

DATE:

1. TRAVELER'S NAME: Linda Hudson  
 2. DEPARTURE DATE: 8/11/2021  
 3. RETURN DATE: 8/14/2021  
 4. DESTINATION: Orlando, FL  
 5. CODE CHARGE: \_\_\_\_\_  
 6. AMT BUDGETED: \_\_\_\_\_

DEPARTMENT: City Commission  
 DEPARTURE TIME: 11:00 a.m.  
 RETURN TIME: 3:00 p.m.  
 PURPOSE: FLC Annual Conference

7. BALANCE AVAILABLE:

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 @ 0.56 224  
 \* GASOLINE EXPENSE  
 \* TOLL ROAD FEES OR PARKING FEES  
 \* MISC. EXPENSES  
  
 MEALS  
 0 BREAKFAST @ \$8.00  
 2 LUNCH @ \$8.00  
 3 DINNER @ \$20.00  
 SPECIAL LUNCHEON/BANQUET  
 7% STATE TAX  
 15% GRATUITIES

PREPAID EXPENSES	CREDIT CARD	ESTIMATED CASH EXPENSES	ACTUAL CASH EXPENSES
550.00			
	537.00		
		5.00	
		125.44	
		28.00	
		0.00	
		16.00	
		60.00	
		0.00	
		4.94	
		11.40	

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.

<b>TOTALS</b>	550.00	537.00	250.78	\$1,337.78
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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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* RECEIPT REQUIRED  
 REV 1/21 DLN