LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: Jane G. Sauls — Traveler's Title: Chairman & District II Commissioner

Department Name: County Commission — Division Name: BOCC

Destination: Hollywood, FL

Purpose of Trip: 75th Annual Conference & Educational Exposition fo Florida Association of Counties

Departure Date: 6/22/2004 Time: 5:00 a.m. Return Date: 6/25/2004 Time: 11:00 p.m.

ITEM	Rate	Check If P-Card Used	TOTAL	SUN. _/_	MON. _/_	22-Jun	23-Jun	24-Jun	25-Jun	SAT _/_
Lodging:		x	$ 417.00			139	139	139		
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	$ 9.00		$ 27.00			9	9	9		
Lunch Standard or	$ 14.00		$ 28.00			14			14	
Dinner Standard or	$ 24.00		$ 72.00			24		24	24	
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at $21.50 Per Quarter of each Day				$ -						$ -
Common Carrier (e.g. air, plane, bus)										
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		$ 339.00							
# of Vicinity Miles at Destination: (Allowable for official business, but must be requested separately)	$0.375									
Registration:		x	225							
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			$ 1,108.00							

Account number(s) to be charged for trip:

Account Number:	Amount:
001-102-54000-511	$769.00

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:

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

GSA Daily Costs	$31.00	$35.00	$39.00	$43.00	$4
Breakfast	$6.00	$7.00	$8.00	$9.00	$
Lunch	$9.00	$11.00	$12.00	$12.00	$1
Dinner	$16.00	$17.00	$19.00	$22.00	$2

Attachment # 1
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APPROVAL SIGNATURES

Traveler's Signature: Jane G. Sauls Date: 5/17/2004

Supervisor/Division Director's Signature: Date:

Department Director's Signature: Date:

County Administrator's Signature: Date:

TR001OCT12003

LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

Traveler's Name/Title: Linda D. Summerlin — Traveler's Title: Aide to Jane G. Sauls, Chairman and District II Commissioner

Department Name: County Commission — Division Name: BOCC

Destination: Hollywood, FL

Purpose of Trip: 75th Annual Conference & Educational Exposition fo Florida Association of Counties

Departure Date: 6/22/2004 Time: 5:00 a.m. Return Date: 6/25/2004 Time: 11:00 p.m.

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. _/_	MON. _/_	22-Jun	23-Jun	24-Jun	25-Jun	SAT _/_
Lodging:		x	$ 417.00			139	139	139		
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
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Lunch Standard or	$ 14.00		$ 28.00			14			14	
Dinner Standard or	$ 24.00		$ 72.00			24		24	24	
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at $21.50 Per Quarter of each Day				$ -						$ -
Common Carrier (e.g. air, plane, bus)										
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:			225							
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			$ 769.00							

Account number(s) to be charged for trip:

Account Number:	Amount:
001-102-54000-511	$769.00

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:

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	$

Attachment # 1
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APPROVAL SIGNATURES

Traveler's Signature: Linda D. Summerlin Date: 5/17/2004

Supervisor/Division Director's Signature: Jane G. Sauls Date: 5-17-04

Department Director's Signature: _____ Date: _____

County Administrator's Signature: _____ Date: _____

TR001OCT12003