	\$ 555		(RLB)						16.45
4/14/12	Per diem meals at 75%										34.50
4/15/12	Per diem meals at 50%										23.00
4/16/12	Reimbursement to College for one day of car rental								Gratuities		12.00
	Per diem meals at 75% less breakfast										(29.19)
	Parking - 3 days - O'Hare										27.60
	Milage home from O'Hare	29.9									62.00
											16.45
<b>TOTAL</b>											<b>162.81</b>

Robert L. Bräuder  
 Name (please print)  
Office of the President

Signature: *[Signature]* Date: 5/10/12

Budget Officer Approval: *[Signature]* Date: \_\_\_\_\_

Employee Colleague ID Number: \_\_\_\_\_ Telephone Extension: 2200

Budget Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Total Expense Authorized by Department: 162.81

Less Pre-Travel Advance Issued by the College: \_\_\_\_\_

Amount Due Employee: 162.81

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: Form prepared by Monica Miller	
FUND	FUNCTION	DEPARTMENT	OBJECT CODE	AMOUNT	Audited By:	DATE
01	80	60791	5503002	162.81	Jan Mont...	5/10/12
				\$	Audited By: <i>[Signature]</i>	
				\$	Extensions/Foolings Checked:	
				\$	Comments:	MAY 10 2012

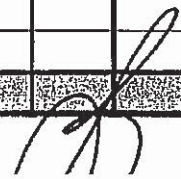


*pick up x2201*

Full name of event (no initials): Illinois Community College Trustees Association  
**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.

Lobby Day  
 Location (City/State): Springfield, IL  
 If applicable, attach a listing of all Guests to include their name, title, company name as well as the meeting agenda.

DATE	DESCRIPTION/BUSINESS PURPOSE	DAILY MILEAGE	RATE	AMOUNT	LOGGING	B'FAST	LUNCH	DINNER	EXPLANATION	AMOUNT	TOTAL
5/1/12	Mileage to Springfield	187	<u>\$ .555</u>								102.85
	Mileage from Springfield	187									102.85
<b>TOTAL</b>											<b>205.70</b>

Robert L. Breuder <i>Name (please print)</i>	 Budget Officer Approval	Total Expenses Authorized by Department	205.70
Office of the President <i>Department Name</i>		Less Pre-Travel Advance Issued by the College	
2200 <i>Employee Colleague ID Number</i>		Amount Due Employee	205.70
Telephone Extension <i>Telephone Extension</i>		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	form prepared by M. Miller	
21	80	00781	550 3002	\$ 205.70	Audited By:	<i>Jim Minton 5/10/12</i>
				\$ 207.58	Audited By:	<i>W. Brock 6/25/12</i>
				\$	Extensions/Footings Checked:	<i>V158509</i>
				\$	Comments:	<b>ENTERED</b>
				\$		JUN 28 2012