

REGISTRATION INFORMATION

TRAVEL EXPENSE STATEMENT

HOTEL INFORMATION

1. TRAVELER'S NAME: Reginald Sessions
 2. DEPARTURE DATE: 10/8/2019
 3. RETURN DATE: 10/8/2019
 4. DESTINATION: Tallahassee, FL
 5. CODE CHARGE: _____
 6. AMT BUDGETED: _____
 7. BALANCE AVAILABLE: _____

DATE: 10/8/2019
 DEPARTMENT: City Commission
 DEPARTURE TIME: 5:30 a.m.
 RETURN TIME: 1:00 a.m.
 PURPOSE: Ethics Complaint Fee

Expenses must comply with City Code of Ord 1-158.
 Per Diem Allowance \$50.00 or \$12.50 per quarter day.
 Class A Travel 24-hour day.

- * REGISTRATION FEE:
- * HOTEL BILL: Confirmation #
- BAGGAGE ALLOWANCE (\$5 PER PERSON)
- * COMMUNICATION:
- * FARES: AIR FARE
- * TAXI, BUS
- * CAR RENTAL
- * MILEAGE @ 0.575
- * GASOLINE EXPENSE
- * TOLL ROAD FEES OR PARKING FEES
- * MISC. EXPENSES
- MEALS
- BREAKFAST @ \$8.00
- LUNCH @ \$8.00
- DINNER @ \$20.00
- SPECIAL LUNCHEON/BANQUET
- 6.5% STATE TAX
- 15% GRATUITIES

PREPAID EXPENSES	CREDIT CARD	ESTIMATED CASH EXPENSES	ACTUAL CASH EXPENSES
		5.00	
	448.50	0.00	448.50
	210.00		210.00
	30.00	30.00	30.00
	8.00	0.00	8.00
	8.00	0.00	8.00
	20.00	0.00	20.00
		0.00	
		0.00	
		0.00	

BREAKFAST = When travel begins before 6:00 a.m. and extends beyond 8:00 a.m.
 LUNCH = When travel begins before 12:00 noon and extends beyond 2:00 p.m.
 DINNER = When travel begins before 6:00 p.m. and extends beyond 8:00 p.m.

0.00	0.00	5.00	
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TOTALS

ADVANCE CASH RECEIVED: _____
 REFUND DUE CITY: _____
 REFUND DUE EMPLOYEE: _____

TRAVEL APPROVED BY: _____
 DEPARTMENT SUPERVISOR

 CITY MANAGER
 (220 WITH CITY MANAGER
 SIGNATURE ACCEPTED)

EXPENSES ARE ALSO INCLUDED FOR THE FOLLOWING PERSONS:

