

KEY LARGO FIRE RESCUE AND EMS DISTRICT TRAVEL AUTHORIZATION REQUEST

Name of Traveler Robert Barnes Department Ambulance Corp.

Destination Orlando, FL - Clincon 2012 Mode of Transportation carpooling
(If least expensive mode not chosen, provide justification below)

Dates of District Travel: From: July 18, 2012 To: July 22, 2012

Will vacation be combined with trip? Yes No

Estimated Costs

Registration	<u>\$ 265.00</u>	
Transportation	<u>-</u>	
Meals (at Per Diem rates)	<u>224.00</u>	_____ breakfast(s), _____ lunch(es), _____ dinner(s)
Lodging	<u>388.00</u>	
Other	<u> </u>	
TOTAL	<u><u>877.00</u></u>	

Signature _____
(Traveler)

Purpose of Trip:

(if travel is for conference or training, please attach brochure with conference or course description)

To attend 2012 Clincon - Nursing, EMS and Physician Education

Yes No (Explain if no)

Department Head Approval

District Board Approval

_____ Date

_____ Date

_____ Date

Finance Department Use Only

Date Received: 6/7/2012

Account No 526.491 Funds Available: Yes