

6C-3

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: January 23, 2007 [] Consent [X] Regular [] Ordinance [] Public Hearing

Department Submitted By: Community Services

Submitted For: Head Start/Early Head Start & Children's Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Travel for Head Start /Early Head Start Policy Council Members, Michael Smith and Stephanie Taylor for the period of February 5, 2007, through February 8, 2007, at an estimated cost of \$2,291, to attend the Region IV Head Start Association, Inc. 2007 Annual Training Conference in Atlanta, Georgia.

Summary: Travel approval is requested for two (2) Head Start/Early Head Start Policy Council members to attend the Region IV Head Start Association Inc., 2007 Annual Training Conference in Atlanta, Georgia. The grantor agency requires that Head Start parents and community representatives receive training in order to take an active role in the program. An alternate (Cynthia Smith and/or Tenisha Easter), will be selected in the event any of the above named members cannot attend this conference. The estimated cost of \$2,291 provides for conference registration, lodging, ground transportation, and meals for two participants. Funding consists of \$1,833 (80%) in Federal funds and \$457 (20%) in County funds. (Head Start) Countywide (TKF)

Background and Justification: The U.S. Department of Health & Human Services, through its Office of Administration for Children and Families (ACF), funds a component of the Head Start program for training. The grantor agency requires that the Head Start parents and community representatives take an active role in the Administration of the Head Start Program. Associated costs are summarized as follows:

Table with 2 columns: Description and Amount. Rows include Registration Fee (\$510.00), Airline Fee (\$600.00), Meals (Breakfasts \$36, Lunches \$72, Dinners \$176), Lodging (\$897.00), and a TOTAL of \$2291.00.

Attachments:

- 1. Two Travel Request/Reimbursement Forms
2. Two Alternate Travel Request/Reimbursement Forms

Recommended by: [Signature] 1-9-2007
Department Director Date

Approved by: [Signature] 1-11-07
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>2,291</u>	_____	_____	_____	_____
External Revenues	<u>1,833</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>457</u>	_____	_____	_____	_____

ADDITIONAL FTE POSITIONS (CUMULATIVE)


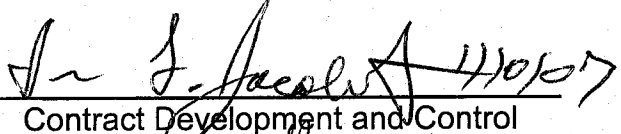
Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 1002 Dept. 147 Unit 1454 Object 4941
 Program Code HD40

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review. *Rew*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 _____ OFMB/Budget <i>pm 1/9/07 pm 1/9/07</i>	 _____ Contract Development and Control <i>pm 1/10/07</i>
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B. Legal Sufficiency:



 Assistant County Attorney
1/10/07

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

TRAVEL REQUEST/REIMBURSEMENT FORM
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NAME Stephanie Taylor TITLE Parent Policy Council Alt.
PRINT NAME TECH PROF MNGR OTHR
 DEPARTMENT Community Services DIVISION Head Start/CHS
 PHONE # 233-1619 ACCOUNT # 1002 147 1454 4941 HD# 11/30/06
 TRAVEL CONTACT Nicole Muhammad PHONE # 233-1634
 DESTINATION (City & State) Atlanta Georgia
 VACATION COMBINED WITH TRIP? YES NO WAS TRIP BUDGETED? YES NO
 TITLE OF CONFERENCE/SEMINAR Region IV Head Start Assoc Annual Training Conf.
 PURPOSE OF TRIP: Business Training Conference/Convention
 Certification Lobbying
 OUT OF STATE IN STATE IN PALM BEACH COUNTY

