

TRAVEL ID#:

T16151

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



Name of Traveler: MIKE LESLIE Department: COMMUNITY SERVICES
 Purpose of Travel: FRPA ANNUAL 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: 001.0901.572.440000

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 ✓		CK 300-
Lodging	\$ <u>140.00</u> Per Night X <u>4</u> Nights Name of Establishment: <u>The Caribe Royale Orlando Hotel</u>	\$560.00 ✓		CC 560-
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) ___ miles/ ___ Mpg @ ___ gal *Riding with other employees in city vehicle Private Owned Vehicle (POV) \$ ___ /mile X ___ miles Other (explain) _____	N/A		
Incidental Expenses (such as taxi, tolls, parking, telephone)	Please Specify:			
TOTAL		993.00		860
		Less Travel Advance	133.00	
		Balance Due City/Employee (circle)	<u>0</u>	

Requested by (Employee): RML Date: _____
 Approved and Funds Certified (Department Director): [Signature] Date: 7/20/16
 Pre-audited by Finance: Donna Boyles 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: RML Date: 9/15/16
 Department final approval: [Signature] Date: 9/10/16
 Audited by Finance: Donna Boyles Date: 9.19.16

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