

TRAVEL ID#:

T16150



City of Naples, Florida
Travel Report Form

Name of Traveler: MERCY PUENTE Department: COMMUNITY SERVICES

Purpose of Travel: FRPA STATE CONFERENCE Destination (City and State): ORLANDO, FL

Departure Date and Time: SUNDAY, 8/28/16; Depart at 1:00 pm 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
Registration Fee	Florida Recreation & Park Association Annual Conference	\$300.00 ✓		300-
Lodging	\$ <u>69.67</u> Per Night X <u>4</u> Nights* *Will be sharing a room with <u>3</u> ² other City Employee. Name of Establishment: <u>The Caribe Royale Orlando Hotel</u>	<u>\$278.68</u>		<u>278.68</u>
Meals Receipts required, reimbursement not to exceed the amounts shown	Breakfast: \$ 6 per day X <u>4</u> Days = \$ <u>24.00</u> Lunch: \$11 per day X <u>3</u> Days = \$ <u>33.00</u> Dinner: \$19 per day X <u>4</u> Days = \$ <u>76.00</u> TOTAL = \$ <u>133.00</u> Note: meals are paid on a reimbursement basis, subject to maximum allowances.	\$133.00 ✓	133.00	
Transportation	X City Car (Estimate gas) <u> </u> miles/ 20 Mpg @\$ <u> </u> gal *Riding with other employees in city vehicle Private Owned Vehicle (POV) \$ <u> </u> /mile X <u> </u> miles	<u>42.02</u>		<u>42.02</u>
Incidental Expenses (such as taxi, tolls, parking, telephone)	Please Specify:			<u>620.70</u>
TOTAL		<u>\$ 711.68</u>		<u>578.68</u>
		Less Travel Advance	<u>133.00</u>	
		Balance Due City/Employee (circle)	<u>0</u>	

Requested by (Employee): [Signature] Date: 6/29/16

Approved and Funds Certified (Department Director): [Signature] Date: 7/20/16

Pre-audited by Finance: [Signature] 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: _____ Date: 9/14/16

Department final approval: _____ Date: 9/16/16

Audited by Finance: [Signature] Date: 9.19.16