

REGISTRATION INFORMATION
 Urban League of Broward County
 FL Office of Attorney General
 National Conference on Preventing Crime
 The Capitol, PL-01
 Tallahassee, FL 32399-1050

TRAVEL EXPENSE STATEMENT

HOTEL INFORMATION
 Rosen Centre Hotel
 9840 International Drive
 Orlando, FL 32819
 1-800-204-7234 or 407-996-984

DATE:

1. TRAVELER'S NAME: Curtis Johnson, Jr.
 2. DEPARTURE DATE: 8/25/2021
 3. RETURN DATE: 8/28/2021
 4. DESTINATION: Orlando, FL
 5. CODE CHARGE: _____
 6. AMT BUDGETED: _____

DEPARTMENT: City Commission
 DEPARTURE TIME: 10:00 a.m.
 RETURN TIME: 11:00 a.m.
 PURPOSE: National Conference on Preventing Crime

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 @ 0.56 324
 * GASOLINE EXPENSE
 * TOLL ROAD FEES OR PARKING FEES
 * MISC. EXPENSES

 MEALS
 3 BREAKFAST @ \$8.00
 0 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
275.00			
	333.00		
		5.00	
		181.44	
		24.00	
		0.00	
		60.00	
		0.00	
		5.46	
		12.60	

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.

TOTALS	275.00	333.00	288.50	\$896.50
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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