	ESTIMATED EXPENSES	ACTUAL EXPENSES
	<u>* Representative</u> Departure Date: <u>2/5/07</u>	Date: <u>2/5/07</u>
Return Date: _____	Time: <u>10:00 AM</u>	Time: _____
	Date: <u>2/8/07</u>	Date: _____
	Time: <u>6:00 PM</u>	Time: _____
Registration Fee	\$ <u>255.00</u>	\$ _____
Transportation:	<u>300</u>	_____
Airline	_____	_____
Private Vehicle (Attach Detail)	_____	_____
Destination Miles	_____	_____
@ 36¢ /mile	<u>0</u>	_____
Vicinity Miles	_____	_____
@ 36¢ /mile	<u>0</u>	_____
County Vehicle:	_____	_____
Vehicle # _____	<u>0</u>	_____
Taxi	<u>50.00 R/H</u>	_____
Car Rental (Attach Justification)	<u>448.50</u>	_____
Lodging: <u>3</u> Days @ _____	_____	_____
\$ <u>130.15</u> / Day Tax = <u>148.50</u>	_____	_____
Meals:	_____	_____
# <u>3</u> Breakfasts (\$6.00)	<u>18.00</u>	_____
# <u>3</u> Lunches (\$12.00)	<u>36.00</u>	_____
# <u>4</u> Dinners (\$22.00)	<u>88.00</u>	_____
Per Diem:	_____	_____
# _____ Qtrs @ \$23.75 /Qtr..	<u>0</u>	_____
Miscellaneous:	_____	_____
Parking	<u>0</u>	_____
Tolls	<u>0</u>	_____
Other	<u>0</u>	_____
TOTAL ALL EXPENSES:	\$ <u>1195.50</u>	\$ _____
TRAVEL ADVANCE REQUESTED:	\$ <u>1145.50</u>	\$ _____
Less:		
Travel Advance	_____	_____
Payments By County	_____	_____
Payments By Other Entities	_____	_____
Amount of Reimbursement <REFUND>		\$ _____

TRAVEL APPROVALS:
 Traveler's: Stephanie Taylor Date 11/30/06
 Approving Authority: [Signature] Date 12-21-2006

REIMBURSEMENT APPROVALS: *
 Traveler's: _____ Date _____
 Approving Authority's: _____ Date _____

*** CERTIFICATION AND AUTHORIZATION**

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the traveler as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Palm Beach County travel regulations and Chapter 112.061, Florida Statutes.

SEEK KNOWLEDGE. FIND INSPIRATION.



REGION IV HEAD START ASSOCIATION, INC.

2007 Annual Training Conference

February 5-8, 2007 • Westin Peachtree Plaza • Atlanta, Georgia

**Early Registration Deadline:
Thursday, November 30, 2006**

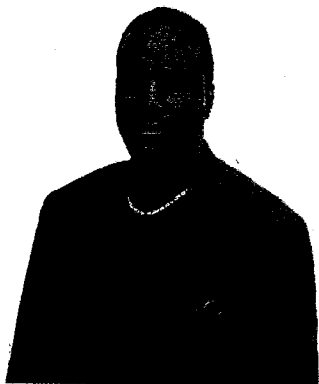
**Hotel Registration Deadline:
Friday, January 5, 2007**

View the Preliminary Program at www.rivhsa.org on December 15, 2006!

2007 ANNUAL CONFERENCE

SEEK KNOWLEDGE. FIND INSPIRATION

Dear Friends of RIVHSA:



Upon reflection of our theme, I am reminded of a Spanish proverb that says, "There is not enough darkness in the world to extinguish the light of one small candle." In many cases, knowledge will break through darkness and the light of hope and determination is the inspiration we need to continue on our journey to effect change in the lives of the children and families we have pledged to serve.

The upcoming conference features dynamic learning sessions and engaging opportunities for networking and self-reflection:

- Professional workshops showcasing regional and national presenters,
- Prominent keynote speakers sharing their insight on current issues impacting children and families,
- The Leadership Institute featuring a renowned team of experts that will focus on bridging the complexities of culture, and
- An Awards and Scholarship Gala to celebrate regional award and scholarship recipients as well as to fellowship with colleagues.

Included in this brochure, you will find preliminary conference information, registration materials as well as information for making travel arrangements. We encourage you to register early for the best rate!

I look forward to seeing you February 5-8, 2007 at the Westin Peachtree Plaza in Atlanta, Georgia.

Sincerely,

Arthur L. Nelson
President, Board of Directors



REGION IV HEAD START ASSOCIATION, INC.

2007 Annual Training Conference

Seek Knowledge. Find Inspiration.

February 5-8, 2007 ■ Westin Peachtree Plaza ■ Atlanta, Georgia

About the Region IV Head Start Association, Inc.

The Region IV Head Start Association, Inc. (RIVHSA), founded in 1986, is operated exclusively for charitable, scientific, literary, and educational purposes. RIVHSA provides a regional forum for the continued enhancement of the status of children, families, staff and programs throughout our eight member states of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

It is our vision that all Head Start and Early Head Start programs in Region IV will provide quality, comprehensive services to children and families. RIVHSA pursues its vision by assisting member organizations to secure resources to provide quality, comprehensive services.

