



KEY LARGO FIRE RESCUE & EMS DISTRICT  
**CHECK REQUEST**  
**KEY LARGO EMS**



VENDOR

DATE: 08-04-11

DON BOCK

CURTIS TEEMS

CHECK DISPOSITION

Mail: \_\_\_\_\_ Hold for Pickup: \_\_\_\_\_ Return to Staff: X

Invoice #	Account Number		Amount
D BOCK	1461300526	526 491	2925.44
C TEEMS	1461300526	526	231.00
		(29)	
		TOTAL \$:	3156.44

DESCRIPTION:

DEPARTMENT HEAD APPROVAL

BOARD APPROVAL

Donald Bock 8/9/11  
Burdett Bullman

\_\_\_\_\_

Finance Dept Use Only:

Date Received: AUG 10 2011

Finance Review and Approval: \_\_\_\_\_

Processed: Date: \_\_\_\_\_

By: \_\_\_\_\_

# KEY LARGO FIRE RESCUE AND EMS DISTRICT TRAVEL EXPENSE REPORT

Name DONALD BOCK  
 Department KLVAC  
 Destination DENVER, CO

Date 8/4/2011  
 Title \_\_\_\_\_  
 Mode of Transportation Used N/A

Vacation Combined with Trip?  Yes  No If so, meal and hotel expenses cease upon termination of City business.

### TO ATTEND ZOLL CONFERENCE IN DENVER, CO.

AIR FARE:	\$1,734.80
LUGGAGE FEE:	\$0.00
AIR PORT SHUTTLE:	\$0.00

RENTAL CAR: Rental Charge: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MILEAGE REIMBURSEMENT-PRIVATE AUTO			
DATE	FROM	TO	MILES
5/9/2011	KEY LARGO	LAUDERDALE AIRPORT	82
5/13/2011	FT. LAUDERDALE	KEY LARGO	82
TOTAL MILEAGE			164
REIMBURSEMENT @ .51 cents per mile			83.64

PARKING & TOLLS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Provide map (i.e. "MapQuest") or other documentation showing mileage*

**TOTAL TRANSPORTATION REIMBURSEMENT** \$83.64

### LODGING, MEALS AND OTHER EXPENSES

DATE		5/9/2011	5/10/2011	5/11/2011	5/12/2011			
DEPARTURE TIME								
RETURN TIME								
	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
ITEMS								
Lodging		219.00	219.00	219.00	219.00			\$ 876.00
per diem rate		49.50	66.00	66.00	49.50			\$ 231.00
REGISTRATION								
AIR FARE							\$	\$1,734.80
								\$ -
								\$ -
TOTAL	\$ -	\$ 268.50	\$ 285.00	\$ 285.00	\$ 268.50	\$ -	\$ -	\$ 2,841.80

I hereby certify that the above is a true and correct statement of travel expenses incurred in the conduct of District business and no expenses are of a personal nature

**GRAND TOTAL** \$ 2,925.44

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Traveler

**Department Head Approval**

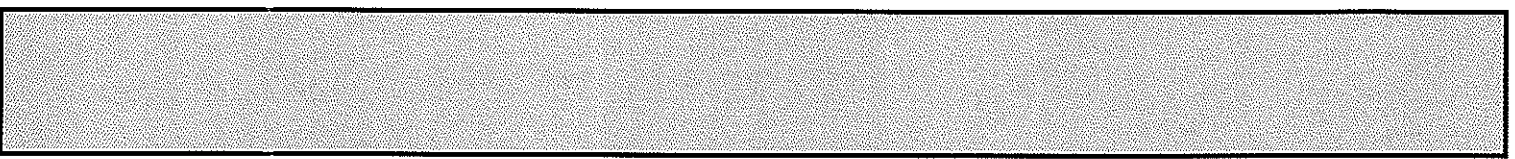
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCE DEPARTMENT USE ONLY

Total Travel Expenses: \_\_\_\_\_  
 Less: Amounts Prepaid by District \_\_\_\_\_  
 Amount Due Traveler: \_\_\_\_\_

Account No. \_\_\_\_\_

Date Received: \_\_\_\_\_  
 Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_  
 Finance



# KEY LARGO FIRE RESCUE AND EMS DISTRICT TRAVEL EXPENSE REPORT

Name CURTIS TEEMS  
 Department KLVA  
 Destination DENVER, CO

Date 8/4/2011  
 Title \_\_\_\_\_  
 Mode of Transportation Used N/A

Vacation Combined with Trip?  Yes  No If so, meal and hotel expenses cease upon termination of City business.

**TO ATTEND ZOLL CONFERENCE IN DENVER, CO.**

AIR FARE: <u>N/A</u>	RENTAL CAR: Rental Charge: _____
LUGGAGE FEE: \$0.00	_____
AIR PORT SHUTTLE: \$0.00	_____

MILEAGE REIMBURSEMENT-PRIVATE AUTO				
DATE	FROM	TO	MILES	PARKING & TOLLS
TOTAL MILEAGE			0	\$0.00
REIMBURSEMENT @ .51 cents per mile			0	

*Provide map (i.e. "MapQuest") or other documentation showing mileage*

**TOTAL TRANSPORTATION REIMBURSEMENT** \$0.00

**LODGING, MEALS AND OTHER EXPENSES**

DATE		5/9/2011	5/10/2011	5/11/2011	5/12/2011			
DEPARTURE TIME								
RETURN TIME								
	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
<b>ITEMS</b>								
Lodging								\$ -
per diem rate		49.50	66.00	66.00	49.50			\$ 231.00
REGISTRATION								\$ -
								\$ -
								\$ -
								\$ -
<b>TOTAL</b>	\$ -	\$ 49.50	\$ 66.00	\$ 66.00	\$ 49.50	\$ -	\$ -	<b>\$ 231.00</b>

I hereby certify that the above is a true and correct statement of travel expenses incurred in the conduct of District business and no expenses are of a personal nature

**GRAND TOTAL** \$ 231.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Traveler

Department Head Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCE DEPARTMENT USE ONLY**

Total Travel Expenses: \_\_\_\_\_  
 Less: Amounts Prepaid by District \_\_\_\_\_  
 Amount Due Traveler: \_\_\_\_\_

Account No. \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_

Finance

