

KEY LARGO FIRE RESCUE AND EMS DISTRICT TRAVEL AUTHORIZATION REQUEST

Name of Traveler Ronnie Fell Department Ambulance Corp.

Destination Orlando, FL - Clincon 2012 Mode of Transportation personal vehicle
(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	\$ 265.00	
Transportation	330.00	
Meals (at Per Diem rates)	224.00	_____ breakfast(s), _____ lunch(es), _____ dinner(s)
Lodging	388.00	
Other	_____	
TOTAL	1,207.00	

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