

KEY LARGO FIRE RESCUE AND EMS DISTRICT TRAVEL REQUEST FOR AUTHORIZATION

Name CECILIA SMITH Request Date 10/9/2014
 Department KEY LARGO VOL. AMBULANCE CORPS Title PARAMEDIC
 Destination _____ Mode of Transportation Used AIRLINE
 Vacation Combined with Trip? Yes No If so, meal and hotel expenses cease upon termination of City business.

PURPOSE OF TRAVEL: To attend the EMSWORLD EXPO, NOVEMBER 9 through NOVEMBER 13, 2014, NASHVILLE, TN

ESTIMATED TRANSPORTATION COSTS

AIR FARE: \$400.00 RENTAL CAR: Rental Charge: \$100.00
 Fuel: \$100.00

MILEAGE REIMBURSEMENT-PRIVATE AUTO				AIRPORT PARKING & TOLLS	
DATE	FROM	TO	MILES		
11/9/2014	MARATHON, FL	MIAMI AIRPORT	112	\$56.25 PARKING	LUGGAGE FEE <u>\$100.00</u>
11/13/2014	MIAMI AIRPORT	MARATHON, FL	112	\$40.00 TOLLS	
TOTAL MILEAGE			224		Note: Attach mapquest or similar for mileage documentation purposes.
REIMBURSEMENT @ 55.5 cents per mile			\$125.44	\$96.25	
TOTAL ESTIMATED TRANSPORTATION COSTS					\$921.69

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

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	11/9/2014	11/10/2014	11/11/2014	11/12/2014	11/13/2014					TOTAL
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY					
PER DIEM	49.50	66.00	66.00	66.00	49.50					\$297.00
REGISTRATION	\$280.00									\$280.00
LODGING	\$172.00	172.00	172.00	172.00						\$688.00
										\$ -
										\$ -
										\$ -
TOTAL	\$501.50	\$ 238.00	\$238.00	\$238.00	\$49.50	\$0.00	\$0.00	\$0.00	\$0.00	\$1,265.00
GRAND TOTAL										\$2,186.69

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

Department Head Approval

Signature: _____ Date: _____

Signature: *Donald Bad* Date: 10/9/14

Traveler

Signature: *[Signature]* Date: 10/10/14

FINANCE DEPARTMENT USE ONLY

Total Travel Expenses Approved: \$2,186.69 Account No. _____

Date Received: _____
 Approved for Payment _____ Date _____
 Finance

