

REGISTRATION INFORMATION

Florida Black Caucus of Local Elected Officials TRAVEL EXPENSE STATEMENT

HOTEL INFORMATION

Embassy Suites by Hilton Orlando
 4955 Kings Heath Rd
 Kissimmee, FL 34746
 407-597-4000

DATE: **12/13/22**

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

DEPARTMENT: City Commission
 DEPARTURE TIME: 05:00 p.m.
 RETURN TIME: 03:00 p.m.
 PURPOSE: FBC-LEO

7. BALANCE AVAILABLE: **\$15,000.00**

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 # 83986883
 BAGGAGE ALLOWANCE (\$5 PER PERSON)
 * COMMUNICATION:

 * FARES: AIR FARE
 * TAXI, BUS
 * CAR RENTAL
 * MILEAGE @ 0.62 226
 * GASOLINE EXPENSE
 * TOLL ROAD FEES OR PARKING FEES
 * MISC. EXPENSES

 MEALS
 2 BREAKFAST @ \$8.00
 0 LUNCH @ \$8.00
 1 DINNER @ \$20.00
 SPECIAL LUNCHEON/BANQUET
 7% STATE TAX
 15% GRATUITIES

PREPAID EXPENSES	CREDIT CARD	ESTIMATED CASH EXPENSES	ACTUAL CASH EXPENSES
200.00			
	383.63		
		5.00	
		140.12	
		24.00	
		16.00	
		0.00	
		20.00	
		0.00	
		2.52	
		5.40	

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	200.00	383.63	213.04	
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ADVANCE CASH RECEIVED: _____
 REFUND DUE CITY: _____
 REFUND DUE EMPLOYEE: _____

TRAVEL APPROVED BY: *Arnold Gaines*
 DEPARTMENT SUPERVISOR

EXPENSES ARE ALSO INCLUDED FOR THE FOLLOWING PERSONS:

 CITY MANAGER
 (220 WITH CITY MANAGER SIGNATURE ACCEPTED)

