

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

Name SERGIO J. GARCIA
 Department KEY LARGO FIRE RESCUE DEPARTMENT
 Destination FT. LAUDERDALE, FLORIDA

Date 7/31/2011
 Title AHIMT OPERATIONS SECTION CHIEF TRAINING
 Mode of Transportation Used POV FROM Key largo to Ft Lauderdale

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

Purpose of Travel: DEPT. OF HOMELAND SECURITY EMERGENCY MANAGEMENT / FEMA AHIMT OPERATIONS SECTION CHIEF TRAINING

ESTIMATED TRANSPORTATION COSTS

AIR FARE: _____		RENTAL CAR: _____		Rental Charge: _____
				Fuel: _____
				Other: _____
MILEAGE REIMBURSEMENT-PRIVATE AUTO				
DATE	FROM	TO	MILES	PARKING & TOLLS
7/31/2011	KEY LARGO	FT. LAUDERDALE	92	\$120.00 → parking
8/4/2011	FT. LAUDERDALE	KEY LARGO	92	
			184	Note: Attach mapquest or similar for mileage documentation purposes.
			\$93.84	
TOTAL ESTIMATED TRANSPORTATION COSTS				\$213.84

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.

Description	7/31/2011	8/1/2011	8/2/2011	8/3/2011	8/4/2011	8/5/2011	8/6/2011	TOTAL	
	SUN	MON	TUES	WED	THURS	FRI	SAT		
Lodging rate max.	\$149.00	\$149.00	\$149.00	\$149.00				\$596.00	
per diem rate max.	\$53.25	71.00	71.00	71.00	\$53.25			\$319.50	
Registration Fees	→								\$350.00
internet charge	14.95	14.95	14.95	14.95				\$ 59.80	
								\$ -	
								\$ -	
TOTAL	\$217.20	\$ 234.95	\$234.95	\$234.95	\$53.25	\$0.00		\$1,325.30	

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 **\$1,539.14**

Signature: _____
 Traveler

Department Head Approval

Signature: _____ Date: _____
 Signature: _____ Date: _____

FINANCE DEPARTMENT USE ONLY

Total Travel Expenses Approved: \$1,539.14 Account No. _____

Date Received: _____
 Approved for Payment _____ Date _____
Finance