LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: Cliff Thaell — Traveler's Title: Commissioner

Department Name: BOCC — Division Name:

Destination: Washington, DC

Purpose of Trip: To Attend the National Association of Counties Legislative Conference

Departure Date: 2/25/2004 Time: 2:00 p.m. Return Date: 3/2/2004 Time: 10:00 p.m.

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. 2/29	MON. 3/1	TUES. 3/2	WED. 2/25	THURS. 2/26	FRI. 2/27	SAT 2/28
Lodging:	$170.00		$ 1,020.00	$170.00	$170.00		$170.00	$170.00	$170.00	$170.00
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	$10.00		$ 60.00	$10.00	$10.00	$10.00		$10.00	$10.00	$10.00
Lunch Standard or	$15.00		$ 90.00	$15.00	$15.00	$15.00		$15.00	$15.00	$15.00
Dinner Standard or	$26.00		$ 182.00	$26.00	$26.00	$26.00	$26.00	$26.00	$26.00	$26.00
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)			$ 350.00							
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:			$390.00							
Miscellaneous Expenses:										
Limousine/Taxi Fares			$ 60.00							
Public Transportation										
Parking										
Communications -- (only calls/faxes for county related business may be reimbursed)			$ 50.00							
Other Miscellaneous Allowed by Policy										
TOTAL ESTIMATED EXPENSES			$2,202							

APPROVAL SIGNATURES

Traveler's Signature: Cliff Thaell Date: 12-4-03

Supervisor/Division Director's Signature: Date:

Department Director's Signature: Date:

County Administrator: CO Date:

TR001OCT12003

Account number(s) to be charged for trip: Account Number:	Amount:
001-107-54000-511	$2,202.00

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

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

GSA Daily Costs	$31.00	$35.00	$39.00	$43.00	$47.0
Breakfast	$6.00	$7.00	$8.00	$9.00	$9.0
Lunch	$9.00	$11.00	$12.00	$12.00	$14.0
Dinner	$16.00	$17.00	$19.00	$22.00	$24.0

Attachment # 1
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