

ADDENDUM Committee on Finance & Budget

Tuesday, November 7, 2023

6:30 p.m. Courthouse – Room #1301/1302 721 Oxford Ave, Eau Claire, WI

Join by Phone:

Dial in Number: 415.655.0001 Access Code: 2537 667 8182

Join by Meeting Number:

Meeting Number: 2537 667 8182 Meeting Password: ETkRBAJP763

Join from Meeting Link:

https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m39497dfdc43e02b7cbd5810afce159f0

A majority of the county board may be in attendance at this meeting; however, only members of the committee may take action on an agenda item.

1. Review and Approval of County Board Chair Reimbursement Request / Discussion – Action

Prepared by: Amy Weiss

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance at (715) 839-5106. For additional information on ADA requests, contact the County ADA Coordinator at (715) 839-7335, (FAX) (715) 839-1669, TTY: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

Eau Claire County

Travel Expense Reimbursement Form

(effective 01/01/2023)

Statement of expenses incurred during the month of:	Sep-23	Name: Nancy Coffey	
		-	
65.5 Mileage Reimbursement Rate		Account Number: 23-100-01-51110-340-122-000-000-000	

			Ti	ransportation	on		Meals - Including Tips		Other Allowable Expenses		Total Expense	
Date	Official Business	Itinerary	Miles	Fare	Plane Fare	Lodging	Morning	Noon	Evening	Item	Amount	per day
17-Sep	WCA Conference	Kalahari Wisconsin Dells	132			115.00				Room Tip	2.00	203.46
	Robin Leary & Connie Russell					115.00				Room Tip	2.00	117.00
19-Sep	Rode with me		132									86.46
										Carpool incentive	10.56	10.56
												0.00
												0.00
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		Totals	264	0.00	0.00	230.00	0.00	0.00	0.00		14.56	

Claimant's statement

I declare, under penalties of perjury, that this account of travel expenses is true and correctand in conformity with the Human Resources manual and related guidelines and instructions. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of my official duties and no portion of this claim was provided free of charge or covered by a special registration fee, or previously reimbursed to me by Eau Claire County or any other source.

Date	Claimant's Signature			
10/6/2023	Nancy Coffey			

I certify that I have reviewed this travel claim and find it to be reasonable, proper, and in conformity with the Human Resources manual.

Date	Approved by Authorizing Party	Less: Travel Advances	
		Net Amount Due	417.48

Total Claim

417.48



Tru By Hilton - Wisconsin Dells, WI 981 Wisconsin Dells Pkwy, Wisconsin Dells 53965 US 6086782774 MSNBE_TRU@hilton.com

Guest Folio

Confirmation Number - 3404995166

Primary Guest

Guest Name Address

City, State, Zip Code

Country

ADDN GUESTS

Nancy Coffey

4345 MEADOW LN EAU CLAIRE WI 54701

COFFEY MATT

US

Hilton Honors

Diamond 968530411

Stay Details

Check In Date Check Out Date

Room Source Guests **Company Details**

Sep 17, 2023 Name Sep 19, 2023 Tax ID K1 - 404 PO Number OTHER Account Name

2/0

Other Details

Bill Number Tax Exemption

Tax Exempt Sep 17, 2023

YES

Date

Travel Agent

IATA Name

Date	Туре	Description	Amount
Sep 17, 2023	Charge	GUEST ROOM-Tax Exempt	\$115.00
Sep 18, 2023	Charge	GUEST ROOM-Tax Exempt	\$115.00
Sep 19, 2023	Payments	AMEX-2000	-\$230.00

Summary	
Type	Amount
GUEST ROOM	\$230.00
ROOM OCCUPANCY TAX	\$0.00
ROOM STATE TAX	\$0.00
CREDIT CARD	\$230.00
Guest Paid Out	\$0.00
Folio Balance	\$0.00

Check In Time Check Out Time 08:57 PM 07:38 AM Reservations www.tru.hilton.com or 1-844-TRU-YOU8

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