About the Conference

Our conference is the premier education and networking gathering of the regional Head Start community. Take advantage of more than 65 educational sessions addressing legislative issues, early care and education, intervention and prevention strategies, as well as quality initiatives and practices. Gain insight from distinguished keynote and other featured speakers and enjoy engaging special events and networking opportunities. Tour our lively exhibit marketplace and marvel at the resources and products showcased by some of the leading companies in their industry. We have gathered an array of information and resources to create the optimal learning and sharing environment for the regional Head Start community.

Benefits of Attending

This experience is ideal for executive and mid-level management, members of governing bodies, as well as direct service staff and parents in the Head Start community. You will gain insight into the challenges and opportunities their organizations face everyday. Conference sessions will help you:

- Refine management and leadership roles
- Drive performance and growth through planning
- Identify best practices and process improvement strategies
- Improve child and family outcomes
- Expand professional networks and examine innovative products

www.rivhsa.org

Telephone: (770) 490-9198 Facsimile: (770) 831-9021



REGION IV HEAD START ASSOCIATION, INC.

2007 Annual Training Conference

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Conference Schedule At-A-Glance

Monday, February 5	Tuesday, February 6	Wednesday, February 7	Thursday, February 8
8:00 a.m. – 9:30 a.m. Leadership Institute Registration*	8:00 a.m. – 4:00 p.m. Conference Registration	8:00 a.m. – 2:00 p.m. Conference Registration	8:30 a.m. – 10:00 a.m. Closing General Session
8:30 a.m. – 1:30 p.m. Leadership Institute*	8:00 a.m. – 9:00 a.m. Plenary Session Reflect and Recharge	8:00 a.m. – 9:00 a.m. Plenary Session Reflect and Recharge	
2:00 p.m. – 3:00 p.m. Plenary Session Federal Address	8:30 a.m. – 3:30 p.m. Exhibits Open	8:30 a.m. – 3:30 p.m. Exhibits Open	
3:00 p.m. – 6:00 p.m. Exhibits Open	8:30 a.m. – 10:00 a.m. Issue Forums	8:30 a.m. – 10:00 a.m. Concurrent Educational Sessions	
3:00 p.m. – 5:30 p.m. Conference Registration	10:00 a.m. – 10:30 a.m. Morning Beverage Reception	10:00 a.m. – 10:30 a.m. Morning Beverage Reception	
5:00 p.m. – 5:30 p.m. Welcome Reception	10:30 a.m. – 12:00 p.m. Concurrent Educational Sessions	10:30 a.m. – 12:00 p.m. Concurrent Educational Sessions	
6:00 p.m. – 7:00 p.m. RIVHSA Town Hall Meeting	12:00 p.m. – 1:30 p.m. Lunch (On Your Own)	12:00 p.m. – 1:30 p.m. Lunch (On Your Own)	
7:00 p.m. – 8:30 p.m. Opening General Session	1:30 p.m. – 3:00 p.m. State Summits	1:30 p.m. – 3:00 p.m. Concurrent Educational Sessions	
	3:00 p.m. – 3:30 p.m. Afternoon Break (On Your Own)	3:15 p.m. – 3:30 p.m. Exhibit Drawing (2 of 2)	
	3:15 p.m. – 3:30 p.m. Exhibit Drawing (1 of 2)	7:30 p.m. – 11:30 p.m. Awards and Scholarship Gala	
	3:30 p.m. – 5:00 p.m. Content Area Meetings		

This schedule is tentative and subject to change.

*** Additional fees required for these events.**



REGION IV HEAD START ASSOCIATION, INC.

2007 Annual Training Conference

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February 5-8, 2007 ■ Westin Peachtree Plaza ■ Atlanta, Georgia

Hotel Reservations



Westin Peachtree Plaza

210 Peachtree Street NW

Atlanta, Georgia 30303

404.659.1400 or 800.937.8461

www.westin.com

Westin Hotels & Resorts redefine efficient service with an effortless style and gracious attitude that ensures a truly unforgettable experience. The Peachtree Plaza property was designed by renowned Atlanta architect John Portman and is the largest in the western hemisphere. All rooms feature floor-to-ceiling glass windows, High Speed Internet Access, the Westin Heavenly® Bed and marble Heavenly Bath®.

