

KEY LARGO FIRE RESCUE AND EMS DISTRICT TRAVEL REQUEST/AUTHORIZATION FORM

Name cecilia smith
 Department key largo ems
 Destination orlando

Request Date 9/19/2012
 Title parmaedic
 Mode of Transportation Used ambulance

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

Purpose of Travel: _____

ESTIMATED TRANSPORTATION COSTS

AIR FARE: _____		RENTAL CAR: _____		Rental Charge: _____
				Fuel: \$100.00
MILEAGE REIMBURSEMENT-PRIVATE AUTO			AIRPORT PARKING	Hotel Parking: _____
DATE	FROM	TO	MILES	& TOLLS
10/6/2012	10/8/2012			\$12.50
				Other: _____
TOTAL MILEAGE				Note: Attach mapquest or similar for mileage documentation purposes.
REIMBURSEMENT @ 55.5 cents per mile			\$0.00	
TOTAL ESTIMATED TRANSPORTATION COSTS				\$112.50

ESTIMATED LODGING, MEALS AND OTHER EXPENSES GSA rates - 1st and last day @ 75% of M&E

DATE IN GREEN IS TRAVEL START DATE. DATE IN RED IS TRAVEL END DATE. Note: First and last day of travel per diem rate is 75% of max. per diem rate.

DATE	10/6/2012	10/7/2012	10/8/2012						TOTAL
ITEMS									
Lodging rate max.	76.92	76.92							\$153.84
per diem rate max.	42	56	42						\$140.00
Registration Fees									
Other (Specify):									\$ -
									\$ -
									\$ -
TOTAL	\$0.00	\$ 118.92	\$ 132.92	\$ 42	\$0.00	\$0.00	\$0.00		\$ 293.84

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 **\$ 406.34**

Signature: Cecilia Smith Date: 9/19/2012
 Traveler _____

Department Head Approval
 Signature: _____ Date: _____
 Signature: _____ Date: _____

FINANCE DEPARTMENT USE ONLY

Total Travel Expenses Approved: \$406.34 Account No. _____

Date Received: _____
 Approved for Payment _____ Date _____
Finance