LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: Bob Rackleff — Traveler's Title: Leon County Commissioner

Department Name: BOCC — Division Name:

Destination: Washington, DC

Purpose of Trip: NACo Legislative Conference and Congressional Office Visits

Departure Date: Fri 2/27/04 Time: 7:00 AM Return Date: Tues. 3/2/04 Time: 4:00 PM

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. 2/29	MON. 3/1	Tues. 3/2/04	WED. _/_	THURS. _/_	FRI. 2/27	SAT 2/28
Lodging:			$ 400.00	$ 100.00	100				100	100
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	$6 or ___		$ -							
Lunch Standard or	$9 or ___		$ -							
Dinner Standard or	$16 or ___		$ -							
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)			$ 300.00							
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)	$0.375									
# of Vicinity Miles at Destination: (Allowable for official business, but must be requested separately)	$0.375									
Registration:			390							
Miscellaneous Expenses:										
Limousine/Taxi Fares										
Public Transportation										
Parking			$ 10.00							
Communications -- (only calls/faxes for county related business may be reimbursed)										
Other Miscellaneous Allowed by Policy										
TOTAL ESTIMATED EXPENSES			$ 1,100.00							

APPROVAL SIGNATURES

Traveler's Signature: Bob Rackleff / KB Date: 1/5/04

Supervisor/Division Director's Signature: Date:

Department Director's Signature: Date:

County Administrator: Date:

TR001OCT12003

Account number(s) to be charged for trip:

Account Number:	Amount:
001 105 5400 511	1,100

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
$1,000	001 105 5400 511	4888	Bob Rackleff	Leon County Courthouse	

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

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

Attachment # ___ Page ___ of ___