Exhibit A-1: Republican National Convention Contractor Reimbursement Check Estimate (fill out this form as an estimate when signing the Agreement) Final (fill out this form with final information when filing your final reimbursement request after the Convention) Check Contractor: Contact Phone's #: Email Prepared By: Email Approved By: Contact Phone's #: Payroll Costs 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. Pension 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 Rate 0.00% pdf the form and return it to Contractor as part of the Agreement through DocuSign. FICA 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 Rate 0.00% 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. Medicare Rate 0.00% Workers' Comp. Benefits Rate 0.00% Projected Fringe [auto Projected Total Number (enter "1" Service Regular OT Hourly Regular Projected Total Salary filled from Expense with Payroll ID OT Hours Dates Hourly Rate Contractor Employee's Name for each) Rank Rate Hours Expense above] Fringe \$0.00 \$0.00 \$0.00 \$0.00 0 0 \$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 \$0.00 \$0.00 0 0 \$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 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 0 \$0.00 0 \$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 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 0 \$0.00 0 \$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 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 0 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 0 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 0 0 \$0.00 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 \$0.00 0 \$0.00 0 \$0.00 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 0 0 \$0.00

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Totals: Food Per Diem Costs	0						0	0	\$0.00	\$0.00	\$0.00
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. 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). 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> . If you are renting a vehicle, you must procure the vehicle rental contract following all procurement rules established at 2 CFR 200. It is highly recommended that you contact			0 Number of Ticketed Personnel		Estimated Price Per Ticket (mark "0" in <u>Final</u> reimbursement request) \$		Actual Price Per Ticket (mark		Total Cost Total Cost Total Cost		
Milwaukee before renting a vehicle. Mileage is to be calculated using Google Maps and a printout must be filed with your final reimbursement request. Motorcycle Travel: Milwaukee will reimburse at the GSA standard rate of \$0.65/mile (including fuel) for motorcycle travel in government-owned or government-rented vehicles only. If you are renting a vehicle, 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.		f				\$ 0.21		\$	-		
		Number of Vehicles		Total Miles (Combine to	and From)	Mileage Rat	e/Mile 0.65	Total Cost			
Bus Rentals: Provide copy of PO or invoice when filing final reimbursement				I ent request. Rental contract		Number of					-
must be provided upon request.						Buses/Rented Vehicles Cost Per Bus/F		/Rented Vehicle	Total Cost		
								\$	-	\$	-
Transportation Total											\$ -

Additional Requested Costs (N	lot Listed Above)					
Additional Expenses: Provide a	a detailed description and tot	al cost for any				
additional expenses not listed s	specifically on this form wher	e	Description of Additional Cost	Amount of Total Cost		
reimbursement is being reques	sted. Please be aware of any a	applicable	Description of Additional Cost			
federal per diem rates related t	to your request.					
					\$ -	
Please provide any supporting	documentation and/or calcul	ations that				
will help facilitate the review of	f your request. Example: If yo	our trip to and				
from Milwaukee will require ov	vernight lodging, please provi	ide the				
number of officers who require	ed this accommodation and t	he				
estimate/invoice per room for	the total cost of the lodging.				\$ -	
NOTE: Any reimbursement un	der this section that are not	included in				
the approved Estimate must b	e preapproved In Writing by	the City and				
such preapproval shall be atta	ched to this form.					
			_			
			Total	\$ -		
Equipment	1	T				
Equipment Name Dates of Use # Days			Written Cost Calculation (e.g., daily rate of \$100 x 4 days + est			
			\$300)	Total Cost		
Total					\$ -	
Total Request for Reimbursem	nent					
			Salary		\$0.00	
			Meals Per	Diem Costs	-	
			Transport	ation	-	
			Additiona	l Expenses	-	
			Total Cos	\$ -		