

TRAVEL ID#: T16149



**City of Naples, Florida**  
Travel Report Form

Name of Traveler: LYNN CLARKE Department: COMMUNITY SERVICES  
 Purpose of Travel: TR and FRPA STATE CONFERENCE Destination (City and State): ORLANDO, FL  
 Departure Date and Time: SATURDAY, 8/27/16; Depart at 6:00 a.m. Return Date and Time: THURSDAY, 9/01/16; Return by 6:00 pm

Account(s) to be charged: 001.0927.572.540000

Instructions: Complete first column with estimated costs prior to travel and submit to Finance for pre-audit prior to committing any travel funds. Complete second two columns with actual amounts after travel. Submit to Finance within 7 days of return.		Estimated Costs	To be reimbursed	City Credit Card or Check
<b>Registration Fee</b>	Therapeutic Recreation Institute and Florida Recreation & Park Association Annual Conference	\$400.00 ✓		ck 400.00
<b>Lodging</b>	\$ <del>69.67</del> Per Night X 4 nights* = 209 Per night X 1 night = *Will be sharing a Villa with 2 other City Employees. Name of Establishment: <u>The Caribe Royale Orlando Hotel</u>	279.68 209.00 <u>487.68</u>		u 487.68
<b>Meals</b> Receipts required, reimbursement not to exceed the amounts shown	Breakfast: \$ 6 per day X 6 Days = \$ 36.00 Lunch: \$11 per day X 5 Days = \$ 55.00 Dinner: \$19 per day X 5 Days = \$ 95.00 TOTAL = \$ 186.00  Note: meals are paid on a reimbursement basis, subject to maximum allowances.	186.00	186.00	
<b>Transportation</b>	City Car (Estimate gas, _____ miles/ 20 Mpg @\$ _____ gal)  X Private Owned Vehicle (POV) \$ <u>4.45</u> /mile X <u>386</u> miles = <u>171.77</u> <u>reg'd for extra day stay for therapeutic rec. training</u>	171.77		u 171.77
<b>Incidental Expenses</b> (such as taxi, tolls, parking, telephone)	Please Specify: <u>- see attached mail</u>			
<b>TOTAL</b>		<u>\$ 1,245.45</u>	<u>357.77</u>	<u>887.68</u>
		Less Travel Advance	<u>186.00</u>	
		Balance Due City/Employee (circle)	<u>171.77</u>	

Requested by (Employee): Lynn Clarke RMC Date: 7/6/16  
 Approved and Funds Certified (Department Director): [Signature] Date: 7/20/16  
 Pre-audited by Finance: Donna Bayless Date: 7.22.16  
 City Manager Approval (required for Directors, or Out of State or over \$1000): \_\_\_\_\_ Date: \_\_\_\_\_

*Forward form to Finance for assignment of Travel ID number. Finance will return Form to traveler.*

**POST TRAVEL CERTIFICATION** After travel, complete grey columns, attach **original** receipts, obtain appropriate signatures below, and forward to Finance Department. If reimbursement is required, attach payment authorization with explanation. City Travel is governed by **Chapter 2** of the City Code. Employee is to certify that all travel was in compliance with Chapter 2 of the City Code

Employee certification: [Signature] Date: 9/16/16  
 Department final approval: [Signature] Date: 9/16/16  
 Audited by Finance: Donna Bayless Date: 9.19.16

