REGISTRATION INFORMATION
Florida League of Cities
Paid via LWC Credit Card

TRAVEL EXPENSE STATEMENT

HOTEL INFORMATION
Embassy Suites Orlando
Lake Buena Vista South
4955 Kyngs Heath Rd
Kissimmee, FL 34746
407-597-4000

DATE: **10/06/21**

1. TRAVELER'S NAME: Linda Hudson
2. DEPARTURE DATE: 11/3/2021
3. RETURN DATE: 11/5/2021
4. DESTINATION: Kissimmee, FL
5. CODE CHARGE: **001-1000-511-4030**
6. AMT BUDGETED: 15,000.00

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

7. BALANCE AVAILABLE: 15,000

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.

	PREPAID EXPENSES	CREDIT CARD	ESTIMATED CASH EXPENSES	ACTUAL CASH EXPENSES	
* REGISTRATION FEE:		250.00			Linda CC
* HOTEL BILL: Confirmation # [redacted]	308.00				
BAGGAGE ALLOWANCE ($5 PER PERSON)			5.00		
* COMMUNICATION:					
* FARES: AIR FARE					
* TAXI, BUS					
* CAR RENTAL					
* MILEAGE @ 0.56 0					
* GASOLINE EXPENSE					
* TOLL ROAD FEES OR PARKING FEES					
* MISC. EXPENSES					
MEALS					
0 BREAKFAST @ $8.00			0.00		
2 LUNCH @ $8.00			16.00		
2 DINNER @ $20.00			40.00		
SPECIAL LUNCHEON/BANQUET			0.00		
7% STATE TAX			3.64		
15% GRATUITIES			8.40		

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.

TOTALS	308.00	250.00	73.04		$631.04

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