

TOWN OF ST. JOHN, LAKE COUNTY, INDIANA

RESOLUTION #03-04-24B

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF ST. JOHN, LAKE COUNTY, INDIANA, REQUESTING THE STATE BOARD OF ACCOUNTS APPROVE THE USE OF A REQUEST TO PURCHASE AND TRAVEL EXPENDITURE VOUCHER FOR ALL MUNICIPAL DEPARTMENTS OF THE TOWN OF ST. JOHN, LAKE COUNTY, INDIANA.

WHEREAS, the Town Council of the Town of St. John finds that it is beneficial to utilize certain forms to better track the general expenditures of the various municipal departments; and

WHEREAS, for the general record keeping purposes of all municipal departments of the Town of St. John, Lake County, Indiana, it is necessary to have uniform applications to report expenditures and purchases; and

WHEREAS, certain forms have been created to insure the proper reporting requirements, as set forth by the State Board of Accounts, are being satisfied by the Town.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF ST. JOHN, LAKE COUNTY, INDIANA:

SECTION ONE:

That the Town of St. John adopts the "Request To Purchase" and the "Town of St. John Travel Expense Voucher", ~~along with any updates and revisions provided in the future~~ for use by the Town of St. John, Lake County, Indiana. *JK*

ALL OF WHICH IS RESOLVED THIS 24th DAY OF APRIL, 2003.

TOWN OF ST. JOHN, LAKE COUNTY,  
INDIANA, TOWN COUNCIL

*Michael S. Forbes*  
MICHAEL S. FORBES, President

*Jerome J. Rudy*  
JEROME J. RUDY

*Gregory J. Volk*  
GREGORY J. VOLK

*William M. Winterhaler*  
WILLIAM M. WINTERHALER

*Kristie L. Aldridge*  
KRISTIE L. ALDRIDGE

ATTEST:

*Sherry P. Sury*  
SHERRY P. SURY,  
Clerk-Treasurer

RES #03-04-24B

# REQUEST TO PURCHASE



**SUBMITTED BY:**

DEPARTMENT HEAD: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**VENDOR INFORMATION:**

COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

**Do not include appropriation number, if unknown.**

APPROP NUMBER	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

**Notes and special instructions:**

**TOTAL**

**This purchase exceeds \$1,200.00. The following Town Council Members have approved this request.**

\_\_\_\_\_ MICHAEL S. FORBES  
 KRISTIE L. ALDRIDGE  
 \_\_\_\_\_ GREGORY J. VOLK  
 JEROME J. RUDY  
 \_\_\_\_\_  
 WILLIAM M. WINTERHALER

**APPROVED BY:**

STEPHEN Z. KIL, TOWN MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

## TOWN OF ST. JOHN TRAVEL EXPENSE VOUCHER

EMPLOYEE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

METHOD OF PAYMENT:  TOWN CREDIT CARD  PAID BY EMPLOYEE

**A separate voucher is needed for personal reimbursement and Town credit card charges. All charges MUST be supported by original receipts and turned in to the Clerk-Treasurer's Office within five days of return from trip.**

EVENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

TRAVEL ARRANGEMENTS:  TOWN VEHICLE  PERSONAL VEHICLE  AIR  TRAIN  BUS  OTHER \_\_\_\_\_

TOWN VEHICLE	START ODOMETER READING	END ODOMETER READING	TOTAL MILEAGE
			0.0

PERSONAL VEHICLE		RATE	RATE	TOTAL MILEAGE CLAIM
START ODOMETER READING		599 miles or less @ \$.365 per mile	600 miles or more @ \$.1825 per mile	
END ODOMETER READING		X X X X X X X X X X X	X X X X X X X X X X X	
TOTAL MILES	0.0			\$ 0.00

If travel distance is under 300 miles one-way, mileage, up to 599 miles, will be reimbursed at the maximum IRS rate (\$.365 per mile).  
If travel distance is over 300 miles one-way, total mileage will be reimbursed at one-half the maximum IRS rate (\$.1825 per mile).

TRAVEL COSTS (Air, train, bus, rental):	CAB FARES	PARKING	TOLLS	GASOLINE	OTHER*
\$	\$	\$	\$	\$	\$

Please list "Other" travel costs below.

MEALS	Will be reimbursed up to a maximum of: Breakfast, \$10.00; Lunch \$15.00; and Dinner, \$25.00.								TOTAL MEALS
DAY/DATE									
B, L, or D									
AMOUNT	\$	\$	\$	\$	\$	\$	\$	\$	
TIP	\$	\$	\$	\$	\$	\$	\$	\$	
SUBTOTAL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

If claiming reimbursement for more than one eligible person please identify the date/day and list the person below.

LODGING	Provider:								TOTAL LODGING
DAY/DATE									
AMOUNT	\$	\$	\$	\$	\$	\$	\$	\$	
TAX	\$	\$	\$	\$	\$	\$	\$	\$	
SUBTOTAL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

TOTAL TRAVEL EXPENSES \$ 0.00

I hereby certify that the foregoing is just and correct, that the amount is legally due after allowing all just credits, and that no part of the same has been paid. If any charges are determined to be inappropriate or unnecessary, at the discretion of the Town, I hereby agree to reimburse the Town for said charges upon

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_