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

NAME		TITLE		
NAME PRINT NAME DEPARTMENT		TITLE DECH DEPROF DIMINGR DIOTHR		
			DATE	
DESTINATION (City & State)			5	
VACATION COMBINED WITH TRIP? DYES			ED? Q YES Q NO	
TITLE OF CONFEDENCE/SEMINAR				
PURPOSE OF TRIP: Business Certification	☐ Training	Confere	nce/Convention	
	□ Lobbyin	□ Lobbying		
□ OUT OF STATE	IN STATE	☐ IN PALM B	EACH COUNTY	
	The second second	n munniana		
		D EXPENSES	ACTUAL EXPENSES	
Departure	Date:		Date:	
P	Time:		Time:	
Return	Time:		Date: Time:	
	Time.		Time.	
Registration Fee	\$		S	
Transportation:				
Airline	925			
Private Vehicle (Attach Detail)				
Destination Miles				
.50.5 ¢/mile				
Vicinity Miles	8			
.50.5 ¢/mile				
County Vehicle:				
Vehicle #			2	
Taxi			-	
(Attach Justification)				
Lodging: Days @	-			
S / Day				
Meals:				
# Breakfasts (\$6.00)				
# Lunches (\$12.00) # Dinners (\$22.00)	×		(
Per Diem:				
# Qtrs @ \$23.75 /Qtr				
Miscellaneous:				
Parking				
Tolls				
Other	***************************************			
TOTAL ALL EXPENSES:	S		\$	
FRAVEL ADVANCE REQUESTED:	\$			
Less:				
Travel Advance				
Payments By County				
Payments By Other Entities				
Amount of Reimbursement < REFUN	D>		\$	
TRAVEL APPROVALS:				
Traveler's:			Date	
Approving Authority's:				
			Date	
REIMBURSEMENT APPROVALS: *				
Traveler's:			Date	
Approving Authority's:			Date	
			1.416	

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.