

TRAVEL ID#: T16159

City of Naples, Florida  
Travel Report Form



Name of Traveler: Bill Barnett Department: City Manager/Mayor & Council  
 Purpose of Travel: FL League of Cities - Annual Conference Destination (City and State): Hollywood, FL  
 Departure Date and Time: Thursday August 18, 2016 - 8am Return Date and Time: Saturday August 20, 2016 - 11am

Account(s) to be charged: 001-01-01-511-540000

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 14 days of return.		Estimated Total	To be reimbursed	City Credit Card or Check
<b>Registration Fee</b>	\$525.00	\$525.00 ✓		\$525.00
<b>Lodging</b>	\$ <u>182</u> Per night X <u>3</u> nights Name of Establishment: Diplomat Resort & Spa, Hollywood	<del>\$364.00</del> \$546 ✓		<del>\$364.00</del> \$546
<b>Meals</b> Reimbursement not to exceed the amounts shown	Breakfast: \$ 6 per day X <u>2</u> Days = <del>\$12.00</del> 12.00 Lunch: \$11 per day X <u>3</u> Days = \$33.00 Dinner: \$19 per day X <u>2</u> Days = \$48.00 TOTAL = <del>\$89.00</del> 83.00 Meals are no longer reimbursable when travel does not include an overnight stay.	<del>89.00</del> 83.00 ✓	<del>89.00</del> 83.00	
<b>Transportation</b>	City Car (Estimate gas) ___miles/___Mpg @\$___/gal  Private Owned Vehicle (POV) .445 rate /mile X <u>227</u> miles (.445 rate/mile beginning June 9, 2016)  Other (explain) _____	\$101.02 ✓	101.02 ✓	
<b>Incidental Expenses</b> (such as taxi, tolls, parking, telephone)	Please Specify: tolls, self-parking <del>26.00/night</del> - \$20/night Receipts are needed for reimbursement.	<del>175.02</del> \$52 park plus toll expenses		\$60 - 1131.00
<b>TOTAL</b>		<del>1125.02</del> \$1131.02	184.02	<del>1606</del>
		Less Travel Advance		
			190.02	
Amount Due to (Circle One):		City	Employee	

Requested by (Employee) Stephanie Bleau for Bill Barnett Date 07/22/2016  
 Approved and Funds Certified (Department Director) \_\_\_\_\_ Date \_\_\_\_\_  
 Pre-audited by Finance Donna Bayless Date 8.3.16  
 City Manager Approval (required for Directors, out-of-state travel, or more than 10 days travel in fiscal year). A. With Mas Date 8/11/16

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

**POST TRAVEL CERTIFICATION** After travel, complete "to be reimbursed" and "credit card or check" 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: 9/19/16  
 Department final approval: Roger Keith Acting com Date: 9/20/2016  
 Audited by Finance: Donna Bayless Date: 9.20.16

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