CITY OF McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request: June 2024

Department: Mayor

Payable To: Bryan McNeal

Title: Mayor

Address: 1371 W. FM 550

Address:

City/State/Zip: MC (City) TX (State) 75032 (Zip Code)

It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.

Purpose of Trip: (Attach Seminar, Training or Conference Flyers) TML Newly Elected Train

Destination: San Antonio

Date(s) of Meeting: July 18, 19

Part 2 Travel Request Expense Worksheet

Expense Categories: (detailed receipts required)	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	636	$ ~~0.6560~~ 67		$ 426.12	426.12 ✓
Airfare					
Registration fees	1	225	$225	$225	225
Public Transportation					
Lodging	1	217	512.13	$512.13	512.13 ?
Tips / Gratuities					
Parking/Other (Valet is not reimbursable)	1	108.26	108.26	108.26	108.26 ✓
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations					
Summary Totals:>>>>>>>>>>>>>>>>>			$ -	$ -	

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ -
Total: Actual Expenses (B)	$ -
Advance Amount Requested:	$
Amount to be Paid by City:	$
Amount Reimbursed to Employee:	$ -

If Advances (A) exceed Expenses (B), the difference must be repaid to the City. If Expenses (B) exceed Advances (A), the difference will be paid to the employee

Employee Signature: Date: 7/22/24

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct.

Director/Other Approval: N/A Date:

Finance Approval: Date: 06/14/2024

City Manager Approval: Date: 06/14/2024

FINANCE DEPARTMENT USE ONLY:

Vendor No.

Invoice No. Invoice Date:

(Please Reimburse)

CITY OF McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request: 9/23/24

Payable To: BRYAN MCNEAL

Department:

Title:

Address: 1217 LIVORNO DR

Address:

City/State/Zip: ROCKWALL TX 75032
City State Zip Code

It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.

Purpose of Trip: (Attach Seminar, Training or Conference Flyers)
VISIT WITH LEGISLATION SPEAK ON WATER/MUDS

Destination: AUSTIN (CAPITOL)

Date(s) of Meeting:

Part 2 Travel Request Expense Worksheet

Expense Categories: (detailed receipts required)	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	400	0.67 ~~$0.6550~~		$ 268.00	DRIVING
Airfare					
Registration fees					
Public Transportation					
Lodging	1			1321.80 ~~1311.79~~	DRUKILL (HYATT)
Tips / Gratuities					
Parking/Other (Valet is not reimbursable)					
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations					
Summary Totals:>>>>>>>>>>>>>>>>>			$ -	$1589.80 ~~1609.79~~	

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ -
Total: Actual Expenses (B)	$ -
Advance Amount Requested:	$
Amount to be Paid by City:	$
Amount Reimbursed to Employee:	$ -

If Advances (A) exceed Expenses (B), the difference must be repaid to the City. If Expenses (B) exceed Advances (A), the difference will be paid to the employee

Employee Signature: Date: 9/23/24

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct

Director/Other Approval: Date:

Finance Approval: Date:

City Manager Approval: Date: 09/23/2024

FINANCE DEPARTMENT USE ONLY:

Vendor No.

Invoice No.

Invoice Date:

CITY OF McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request: August 21, 2024

Department: City Council

Payable To: Mayor Bryan McNeal

Title: Mayor

Address:

Address:

City/State/Zip:

City State Zip Code

It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.

Purpose of Trip: (Attach Seminar, Training or Conference Flyers) TML Annual Training

Destination: Houston, Texas

Date(s) of Meeting: October 8-11, 2024

Part 2 Travel Request Expense Worksheet

Expense Categories: (detailed receipts required)	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	512	$ 0.~~6550~~ 67		$ 343.04	TRAVEL/DRIVE 343.04
Airfare					
Registration fees	1	$400	$400	$400	
Public Transportation	1	15.03		15.03	UBER 15.03
Lodging	1	$259	$ 906.92	$ 906.92	
Tips / Gratuities		54.-		54.-	TIPS 54.00
Parking/Other (Valet is not reimbursable)		214.21		214.21	PARKING 214.21
Meals: Meals are not reimbursable if provided in conference registration fees Meals associated with day travel are subject to IRS income tax withholding regulations.		438.47		438.47	MEALS 438.47
Summary Totals:>>>>>>>>>>>>>>>>>			$ -	$ -	

BUDGETARY ACCOUNT CODE: GF # 64802

Employee Signature: Date: 10/14/24

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct

Director/Other Approval: Date:

Finance Approval: Date:

City Manager Approval: Date: 8/21/2024

Total: Pre-Paid Expenses (A)	$ -
Total: Actual Expenses (B)	$ -
Advance Amount Requested:	$
Amount to be Paid by City:	$
Amount Reimbursed to Employee:	$ 1064.75

If Advances (A) exceed Expenses (B), the difference must be repaid to the City If Expenses (B) exceed Advances (A), the difference will be paid to the employee

FINANCE DEPARTMENT USE ONLY:

Vendor No.

