

### Exhibit A-1: Republican National Convention Contractor 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%	<p><b>Directions for this form when completing the "Estimate":</b> 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.</p> <p><b>Direction for this form when completing the "Final" cost reimbursement:</b> 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.</p>
FICA Rate	0.00%	
Medicare Rate	0.00%	
Workers' Comp. Benefits Rate	0.00%	

[illegible]

[illegible]

					\$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

<b>Additional Requested Costs (Not Listed Above)</b>						
<b>Additional Expenses:</b> 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. <b>Example:</b> 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. <b>NOTE:</b> 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.			<b>Description of Additional Cost</b>		<b>Amount of Total Cost</b>	
					\$ -	
					\$ -	
			<b>Total</b>		<b>\$ -</b>	
<b>Equipment</b>						
<b>Equipment Name</b>	<b>Dates of Use</b>	<b># Days</b>	<b>Written Cost Calculation (e.g., daily rate of \$100 x 4 days + estimated fuel costs of \$300)</b>	<b>Total Cost</b>		
<b>Total</b>				<b>\$ -</b>		
<b>Total Request for Reimbursement</b>						
			Salary		\$0.00	
			Meals Per Diem Costs		-	
			Transportation		-	
			Additional Expenses		-	
			<b>Total Cost</b>		<b>\$ -</b>	