New Feature! Book your hotel reservations on our website at www.rivhsa.org !

Reservations

Group Name: Region IV Head Start Fiscal Conference

Cut-off Date: January 5, 2007 at 5:00 p.m. (EST)

404.659.1400

800.937.8461

www.westin.com

Conference Rates

Single: \$130.00

Double: \$130.00

Triple: \$150.00

Quad: \$150.00

124⁹/Room

Please make your reservations early but only after you have submitted your registration form to RIVHSA. This practice will ensure that persons registered for the Institute have an opportunity to secure rooms at the conference rate prior to the hotel cut-off date.

Hotel Parking

The Westin Peachtree Plaza is offering valet parking to all meeting attendees at a discount rate of \$15.00/Day.

about airtran a2b biz travel travel agents help search:



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select your flights

Airfares displayed include departure tax but do not include segment taxes, Airport Passenger Facility Charges, or the September 11th security fee.

- The lowest available fare for each flight is displayed below.
- Fares displayed are for one-way travel for 1 passenger.
- Printer-friendly version: for printing flight search results.

adjust your search

Depart: 05 Feb
 Return: 08 Feb
 additional airport of
 From: West Palm
 To: Atlanta, GA

Fly Now, Pay Nothing for 90 Days with **BillMeLater** [Details>](#)

departing flight: West Palm Beach, FL to Atlanta, GA: Mon, February 05, 2007 (6 results)

You are currently viewing all flights.

View: 2 morning flights from \$269, or 3 afternoon flights from \$219, or 1 evening flight from \$219.

Flight(s)	Departs	Arrives	Stops	Web Special			Regular Coach		
				(choose seats at check-in)			(choose seats at purchase)		
232	9:00 AM	10:45 AM	nonstop	---	---	---	---	<input type="radio"/> \$269*	<input type="radio"/> \$294*
242	11:20 AM	1:07 PM	nonstop	---	---	---	---	<input type="radio"/> \$269*	<input type="radio"/> \$294*
225	12:50 PM	2:30 PM	nonstop	---	---	---	---	<input type="radio"/> \$269*	<input type="radio"/> \$294*
239	2:40 PM	4:25 PM	nonstop	---	---	---	---	<input type="radio"/> \$269*	<input type="radio"/> \$294*
234	5:28 PM	7:13 PM	nonstop	---	---	---	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*
229	7:55 PM	9:35 PM	nonstop	---	---	---	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*

returning flight: Atlanta, GA to West Palm Beach, FL: Thu, February 08, 2007 (6 results)

You are currently viewing all flights.

View: 3 morning flights from \$76, or 2 afternoon flights from \$76, or 1 evening flight from \$76.

Flight(s)	Departs	Arrives	Stops	Web Special			Regular Coach		
				(choose seats at check-in)			(choose seats at purchase)		
235	8:05 AM	9:40 AM	nonstop	<input type="radio"/> \$76*	---	<input type="radio"/> \$144*	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*
252	9:10 AM	10:45 AM	nonstop	<input type="radio"/> \$76*	---	<input type="radio"/> \$144*	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*
384	10:37 AM	12:15 PM	nonstop	<input type="radio"/> \$76*	---	<input type="radio"/> \$144*	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*
216	1:12 PM	2:48 PM	nonstop	<input type="radio"/> \$76*	---	<input type="radio"/> \$144*	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*
237	3:12 PM	4:48 PM	nonstop	<input type="radio"/> \$76*	---	<input type="radio"/> \$144*	<input type="radio"/> \$219*	<input type="radio"/> \$269*	<input type="radio"/> \$294*

TRAVEL REQUEST/REIMBURSEMENT FORM
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NAME Michael Smith TITLE Parent / Policy Council Rep
PRINT NAME TECH PROF MNGR OTHER
 DEPARTMENT Community Services DIVISION Head Start/EA's
 PHONE # 233-1619 Ms. Martin ACCOUNT # 1002 147 1454 4941 DATE 11/30/06
 TRAVEL CONTACT Nicole Muhammad PHONE # 233-7634
 DESTINATION (City & State) Atlanta Georgia
 VACATION COMBINED WITH TRIP? YES NO WAS TRIP BUDGETED? YES NO
 TITLE OF CONFERENCE/SEMINAR Region IV Head Start Assoc. Annual Training Conf.
 PURPOSE OF TRIP: Business Training Conference/Convention
 Certification Lobbying
 OUT OF STATE IN STATE IN PALM BEACH COUNTY