Invoice No. Invoice Date:

BRYAN McNEAL

CITY OF McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request: 11/18/24

Department: City Council

Payable To: BRYAN McNEAL

Title: Mayor

Address: 1217 LIVORNO DR

Address:

City/State/Zip: ROCKWALL TX 75032
City State Zip Code

It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.

Purpose of Trip: (Attach Seminar, Training or Conference Flyers)
VISIT ON MUD's / WATER HEARING

Destination:
STATE CAPITOL

Date(s) of Meeting:
11/17/24 & 11/14/24

Part 2 Travel Request Expense Worksheet

Expense Categories: (detailed receipts required)	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	437	$ 0.6550		$ -	
Airfare		FY24 .67		292.79	292.79
Registration fees					
Public Transportation					
Lodging	536.25				536.25
Tips / Gratuities					
Parking/Other (Valet is not reimbursable)					
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations					
Summary Totals:>>>>>>>>>>>>>>>>>			$ -	$ -	829.04

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ —
Total: Actual Expenses (B)	$ -
Advance Amount Requested:	$
Amount to be Paid by City:	$
Amount Reimbursed to Employee:	$ 829.04

If Advances (A) exceed Expenses (B), the difference must be repaid to the City. If Expenses (B) exceed Advances (A), the difference will be paid to the employee.

Employee Signature: Date: 11/18/24

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct

Director/Other Approval: Date:

Finance Approval: Date:

City Manager Approval: Date: 11/18/2024

FINANCE DEPARTMENT USE ONLY:

Vendor No.

Invoice No. Invoice Date:

CITY OF McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request: JAN 7, 2025

Department:

Payable To: BRYAN MCNEAL

Title:

Address: 1217 LIVORNO DR

Address:

City/State/Zip: ROCKWALL, TX 75032
City State Zip Code

It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.

Purpose of Trip: (Attach Seminar, Training or Conference Flyers)
VISIT W/ CONGRESSMAN FALLON, TED CRUZ STAFF, DEPT OF INTERIOR

Destination: WASHINGTON DC

Date(s) of Meeting: 1/3/25 - 1/4/25

Part 2 Travel Request Expense Worksheet

Expense Categories: (detailed receipts required)	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)		$ 0.6550		$ -	
Airfare					
Registration fees					
Public Transportation				$665.73	$665.73
Lodging					
Tips / Gratuities					
Parking/Other (Valet is not reimbursable)				$128.-	$128.-
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations.			$322.-	$440.22	$118.22
Summary Totals:>>>>>>>>>>>>>>>>>			$ -	$ 911.95	911.95

NO/ 92/ day

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ 322.-
Total: Actual Expenses (B)	$ -
Advance Amount Requested:	$
Amount to be Paid by City:	$
Amount Reimbursed to Employee:	$ 911.95

Employee Signature: Date: 1/7/25

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct.

Director/Other Approval: Date:

If Advances (A) exceed Expenses (B), the difference must be repaid to the City. If Expenses (B) exceed Advances (A), the difference will be paid to the employee

Finance Approval: Date:

FINANCE DEPARTMENT USE ONLY:

Vendor No.

City Manager Approval: Date:

Invoice No. Invoice Date:

CITY OF McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request: 1/15/25

Department:

Payable To: BRYAN McNEAL

Title:

Address:

Address:

City/State/Zip:

City State Zip Code

It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.

Purpose of Trip: (Attach Seminar, Training or Conference Flyers)

Destination:

Date(s) of Meeting:

Part 2 Travel Request Expense Worksheet

Expense Categories: *(detailed receipts required)*	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	504	.70 ~~$ 0.6550~~		$ 352.80	$352.80
Airfare					
Registration fees					
Public Transportation					
Lodging					
Tips / Gratuities				45.00	$45.00
Parking/Other (Valet is not reimbursable)				5.00	$5.00
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations.					$522.30
Summary Totals:>>>>>>>>>>>>>>>>			$ -	$ -	$925.10

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ -
Total: Actual Expenses (B)	$ -
Advance Amount Requested:	$
Amount to be Paid by City:	$
Amount Reimbursed to Employee:	$ $925.10

Employee Signature: Date: 1/15/25

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct

Director/Other Approval: Date:

If Advances (A) exceed Expenses (B), the difference must be repaid to the City If Expenses (B) exceed Advances (A), the difference will be paid to the employee

Finance Approval: Date:

FINANCE DEPARTMENT USE ONLY:

Vendor No.

