LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: Bill Proctor/Commissioner — Traveler's Title: Commissioner

Department Name: BOCC — Division Name:

Destination: Washington DC

Purpose of Trip: Presentation to Treasury Board;Meeting with Cong. Boyd's office and Cong. Bishop

Departure Date: Time: **Return** Date: Time:

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. 10/12	MON. _/_	TUES. _/_	WED. 10/08_	THURS. 10/09	FRI. 10/10	SAT 10/11
Lodging:	150		$ 600.00				175	175	125	125
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	$10.00		$ 40.00							
Lunch Standard or	$15.00		$ 45.00							
Dinner Standard or	$26.00		$ 78.00							
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at $21.50 Per Quarter of each Day	$21.50									
Common Carrier (e.g. air, plane, bus)	$348.00		$348.00							
Rental Car - rental fee										
Fuel for Rental or County Owned Vehicle										
Use of Personal Vehicle:										
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	$0.365									
# of Vicinity Miles at Destination: (Allowable for official business, but must be requested separately)	$0.365									
Registration:										
Miscellaneous Expenses:										
Limousine/Taxi Fares										
Public Transportation										
Parking										
Communications -- (only calls/faxes for county related business may be reimbursed)										
Other Miscellaneous Allowed by Policy										
			TOTAL ESTIMATED EXPENSES	1111						

Account number(s) to be charged for trip:

Account Number:	Amount:

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The Purchasing Card may also be used for this pupose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:	Mail/Pickup
350	54000		Capitol Suites	200 C Street SE Washington, DC	Pickup
250	54000		Marriott Hotels	775 12th street Washington, DC	
163	54000		DeLane Adams		
348	54000	700000	Alpha Travel		

Attach appropriate page from GSA Schedule reflecting specific City rate utilizing. If City traveling to does n schedule, the standard rate will apply.

GSA Daily Costs	$31.00	$35.00	$39.00	$43.00	$47.00
Breakfast	$6.00	$7.00	$8.00	$9.00	$9.00
Lunch	$9.00	$11.00	$12.00	$12.00	$14.00
Dinner	$16.00	$17.00	$19.00	$22.00	$24.00

APPROVAL SIGNATURES

Traveler's Signature: Bill Proctor Date: 10/7/03

Supervisor/Division Director's Signature: Date:

Department Director's Signature: Date:

County Administrator: Date:

TR001OCT12003

Attachment # page 1 of 2

LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: DeLane Adams/Commission Aide — Traveler's Title: Commission Aide

Department Name: BOCC — Division Name:

Destination: Washington DC

Purpose of Trip: Presentation to Treasury Board;Meeting with Cong. Boyd's office and Cong. Bishop

Departure Date: Time: **Return** Date: Time:

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. 10/12	MON. _/_	TUES. _/_	WED. 10/08_	THURS. 10/09	FRI. 10/10	SAT 10/11
Lodging:	150		$ 600.00				175	175	125	125
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	$10.00		$ 40.00							
Lunch Standard or	$15.00		$ 45.00							
Dinner Standard or	$26.00		$ 78.00							
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at $21.50 Per Quarter of each Day	$21.50									
Common Carrier (e.g. air, plane, bus)	$348.00		$348.00							
Rental Car - rental fee										
Fuel for Rental or County Owned Vehicle										
Use of Personal Vehicle:										
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	$0.365									
# of Vicinity Miles at Destination: (Allowable for official business, but must be requested separately)	$0.365									
Registration:										
Miscellaneous Expenses:										
Limousine/Taxi Fares										
Public Transportation										
Parking										
Communications -- (only calls/faxes for county related business may be reimbursed)										
Other Miscellaneous Allowed by Policy										

TOTAL ESTIMATED EXPENSES 1111

Account number(s) to be charged for trip:

Account Number:	Amount:

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The Purchasing Card may also be used for this pupose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:
350	54000		Capitol Suites	200 C Street SE Washington, DC
250	54000		Marriott Hotels	775 12th street Washington, DC
163	54000		DeLane Adams	
348	54000	700000	Alpha Travel	

Attach appropriate page from GSA Schedule reflecting specific City rate utilizing. If City traveling to does n schedule, the standard rate will apply.

GSA Daily Costs	$31.00	$35.00	$39.00	$43.00	$47.00
Breakfast	$6.00	$7.00	$8.00	$9.00	$9.00
Lunch	$9.00	$11.00	$12.00	$12.00	$14.00
Dinner	$16.00	$17.00	$19.00	$22.00	$24.00

APPROVAL SIGNATURES

Traveler's Signature: DeLane Adams Date: 10/7/03

Supervisor/Division Director's Signature: Bill Proctor Date: 10/7/03

Department Director's Signature: Date:

County Administrator: Date:

TR001OCT12003

Attachment # 1

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