	ESTIMATED EXPENSES	ACTUAL EXPENSES
<u>Representative</u> Departure	Date: <u>2/5/07</u>	Date: _____
Return	Time: <u>10:00am</u>	Time: _____
	Date: <u>2/8/07</u>	Date: _____
	Time: <u>6:00pm</u>	Time: _____
Registration Fee	\$ <u>255.00</u>	\$ _____
Transportation:		
Airline	<u>300.00</u>	_____
Private Vehicle (Attach Detail)	_____	_____
Destination Miles	_____	_____
@ 36¢ /mile	<u>0</u>	_____
Vicinity Miles	_____	_____
@ 36¢ /mile	<u>0</u>	_____
County Vehicle:	_____	_____
Vehicle # _____	<u>0</u>	_____
Taxi	<u>50.00</u>	_____
Car Rental (Attach Justification)	_____	_____
Lodging: <u>3</u> Days @ _____	<u>448.50</u>	_____
\$ <u>130.15</u> / Day <u>Taxi = 19.50</u>		
Meals: <u>3</u> Breakfasts (\$6.00)	<u>18.00</u>	_____
# <u>3</u> Lunches (\$12.00)	<u>36.00</u>	_____
# <u>4</u> Dinners (\$22.00)	<u>88.00</u>	_____
Per Diem:	_____	_____
# _____ Qtrs @ \$23.75 /Qtr..	<u>0</u>	_____
Miscellaneous:	_____	_____
Parking	<u>0</u>	_____
Tolls	<u>0</u>	_____
Other	<u>0</u>	_____
TOTAL ALL EXPENSES:	\$ <u>1195.50</u>	\$ _____
TRAVEL ADVANCE REQUESTED:	\$ <u>1145.50</u>	\$ _____
Less:		
Travel Advance	_____	_____
Payments By County	_____	_____
Payments By Other Entities	_____	_____
Amount of Reimbursement <REFUND>		\$ _____

TRAVEL APPROVALS:
 Traveler's: [Signature] Date 11/30/06
 Approving Authority's: [Signature] Date 12-21-2000

REIMBURSEMENT APPROVALS: *
 Traveler's: _____ Date _____
 Approving Authority's: _____ Date _____

*** CERTIFICATION AND AUTHORIZATION**

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the traveler as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Palm Beach County travel regulations and Chapter 112.061, Florida Statutes.

TRAVEL REQUEST/REIMBURSEMENT FORM
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NAME Tenisha Easter TITLE Policy Council / At
PRINT NAME TECH PROF MGR OTHR
 DEPARTMENT Community Services DIVISION Head Start / EAS
 PHONE # 233-1691 ACCOUNT # 1002 147 1454 4941 DATE 11/30/06
 TRAVEL CONTACT Nicole Muhammad PHONE # 233-1634
 DESTINATION (City & State) Atlanta Georgia
 VACATION COMBINED WITH TRIP? YES NO WAS TRIP BUDGETED? YES NO
 TITLE OF CONFERENCE/SEMINAR Atlanta Georgia Region IV Training Conf
 PURPOSE OF TRIP: Business Training Conference/Convention
 Certification Lobbying
 OUT OF STATE IN STATE IN PALM BEACH COUNTY

<input checked="" type="checkbox"/> Alternate Departure Return	ESTIMATED EXPENSES	ACTUAL EXPENSES
		Date: <u>2/5/07</u> Time: <u>7:00 AM</u> Date: <u>2/8/07</u> Time: <u>6:00 PM</u>
Registration Fee	\$ <u>255.00</u>	\$ _____
Transportation:		
Airline	<u>300.00</u>	_____
Private Vehicle (Attach Detail)	_____	_____
Destination Miles @ 36¢ /mile	<u>0</u>	_____
Vicinity Miles @ 36¢ /mile	<u>0</u>	_____
County Vehicle:		
Vehicle # _____	<u>0</u>	_____
Taxi	<u>50.00 per</u>	_____
Car Rental (Attach Justification)	<u>0</u>	_____
Lodging: <u>3</u> Days @ \$ <u>154.50</u> / Day = <u>448.50</u>	<u>448.50</u>	_____
Meals:		
# <u>3</u> Breakfasts (\$6.00)	<u>18.00</u>	_____
# <u>3</u> Lunches (\$12.00)	<u>36.00</u>	_____
# <u>4</u> Dinners (\$22.00)	<u>88.00</u>	_____
Per Diem:		
# _____ Qtrs @ \$23.75 /Qtr..	<u>0</u>	_____
Miscellaneous:		
Parking	<u>0</u>	_____
Tolls	<u>0</u>	_____
Other	<u>0</u>	_____
TOTAL ALL EXPENSES:	\$ <u>1195.50</u>	\$ _____
TRAVEL ADVANCE REQUESTED:	\$ <u>1145.50</u>	\$ _____
Less:		
Travel Advance	_____	_____
Payments By County	_____	_____
Payments By Other Entities	_____	_____
Amount of Reimbursement <REFUND>	_____	\$ _____

