

Jump River Electric Cooperative
 1102 W 9th Street North, PO Box 99
 Ladysmith WI 54848
 PH: 715-532-5524 FAX: 715-532-3065

Jerry Carow

MONTH/YR: November 2018

EXPENSE STATEMENT

Director Name: Jerry Carow

Date	Description	Motel	Mileage	Mileage Amt	Parking	Meals/Tips	Per Diem	Other	TOTAL
11 27 2018	Monthly Board Meeting						\$350.00		350
11 14 2018	WECA Annual mtg La Crosse						350		350
11 15 2018	WECA Annual mtg La Crosse						350		350
Totals							1050		1050

Signature *Jerry Carow*

Number of Hours Spent During the Month Performing Director Duties: 102

*Mileage = \$.545/mile to Ladysmith \$0.00
 *Mileage = \$.545/mile to Hayward \$0.00
 Account 5483

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Joe J.

MONTH/YR: NOV. 2018

EXPENSE STATEMENT

Director Name: Walter Kruk

Date	Description	Motel	Mileage	Mileage Amt	Parking	Meals/Tips	Per Diem	Other	TOTAL
11/27	Monthly Board Meeting	—	—	—	—	—	\$300.00	—	300 ⁰⁰
11/14	WECA ANNUAL MEETING	—	404	220 ¹⁸	—	—	300 ⁰⁰	—	520 ¹⁸
11/15	WECA ANNUAL MEETING	—	—	—	—	—	300 ⁰⁰	—	300 ⁰⁰
Totals		—	404	220 ¹⁸	—	—	900 ⁰⁰	—	1,120 ¹⁸

Signature *W. Kruk*

Number of Hours Spent During the Month Performing Director Duties:

*Mileage = \$.545/mile to Ladysmith

128 \$69.76

30

*Mileage = \$.545/mile to Hayward Account 5597

4 \$2.18

Donald J. ...

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James A. Reich
J. Reich

MONTH/YR: November 2018

EXPENSE STATEMENT

Director Name: Jane Reich

Date	Description	Motel	Mileage	Mileage Amt	Parking	Meals/Tips	Per Diem	Other	TOTAL
11-27	Monthly Board Meeting		54	29.43			\$300.00		329.43
Totals			54	29.43			300.00		329.43

Signature Jane A. Reich

Number of Hours Spent During the Month Performing Director Duties: 18 hrs.

*Mileage = \$.545/mile to Ladysmith

54 \$29.43

*Mileage = \$.545/mile to Hayward Account 5379

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[Handwritten Signature]

CREDIT CARD

EXPENSE STATEMENT

NOV. 2018

Director Name: Walter Kruk

Date	Description	Motel	Parking	Meals/Tips	Other	TOTAL
11/14	LUNCH	—	—	17.72	—	17.72
11/14	LUNCH	—	—	18.22	—	18.22
Totals				35.94		35.94

Signature *W. Kruk*

Receipts of business expenses listed above should be attached in order to receive reimbursement.