

REGISTRATION INFORMATION

Florida Black Caucus of Local Elected Offic TRAVEL EXPENSE STATEMENT

HOTEL INFORMATION

Embassy Suites by Hilton Or  
4955 Kyngs Heath Rd  
Kissimmee, FL 34746  
407-597-4000

DATE: 12/13/22

1. TRAVELER'S NAME: Curtis Johnson  
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 # 87920323  
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.

<b>TOTALS</b>	200.00	383.63	213.04	
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ADVANCE CASH RECEIVED: \_\_\_\_\_  
REFUND DUE CITY: \_\_\_\_\_  
REFUND DUE EMPLOYEE: \_\_\_\_\_

TRAVEL APPROVED BY: *Rmdawcoy*  
DEPARTMENT SUPERVISOR

EXPENSES ARE ALSO INCLUDED FOR THE FOLLOWING PERSONS:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* RECEIPT REQUIRED  
REV 1/19 DLN