



**Finance Department** 

## REFUND REQUEST

riease check one. If exis						
New Vendor		Existing Vendor	Vendor Nun	nber: <i>999012</i>		
Company or Vendor N	lame: Ta	ri Renner				
Phone:						
E-mail:						
Address Information:						
Remit Address	s: Adminis	stration				
Street						
PO Box						
City						
State						
Zip						
Accounting Information Account Code:		Amount: 36.55				
		Amount: 30.33		-		
10011110		1-1-1-1				
79992		<del></del>				
26 9002 Other Information:						
Water Service Address						
	- 1		49/			
Parking Card	0				100	
Program/Event Other						109 East Olive Street
						Post Office Box 3157
Reason: Business Meal - T.Renner, M.	41.00					Bloomington, Illinois
Business Meat - 1. Kenner, N.	i.Lee					61702-3157
Cubusida d barr						309-434-2333 tel
Submitted by: Authorized Signature	T	De Ras				309-434-2874 fax
Department Department	Adminis					For Hearing Impaired
		Administration (309) 434-2210			TTY 309.829.5115	
Phone Date Needed has	(309) 434	4-2210				an equal opportunity
Date Needed by						employer
Finance Use Only:						
Vendor Number:						
Vendor Type:		Refund				
Date Recd						
Date Established						

Pennant Remarable Biassi's Chasic Ristorante Italiana Ristorante Italiano 1501 N. Veterans Parkway Bloomington, IL 61704 309-661-8322

Server: TEAM 1 01:38 PM Table 43/1

DOB: 12/19/2017 12/19/2017

2/20017

SALE

Visa.

2097165

Card #XXXXXXXXXXXX

Magnetic card present: RENNER TARI

Card Entry Method: S

4pproval: 010740

Arrount:

\$40.48

+ Tip: \_

= Total: \_

I agree to pay the above total amount according to the card issue agreement.

\*\* CUSTOMER COPY \*\*

Biacci's Ristorante Italiano 1501 N. Veterans Parkway Bloomington, IL 61704 309-661-8322

Server: TEAM 1	12/19/2011
Table 43/1	1:33
liuests 2	25
Reprint #: 1	
Area: Dining Room	
Arnold Palmer (2 @2.79)	* 18
Tuscan Minestrone	1 44
Chicken Marsala	10 86 %
Frime Rib & 3 Cheese	12,59
Arnold Palmer Refill	0.00

Subtotal 36.55 lax 3.93

l'ota | 40.48

Balance Due

40.48

Give the Gift of Great Taste With Biaggi's Gift Cards WWW.BIAGGIS.COM



## CITY COUNCIL MEAL REIMBURSEMENT REQUEST

Requested By: Mayor Tari Renner					A/P Vendor#				
Street					Date Check Needed:				
РО В						Account Codes:	Amount:		
City/S	State/Zip					10011110	\$15.78		
Phon	e:					79992			
E-ma	il:					269002			
	Date of Meal:	12/19/17							
	Meal Provider:		Biaggi's - Bloomington, IL						
Amount Requested: \$15.78									
	<b>Business Purpose:</b>	Discussion of	Discussion of administration and appointments						
Attendee Name:			Title:			Interest:			
M. Lee			Chair, Housing Authority	Discu	cussion of administration and appointments				
Request	or's Signature:								
Finance	Director Signature:								

Meals. The following meals may be reimbursed:

(1) meals associated with City business when the business meal is with one or more representatives of another local, state or national government agency, who is meeting in their official capacity for that unit of government, to discuss a policy position of the City that involves the other local, state or national government agency;

(2) meals associated with City business when the business meal is with a developer, business owner, or representative of a community organization where the primary purpose is to discuss a City initiative or proposal involving the City and the other party to the meal; and

(3) meals while attending, in the official capacity of a City elected official, a conference, seminar or meeting located outside of Bloomington-Normal.

Gratuities are limited to a maximum of 20% of the total bill. Unless other criteria are met, meals with other City Elected Officials to discuss City business shall not be subject to reimbursement. The meals of those dining with the elected official shall not be subject to reimbursement by the City.