Exhibit B: Republican National Convention Reimbursement

☐ Check **Estimate** (fill out this form as an estimate when signing the Agreement)

☐ Check **Final** (fill out this form with final information when filing your final reimbursement request after the Convention)

Contractor:

Prepared By: **Contact Phone's #:** **Email**

Approved By: **Contact Phone's #:** **Email**

Payroll Costs

Pension Rate	0.00%
FICA Rate	0.00%
Medicare Rate	0.00%
Workers' Comp. Benefits Rate	0.00%

Directions for this form when completing the "Estimate": Please fill out the entire form in Microsoft Excel. Return the form to Milwaukee in Excel format. Milwaukee will review this form and respond with any requested edits. When all information has been agreed to by both Milwaukee and Contractor, Milwaukee will pdf the form and return it to Contractor as part of the Agreement through DocuSign.

Direction for this form when completing the "Final" cost reimbursement: Please fill out the entire form in Microsoft Excel and send it to Milwaukee. Milwaukee will review and respond with any requested edits. When all information has been agreed to by both Milwaukee and Contractor, Milwaukee will pdf the form and return it to Contractor through DocuSign.

Contractor Employee's Name	Number (enter "1" for each)	Payroll ID	Service Dates	Rank	Regular Hourly Rate	OT Hourly Rate	Projected Regular Hours	Projected OT Hours	Total Salary Expense	Fringe [auto filled from above]	Projected Total Expense with Fringe
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00

					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00
					$0.00	$0.00	0	0	$0.00	$0.00	$0.00

					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
					$0.00	**$0.00**	**0**	**0**	**$0.00**	**$0.00**	$0.00
Totals:	**0**						**0**	**0**	**$0.00**	**$0.00**	**$0.00**

Food Per Diem Costs

Meals will be reimbursed at federal GSA standard rates for Milwaukee: $59/day for non-travel days and $44/day for days traveling to and from Milwaukee. Personnel who commute more than 50 miles each way to and from Milwaukee and work at least a 12 hour shift in Milwaukee will receive the full day rate, and should mark all days as "non-travel days;" personnel who commute to and from Milwaukee more than 50 miles each way and work at least an 8 hour shift but less than a 12 hour shift will receive the travel rate and should mark all days as "travel." **Assisting Fire Departments will receive meals but will not receive a per diem and should mark "0" for all fields in this section.**	**Number of Personnel (Auto Fills)**	**Total Number of Days Worked NOT Including Travel Days**	**Number of Travel Days**	**Total Cost**
				$ -

Transportation Costs (Travel Days only)

Airline Travel. Air travel will be reimbursed for reasonable costs of commercial economy class airfare if driving will take more than one 8 hour day based on a Google Map search. When filing your "final" reimbursement request, include receipt from airline or travel agent indicating name of traveler, dates of travel and total cost of ticket (itemizing cost of any baggage fees assessed).	**Number of Ticketed Personnel**	**<u>Estimated</u> Price Per Ticket (mark "0" in <u>Final</u> reimbursement request)**	**Actual Price Per Ticket (mark "0" in <u>Estimate</u>)**	**Total Cost**
		$ -	$ -	**$ -**
Car/Truck Travel: Milwaukee will reimburse car/truck travel at GSA standard rates of $0.21/mile (including fuel) <u>in government-owned or government-rented vehicles only</u>. <u>If you are renting a vehicle</u>, you must procure the vehicle rental contract following all procurement rules established at 2 CFR 200. It is highly recommended that you contact Milwaukee before renting a vehicle. Mileage is to be calculated using Google Maps and a printout must be filed with your final reimbursement request.	**Number of Vehicles**	**Total Miles (Combine to and From)**	**Mileage Rate/Mile**	**Total Cost**
			$ 0.21	**$ -**
Motorcycle Travel: Milwaukee will reimburse at the GSA standard rate of $0.65/mile (including fuel) for motorcycle travel <u>in government-owned or government-rented vehicles only</u>. <u>If you are renting a vehicle</u>, you must procure the vehicle rental contract following all procurement rules established at 2 CFR 200. It is highly recommended that you contact Milwaukee before renting a vehicle. Mileage is to be calculated using Google Maps and a printout must be filed with your final reimbursement request.	**Number of Vehicles**	**Total Miles (Combine to and From)**	**Mileage Rate/Mile**	**Total Cost**
			$ 0.65	**$ -**
Bus Rentals: Provide copy of PO or invoice when filing final reimbursement request. Rental contract must be provided upon request.		**Number of Buses/Rented Vehicles**	**Cost Per Bus/Rented Vehicle**	**Total Cost**
			$ -	$ -
Transportation Total				$ -

Additional Requested Costs (Not Listed Above)

Additional Expenses: 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.

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 estimate/invoice per room for the total cost of the lodging.

NOTE: Any reimbursement under this section that are not included in the approved Estimate must be preapproved In Writing by the City and such preapproval shall be attached to this form.

Description of Additional Cost	Amount of Total Cost
	$ -
	$ -
Total	**$** -

Equipment

Equipment Name	Dates of Use	# Days	Written Cost Calculation (e.g., daily rate of $100 x 4 days + estimated fuel costs of $300)	Total Cost
Total				**$** -

Total Request for Reimbursement

Salary	$0.00
Meals Per Diem Costs	-
Transportation	-
Additional Expenses	-
Total Cost	**$** -