



Travel #

City of North Port
Travel Authorization and Summary

Name: Debbie McDowell	Date(s): June 15, 2017
City, State: Fort Myers, FL	
Purpose: Southwest Florida Regional Planning Council	
Account(s): 001-0100-511.40-03	

		Estimated	Actual	Variance
Registration	<input type="checkbox"/> Check Requested - Please forward payment authorization with back-up documentation in travel packet to Finance.			
	<input type="checkbox"/> Credit Card Requested (identify)			
Lodging	\$ _____ per night X _____ night(s)			
	<input type="checkbox"/> Check Requested - Please forward payment authorization with back-up documentation in travel packet to Finance. <input type="checkbox"/> Credit Card Requested: (identify)			
Meals	Breakfast: \$ _____ per day X <u>0</u> Day(s) = \$ _____ Lunch: \$ _____ per day X _____ Day(s) = \$ _____ Dinner: \$ _____ per day X _____ Day(s) = \$ _____ TOTAL = \$ _____			
	<input type="checkbox"/> Check Requested - Please fill out appropriate travel times , then forward payment authorization in travel packet to Finance.			
Transportation Use of POV will only be approved in exceptional cases. You must document your POV needs separately.	<input type="checkbox"/> City Car (Estimate) _____ miles			
	<input type="checkbox"/> Private Owned Vehicle (POV) \$.53.5 /mile X 108.1 miles	\$57.83		
	<input type="checkbox"/> Other (Explain) Reimbursement upon return			
Incidental Expenses (such as taxi, tolls, parking, telephone)	\$3.00 per night tips & phone X _____ day(s) = \$ _____ Please specify:			
	Most Incidental Expenses reimbursable after completed travel with receipts and payment authorization.			
TOTALS		\$57.83		

Requested by (Employee): <u>Debbie McDowell</u>	Date: <u>6-15-17</u>
Authorized by (Dept. Director): <u>Patsy C. Adkins</u>	Date: <u>6-15-17</u>
Approved by (Finance Director):	Date:
Approved by (City Manager):	Date:
Needed only for City Clerk, Directors, Assist. City Managers, Out of State	

Traveler: After travel, complete actual and variance column, attach original receipts, obtain appropriate signatures below, and forward to Finance Department. If reimbursement is required, attach payment authorization or petty cash voucher with explanation and receipts. All travel is governed by Chapter 66 of the City Code.

Employee signature: <u>Debbie McDowell</u>	Date: <u>6-15-17</u>
Director signature: <u>Patsy C. Adkins</u>	Date: <u>6-15-17</u>
Audited by Finance	Date:

Sent to Finance for Signature 6-16-17