



EXHIBIT C
2020 Democratic National Convention
DNC Reimbursement Request Form



Assisting Agency:		
Prepared By:	Contact Phone's #:	Signature:
Approved By:	Contact Phone's #:	Signature:

Personnel Costs																		
	Number of Personnel	Total Regular Hours	Total Overtime Hours	Total Regular Cost	Total Overtime Cost	Total Regular and Overtime Cost												
				\$ -	\$ -	\$ -												
<p align="center"><u>Three sets of documentation are required:</u></p> <p>a. Outside Agency Tracking Form. These forms were signed off on by the personnel during the event and in the possession of the City of Milwaukee (City). If you are in possession of any of these timesheets, please provide them to the City as soon as possible.</p> <p>b. Daily work records/work logs, time and attendance records, payroll registers. This includes whatever your typical system is to track payroll. This will be submitted as part of the reimbursement package. These records will be reconciled against the timesheets in order to approve final reimbursement. For this reason, these records should show information such as hourly rates, number of hours worked, total amount of personnel expense, etc.</p> <p>c. Final payroll costs submitted with reimbursement request (Reimbursement of Personnel Costs Worksheet – Outside Agencies and Reimbursement Request Form).</p>						<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Pension Rate</td><td align="right">0.00%</td></tr> <tr><td>FICA Rate</td><td align="right">0.00%</td></tr> <tr><td>Medicare Rate</td><td align="right">0.00%</td></tr> <tr><td>Other Benefits Rate</td><td align="right">0.00%</td></tr> <tr><td>Total Fringe</td><td align="right">\$ -</td></tr> <tr><td>Total Wages</td><td align="right">\$ -</td></tr> </table>	Pension Rate	0.00%	FICA Rate	0.00%	Medicare Rate	0.00%	Other Benefits Rate	0.00%	Total Fringe	\$ -	Total Wages	\$ -
Pension Rate	0.00%																	
FICA Rate	0.00%																	
Medicare Rate	0.00%																	
Other Benefits Rate	0.00%																	
Total Fringe	\$ -																	
Total Wages	\$ -																	

Food Per Diem Costs (Travel Days only)				
Meals: Travel days will be paid at 75% as stipulated by federal regulations. https://www.gsa.gov/travel/plan-book/per-diem-rates	Number of Officers	Number of Days (Combine To and From - Prorated)	Federal Per Diem Food Rate (Travel Days)	Total Cost
Note: Travel day meal per diems will not be reimbursed for outside agencies that are within 100 miles of Milwaukee.			\$ 49.50	\$ -

Transportation Costs (Travel Days only)				
Airfare: Receipt from airline or travel agent indicating name of traveler, dates of travel and total cost of ticket; receipt from airline indicating name of traveler, dates and cost of any baggage fees assessed; and boarding passes.	Number of Officers	Number of Tickets	Average Airfare Price (Per Round Trip)	Total Cost
			\$ -	\$ -
Auto reimbursement: Google map showing vehicle route to and from Milwaukee. Mileage reimbursed at federally approved rates: https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/private-owned-vehicle-pov-mileage-reimbursement-rates <ol style="list-style-type: none"> Motorcycles – \$0.XX/mile – This includes fuel. Private Vehicles - \$0.XX/mile – This includes fuel. Gov't Owned Vehicles - \$0.XX/mile – This includes fuel. 	Number of Vehicles	Total Miles (Combine to and From)	Mileage Rate	Total Cost
			\$ -	\$ -
Bus/Vehicle Rentals: Contract cost of rental vehicles or buses; highway and bridge toll fees.		Number of Buses/Rented Vehicles	Cost Per Bus/Rented Vehicle	Total Cost
			\$ -	\$ -

Additional Requested Costs (Not Listed Above)		
Additional Expenses: Please provide a detailed description and total cost for any additional expenses not listed specifically on this form where reimbursement is being requested. Please be aware of any applicable federal per diem rates related to your request.	Description of Additional Cost	Amount of Total Cost
Please provide any supporting documentation and/or calculations that will help facilitate the review of your request. Example: If your trip to and from Milwaukee will require overnight lodging, please provide the number of officers who required this accommodation and the invoice for the total cost of the lodging. NOTE: Any reimbursement under this section must be preapproved in Writing by the City and such preapproval shall be attached to this form.		\$ -
		\$ -
		\$ -

Total Request for Reimbursement		
All expenses incurred as described in the Intergovernmental Agreement and Estimate Cost Forms (ECF) are eligible for reimbursement. The costs initially provided were estimates and require documentation for final approval and reimbursement. Note: Credit card statements are not considered a valid document for the purposes of reimbursement.	Salary	\$ -
	Per Diem	\$ -
	Transportation	\$ -
	Additional Expenses	\$ -
	Total Cost	\$ -

Please feel free to contact the following City of Milwaukee Personnel with any questions you may have:
 Rhonda Kelsey 414-286-3639
 Dennis Yaccarino 414-286-8552 Andrea Fowler 414-286-5563