LEON COUNTY, FLORIDA
TRAVEL REQUEST REPORT

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

Department Name: BOCC — Division Name:

Destination: Sarasota, FL

Purpose of Trip: Florida Assoc. of Counties (FAC) Legislative Conference (and Subcommittee Meetings)

Departure Date: 11/5/2004 Time: 7:00 AM **Return Date:** 11/5/2004 Time: 7:00 PM

ITEM	Rate	Check if P-Card Used	TOTAL	SUN.	MON.	Tues. 11/30	WED. 12/1	THURS. 12/2	FRI. 12/3	SAT
Lodging:			$ 300.00				150	150		
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)			$ 250.00							
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									
Conference Registration - Early Bird Rate		X	200.00							
Miscellaneous Expenses:										
Limousine/Taxi Fares			$ 20.00							
Public Transportation										
Parking			$ 20.00							
Communications -- (only calls/faxes for county related business may be reimbursed)										
Other Miscellaneous Allowed by Policy										
		TOTAL ESTIMATED EXPENSES	**$ 790.00**							

Account number(s) to be charged for trip:

Account Number:	Amount:
001 105 5400 511	$790

Commissioner Rackleff is Vice Chair of the FAC Finance, Transportation & Administration Subcommittee which may require additional meetings during the Conference. It is not known at this time whether or not an night's stay will be necessary.

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:	Mail/Pickup

Attach appropriate page from GSA Schedule reflecting specific City rate utilizing. If City traveling to does not appear on 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: Bob Rackleff/KB Date: 11/8/04

Supervisor/Division Director's Signature: Date:

Department Director's Signature: Date:

County Administrator: Date:

TR001OCT12003

Attachment # 1
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