Name of

Traveler: Purpose of Travel

## KELLY LEE

FRPA STATE CONFERENCE

Department Destination (City and State)

COMMUNITY SERVICES
ORLANDO, FL

Return Date and Time

THURSDAY, 9/01/16; Return by 6:00
pm

Account(s) to be charged:

### 001.0925.572.540000

| Instructions: Complete first column with estimated costs prior to travel and submit to Finance for pre-audit prior to committing any travel funds. <br> Complete second two columns with actual amounts after travel. Submit to Finance within 7 days of return. |  | $\begin{aligned} & \text { Estimated } \\ & \text { Costs } \end{aligned}$ | To be reimbursed |  |
| :---: | :---: | :---: | :---: | :---: |
| Registration Fee | Florida Recreation \& Park Association Annual Conference | \$325.00 |  | $325 \text { - }$ |
| Lodging | Per Night X 4 Nights* <br> *Will be sharing a room with $\qquad$ other City Employees. <br> Name of Establishment: The Caribe Royale Orlando Hotel | $1278.68$ |  | 2786 |
| Meals <br> Receipts required, reimbursement not to exceed the amounts shown | Breakfast: $\$ 6$ per day X $\quad$Days $=\$ 24.00$ <br> Lunch: $\$ 11$ per day X  <br> Dinner: Days $=\$ 33.00$ <br>  $\$ 19$ per day X  <br>  TOTAL  <br> Note: meals are paid on a reimbursement basis, subject to maximum allowances. | \$133.00 | \%33.00 |  |
| Transportation |  |  | $171.77$ <br> wate ve | cie |
| Incidental Expenses (such as taxi, tolls, parking, telephone) |  |  |  |  |
|  | TOTAL | $908.45$ | 304.77 | $6 C 3^{6}$ |
|  | Less Travel Advance |  | 133.00 |  |
|  | Balance Due City/Employee (circle) ${ }^{\text {P }} 171.77$ |  |  |  |

Requested by (Employee)
Approved and Funds Certified (Department
Director)
Pre-audited by Finance
City Manager Approval (required for
Directors, or Out of State or over \$1000)