City Manager Approval: Date:

Invoice No. Invoice Date:

City of McLendon-Chisholm, Texas

Per Diem Check Request

Date of Request: 2/20/25	Department:
Payable To: Bryan McNeal	Title: Mayor
Address: 1217 Livorno Dr.	
City/State/Zip: Rockwall, TX 75032	
Purpose of Trip:	
National League of Cities	
Destination:	Date(s) of Travel:
Washington D.C.	March 9-13, 2025

Per Diem:	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
First/Last Day	2	69		$ 138.00	$ -
Full Day	3	92		$ 276.00	$ -
Summary Totals >>>>>>>>>>>>>>>			$ -	$ 414.00	$ -

BUDGETARY ACCOUNT CODE: 100-648-64802

Employee Signature:	Date:
Dept Mgr Approval	Date:
Finance Approval: Jeff White	Date: 2/20/25
City Manager Approval:	Date:

City of McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request:	2/20/25	Department:	
Payable To:	BRYAN MCNEAL	Title:	
Address:	1217 CIVORNO DR	It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.	
Address:			
City/State/Zip:	ROCKWALL (City) TX (State) 75032 (Zip Code)		

Purpose of Trip: (Attach Seminar, Training or Conference Flyers)

AUSTIN - LEGISLATION & WATER ATTORNEY MEETING

Destination:	Date(s) of Meeting:
CAPITOL / BICKERSTAFF LAW FIRM	17, 18, 19

Part 2 Travel Request Expense Worksheet

Expense Categories: (detailed receipts required)	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	486.	$ 0.7000	0.	$ 340.20	$ 340.20
Airfare				$ -	$ -
Registration fees				$ -	$ -
Public Transportation				$ -	$ -
Lodging				$ -	$ -
Tips / Gratuities				$ -	$ -
Parking/Other (Valet is not reimbursable) PER DIEM	360.—	SEE ATTACH	0.	$ 360.00	$ 360.—
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations.				$ -	$ -
Summary Totals >>>>>>>>>>>>>>>			$ -	$ -	$ 700.20

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ -
Total: Actual Expenses (B)	$ 700.20
Advance Amount Requested:	
Amount to be Paid by City:	$ -
Amount Reimbursed to Employee:	$ 700.20

Employee Signature: Date: 2/20/25

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct.

Director/Other Approval: Date: 2/20/25

If Advances (A) exceed Expenses (B), the difference must be repaid to the City. If Expenses (B) exceed Advances (A), the difference will be paid to the employee.

Finance Approval: Date: 2/20/25

FINANCE DEPARTMENT USE ONLY:

Vendor No.

City Manager Approval:

City of McLendon-Chisholm, Texas

TRAVEL REQUEST / TRAVEL EXPENSE REPORT

Part 1 Travel Request

Date of Request:	2/14/2025	**Department:**	
Payable To:	Bryan McNeal	**Title:**	
Address:	1217 Livorno Dr	It is the City's policy to pay for, or reimburse, all reasonable and necessary expenses incurred by an employee when the employee travels out of town on City related business.	
Address:			
City/State/Zip:	Rockwall (City) Tx (State) 75032 (Zip Code)		

Purpose of Trip: (Attach Seminar, Training or Conference Flyers)

Rockwall County Days

Destination:	**Date(s) of Meeting:**
Austin	2/9-2/12

Part 2 Travel Request Expense Worksheet

Expense Categories: *(detailed receipts required)*	Units / Amount	Rate	Pre-Paid Expenses	Actual Expenses	Summary Total of All Expenses:
Mileage (IRS Rates Apply unless otherwise directed)	471	$ 0.7000		$ 329.70	$ 329.70
Airfare				$ -	$ -
Registration fees				$ -	$ -
Public Transportation				$ -	$ -
Lodging				$ -	$ -
Tips / Gratuities				$ -	$ -
Parking/Other (Valet is not reimbursable)				$ -	$ -
Meals: Meals are not reimbursable if provided in conference registration fees. Meals associated with day travel are subject to IRS income tax withholding regulations.				$ -	$ -
Summary Totals >>>>>>>>>>>>>>>			$ -	$ 329.70	$ 329.70

BUDGETARY ACCOUNT CODE:

Total: Pre-Paid Expenses (A)	$ -
Total: Actual Expenses (B)	$ 329.70
Advance Amount Requested:	
Amount to be Paid by City:	$ 329.70
Amount Reimbursed to Employee:	$ 329.70

Employee Signature: _____ **Date:** _____

By signing this expense form, I hereby certify that the above itemization and detail receipts are true and correct.

Director/Other Approval: _____ **Date:** 2/20/25

If Advances (A) exceed Expenses (B), the difference must be repaid to the City. If Expenses (B) exceed Advances (A), the difference will be paid to the employee.

Finance Approval: _____ **Date:** 2/20/25

FINANCE DEPARTMENT USE ONLY:

Vendor No. _____

City Manager Approval: