LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: Martin Green — Traveler's Title: Commission Aide

Department Name: BOCC — Division Name:

Destination: Hollywood, Florida

Purpose of Trip: To Attend the Florida Association of Counties Annual Conference

Departure Date: 06/23/04 Time: 8:00 AM — Return Date: 6/25/04 Time: 5:00 PM

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. _/_	MON. _/_	TUES. /	WED. 6/23	THURS. 6/24	FRI. 6/25	SAT _/_
Lodging:	$139.00		$ 278.00				$139.00	$139.00		
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	$6 or ___		$ 27.00				$9.00	$9.00	$9.00	
Lunch Standard or	$9 or ___		$ 28.00				$14.00		$14.00	
Dinner Standard or	$16 or ___		$ 72.00				$24.00	$24.00	$24.00	
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)	$210.00		$ 210.00							
Rental Car - rental fee			$ 50.00							
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:										
Miscellaneous Expenses:										
Limousine/Taxi Fares										
Public Transportation										
Parking			$ 16.00							
Communications -- (only calls/faxes for county related business may be reimbursed)										
Other Miscellaneous Allowed by Policy			$ 30.00							
TOTAL ESTIMATED EXPENSES			$ 695.00							

Account number(s) to be charged for trip:

Account Number:	Amount:
001-107-54000-511	$695.00

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

Amount	Account Number	Vendor Number	Payable To: Name:	Address:

Attachment # ___ Page 1 of 1

Attach appropriate page from GSA Schedule reflecting specific City rate utilizing. If City traveling to d 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	

APPROVAL SIGNATURES

Traveler's Signature: [signature] Date: 5/17/04

Supervisor/Division Director's Signature: [signature] Date: 5/17/04

Department Director's Signature: ___ Date: ___

County Administrator: ___ Date: ___

TR001OCT12003