1 'r	161	Umage: City of Naples, Florida   Travel Report Form					
Name of Traveler:	KELLY	Y LEE	Department Destination (City and State)	COMMUNITY SERVICES ORLANDO, FL THURSDAY, 9/01/16; Return by 6:00 pm			
Purpose of Travel	FRPA S	STATE CONFERENCE					
Departure Date and Time	SUNDA	AY, 8/28/16; Depart at 1:00 pm	Return Date and Time				
Account(s) to be char	rged:	001.0925.572.540000					
prior to committing any	travel fu	umn with estimated costs prior to travel and submit to inds. with actual amounts after travel. Submit to Finance v			Estimated Costs	To be reimbursed	City Credit Card or Check
<b>Registration Fee</b>		Florida Recreation & Park Association	Annual Conference	ce §	\$325.00 -		325-
Lodging \$49.67Per Night X 4 Nights* *Will be sharing a room with 3 other O Name of Establishment: The Caribe Royal				H.	278.68		278.68
Meals Receipts required, reimbursement not to ex the amounts shown	xceed	Breakfast: \$ 6 per day X <u>4</u> Days Lunch: \$11 per day X <u>3</u> Days Dinner: \$19 per day X <u>4</u> Days TOTAL Note: meals are paid on a reimbursement b maximum allowances.	= \$ <u>133.00</u>	3	\$133.00 🗸	₹133.00	•
Transportation	7	City Car (Estimate gas) miles/ Mpg *Riding with other employees in city vehicl Private Owned Vehicle (POV) \$. //mile X Other (explain) reg 'd d	#		171.77 se pre	# 171.77 vote Va	liste
Incidental Expenses (such as taxi, tolls, park telephone)		Please Specify: - Le a	etached	-92	ndie	•	
			TOTAL	#2	90 <i>F.</i> 45	304.77	603.6
			D-I D		avel Advance	1.33.00	
	L		Balance Due		oloyee (circle)	1/1./1	1 C
Requested by (Employe	ee)	XLL	K	1110	D	ate	
Approved and Funds Co Director)	ertified (1	Department august ma			D	ate 7/20/	16
Pre-audited by Finance		Jonna Bay	Pess		D	ate 7.2	2.16
City Manager Approval Directors, or Out of Sta	te or ove	er \$1000)				ate	
		ward form to Finance for assignment of Travel ID n		**************		**********************************	
BOOR PROVIDE	CTIFICA	ATION After travel, complete grey columns, attach	original receipts, obta	un approp	riate signature	s below, and fo	rward to City Code
Finance Department. If	f reimbur that all tra	rsement is required, attach payment authorization wi ravel was in compliance with Chapter 2 of the City C	th explanation. City 1 ode	ravei is g	Date: Date:	91516	C <sub>11</sub>

