

New Berlin C.U.S.D. #16

PROFESSIONAL WORKSHOP PAYMENT REQUEST FORM

Employee Name: Chris Gordon
 Name of Workshop: IASB Conference
 Location of Workshop: Chicago, IL

Date Requested: 11/20/2023
 Date(s) Attending: 11/16-11/19
 Reason to Attend: Continuing Education

Estimated Expenses:		Total Amount	School Credit Card?
424	Registration:		Yes
	Miles @ \$ 0.655	\$ 265.00	N/A
	Food:	\$ 225.00	
	Lodging:	\$ -	N/A
	Other:		N/A
Total Est. Expenses:		\$ 490.00	
Total Requested Charge:		\$ -	A

Final Expenses:		Total Amount	School Credit Card?
424	Registration:		
	Miles @ \$ 0.655	\$ 277.72	N/A
	Food:	26.4	N/A
	Lodging:	0	
	Other:		N/A
Total Final Expenses:		\$ 304.12	
Total Requested Reimb:		\$ 304.12	

Are expenses to be shared with another Faculty member? (Final Expenses only) Yes No

If yes, please include additional faculty name(s): _____

Please select expenses to be shared: Mileage Lodging Other _____

Pre-Approval: _____
 Supervisor Signature / Date


 Employee Signature / Date

Funds Available? _____
 Yes / No (A/P Initial/Date)

Final Approval: _____
 Supervisor Signature / Date

Dollar Amount Available: * _____
 * (If not enough to cover above request)

For Accounting Use Only:

Actual VISA Charges:			Reimb. Charge to:			Check # & Date
Payee:	Purpose	Amount	#	Amount		
			NBE Budget - #103-2213-3320			
			JH Budget - #202-2213-3320			
			HS Budget - #305-2213-3320			
			Pre-K Budget - #500-1125-3320			
			Pre-K PD - #500-2213-3320			
			Title I Budget - #000-1250-3900			
			Other - _____			
	Total:					
	Date Paid:					
	Budget #:					

Radisson Blu Aqua Hotel
FIRELAKE
221 N Columbus Drive
Chicago, Illinois 60601
(312) 638-6686
18 Nov' 23 1:30 PM

Radisson Blu Aqua Hotel
FIRELAKE
221 N Columbus Drive
Chicago, Illinois 60601
(312) 638-6686

20100004 Maria

SERVER 20100004/Maria
Check Number 1358
Customer Copy

CHK 1358 GST 4
11
18 Nov' 23 12:56 PM

Terminal ID: 1065
Card No: XXXXXXXXXXXX6806(C)
Expiry Date: **/**
Card Type: VISA
Trans Type: ***** AUTH *****
Check Number: 1358
Trans Time: 11/18/2023 1:30:32 PM
Name On Card: GORDON/CHRISTOPHER
Card Entry Mode: ICC
Approval Code: 03759D
Mode: Issuer
AID: a0000000031010
TVR: 0000008000
TSI: e800
IAD: 0602120360a002
ARC: 00
CVM Result: 5e0000
App Label: CHASE VISA

1 High Plains Buffalo Burger 22.00

[REDACTED]

Subtotal \$55.00
Food/Beverage Tax \$5.41
Total Due \$60.41

22.00
4.40 T.I.P
26.40

SubTotal \$ 60.41

Tip _____

Total 75.00

Approved

Approved with Signature

Signature

I agree to pay above total
according to my card issuer
agreement.