TRAVEL APPROVALS:
 Traveler's: Tenisha Easter Date 11/30/06
 Approving Authority's: [Signature] Date 12-21-2006

REIMBURSEMENT APPROVALS: *
 Traveler's: _____ Date _____
 Approving Authority's: _____ Date _____

*** CERTIFICATION AND AUTHORIZATION**

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the traveler as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Palm Beach County travel regulations and Chapter 112.061, Florida Statutes.

TRAVEL REQUEST/REIMBURSEMENT FORM
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NAME Cynthia Smith TITLE Parent/Policy Council Rep.
PRINT NAME TECH PROF MNGR OTHR
 DEPARTMENT Community Services DIVISION Head Start
 PHONE # 233-1619 ACCOUNT # 1002 147 1454 4941 DATE 11/30/06
 TRAVEL CONTACT Nicole Muhammad PHONE # _____ HD40 _____
 DESTINATION (City & State) Atlanta Georgia
 VACATION COMBINED WITH TRIP? YES NO WAS TRIP BUDGETED? YES NO
 TITLE OF CONFERENCE/SEMINAR Region IV Annual Training Conf
 PURPOSE OF TRIP: Business Training Conference/Convention
 Certification Lobbying
 OUT OF STATE IN STATE IN PALM BEACH COUNTY

	ESTIMATED EXPENSES	ACTUAL EXPENSES
	* Alternate Departure Date: <u>2/5/06</u> Time: <u>12:00 Am</u> Return Date: <u>2/8/06</u> Time: <u>6:00 pm</u>	
Registration Fee	\$ <u>255.00</u>	\$ _____
Transportation:		
Airline	<u>300.00</u>	_____
Private Vehicle (Attach Detail)	_____	_____
Destination Miles	_____	_____
@ 36¢ /mile	<u>0</u>	_____
Vicinity Miles	_____	_____
@ 36¢ /mile	<u>0</u>	_____
County Vehicle:	_____	_____
Vehicle # _____	<u>0</u>	_____
Taxi	<u>50.00</u>	_____
Car Rental (Attach Justification)	<u>448.50</u>	_____
Lodging: <u>3</u> Days @ _____ \$ <u>130 + 150</u> = <u>448.50</u>		_____
Meals:		
# <u>3</u> Breakfasts (\$6.00)	<u>18.00</u>	_____
# <u>3</u> Lunches (\$12.00)	<u>36.00</u>	_____
# <u>4</u> Dinners (\$22.00)	<u>88.00</u>	_____
Per Diem:		
# _____ Qtrs @ \$23.75 /Qtr..	<u>0</u>	_____
Miscellaneous:		
Parking	<u>0</u>	_____
Tolls	<u>0</u>	_____
Other	<u>0</u>	_____
TOTAL ALL EXPENSES:	\$ <u>1195.50</u>	\$ _____
TRAVEL ADVANCE REQUESTED:	\$ <u>1195.50</u>	\$ _____
Less:		
Travel Advance	_____	_____
Payments By County	_____	_____
Payments By Other Entities	_____	_____
Amount of Reimbursement <REFUND>		\$ _____

TRAVEL APPROVALS:
 Traveler's: Cynthia Smith Date 11/30/06
 Approving Authority's: [Signature] Date 12-21-2006

REIMBURSEMENT APPROVALS: *
 Traveler's: _____ Date _____
 Approving Authority's: _____ Date _____

*** CERTIFICATION AND AUTHORIZATION**

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the traveler as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Palm Beach County travel regulations and Chapter 112.061, Florida Statutes.