

## City of Naples, Florida Travel Report Form



TRAVEL ID#: T1785

Name of Traveler: Marie M. Reese Department Police / Professional Standards  
 Purpose of Travel Accreditation Training Destination (City / State) St. Augustine, Florida  
 Departure Date / Time 2/20/2017 6:00am Return Date / Time 2/24/2017 6:00pm  
 Account(s) to be charged: 001-11-01-521-540000

<b>Instructions:</b>		Estimated Total	To be reimbursed	City Credit Card or Check
• 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.				
<b>Registration Fee</b>	Course Title: <u>FLA-PAC Training Conference</u>	175.00		<u>175.00</u>
<b>Lodging</b>	\$ <u>135.00</u> per night X <u>4</u> nights Name of Establishment: <u>World Golf Village Renaissance St. Augustine Resort</u>	540.00		<u>540.00</u>
<b>Meals</b> <i>Reimbursement not to exceed the amounts shown</i>	Breakfast \$ 6 / day X <u>5</u> Days = \$ 30.00 Lunch \$11 / day X <u>5</u> Days = \$ 55.00 Dinner \$19 / day X <u>4</u> Days = \$ 76.00 TOTAL <del>\$ 180.00</del> <u>161.00</u>	<del>180.00</del> <u>161.00</u>		<u>161.00</u>
<i>Note: meals are paid on a reimbursement basis, subject to maximum allowances.</i>				
<b>Transportation</b> <i>One round trip from home, three round trips from conference site to hotel</i>	Check one of the boxes below: <input checked="" type="checkbox"/> City Car (Estimate gas <u>682</u> miles / <u>20</u> MPG @ \$ <u>2.50</u> /gal <input type="checkbox"/> Private Owned Vehicle (POV) \$.445/mile X _____ miles (.445 cents beginning June 9, 2016) <input type="checkbox"/> Other (explain) _____	<del>85.25</del>		<del>85.25</del> ↑
<b>Incidental Expenses</b> <i>(i.e., taxi, tolls, parking, telephone)</i>	Please Specify: <u>gas on Purchasing card</u>			<u>26.52</u>
<b>TOTAL</b>		980.25		<del>987.77</del>
<b>Less Travel Advance</b>			<u>161.00</u>	<u>902.52</u>
<b>Amount Due to (Circle One):</b>			<u>161.00</u>	
			<u>City</u>	<u>Employee</u>

Requested by (Employee) Marie M. Reese Date 2/13/17  
 Approved and Funds Certified (Department Director) [Signature] Date 2-14-17  
 Pre-audited by Finance Donna Boyless Date 2.14.17  
 City Manager Approval (required for Directors, out-of-state travel, or more than 10 days travel in fiscal year) \_\_\_\_\_ Date \_\_\_\_\_

**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: Marie M. Reese Date: 3/10/2017  
 Department final approval: [Signature] Date: 3-14-17  
 Audited by Finance: Donna Boyless Date: 3.22.17