

REGISTRATION INFORMATION

Institute for Elected Municipal Officials

TRAVEL EXPENSE STATEMENT

HOTEL INFORMATION

World Golf Village Renaissance  
 500 South Legacy Trail  
 St. Augustine, FL 32092  
 904-940-8000

DATE: **07/19/22**

1. TRAVELER'S NAME: Arnold Gaines  
 2. DEPARTURE DATE: 1/19/2023  
 3. RETURN DATE: 1/21/2023  
 4. DESTINATION: St. Augustine  
 5. CODE CHARGE: 001-1000-512-40-20  
 6. AMT BUDGETED: 15,000.00

DEPARTMENT: City Commission  
 DEPARTURE TIME: 5:00 p.m.  
 RETURN TIME: 5:00 p.m.  
 PURPOSE: Institute for Elected Municipal Officials

7. BALANCE AVAILABLE: **\$10,127.94**

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:	300.00			
* HOTEL BILL: Confirmation # 76397022			332.27	
BAGGAGE ALLOWANCE (\$5 PER PERSON)			5.00	
* COMMUNICATION:				
* FARES: AIR FARE				
* TAXI, BUS				
* CAR RENTAL				
* MILEAGE @ 0.58 398			230.84	
* GASOLINE EXPENSE				
* TOLL ROAD FEES OR PARKING FEES				
* MISC. EXPENSES				
MEALS				
0 BREAKFAST @ \$8.00			0.00	
1 LUNCH @ \$8.00			8.00	
3 DINNER @ \$20.00			60.00	
SPECIAL LUNCHEON/BANQUET			0.00	
7% STATE TAX			4.76	
15% GRATUITIES			10.20	

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	300.00	0.00	651.07	
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ADVANCE CASH RECEIVED: \_\_\_\_\_  
 REFUND DUE CITY: \_\_\_\_\_  
 REFUND DUE EMPLOYEE: \_\_\_\_\_

TRAVEL APPROVED BY: *Aminda W. Cox*  
 DEPARTMENT SUPERVISOR

EXPENSES ARE ALSO INCLUDED FOR THE FOLLOWING PERSONS:

\_\_\_\_\_  
 CITY MANAGER  
 (220 WITH CITY MANAGER SIGNATURE ACCEPTED)

\_\_\_\_\_  
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\* RECEIPT REQUIRED  
 REV 1/19 DLN