

TRAVEL EXPENSE REPORT

Employee Name:Rob Fazzini	Department: Administration Org: 10011110 Location (City, State, County): Washington DC			
Event Name: One Voice				
Event Dates: March 9-14 2013	Travel Dates: March 8-14	•		
Travel Times (am/pm):	Depart: 6a.m. Return: 7p.m.	•		

	AMOUNT PAID BY CHECK	AMOUNT PAID BY PETTY CASH	AMOUNT PAID BY PCARD	OUT OF POCKET CHARGES PAID BY EMPLOYEE	TOTAL EXPENSES
LODGING (70632; 269001)			\$2,050		\$2,050
*Room Charges (Incl. taxes):	This was	for the One Voice tl	nat included registra	tion and hotel cost	
*Phone/Fax/Internet (71340; 269004)					
TRANSPORTATION (70632;269003)	·				
Personal Vehicle Mileage: @ Cents per Mile					
*Airfare/Train Fare:			\$651.60		\$651.60
*Parking/Storage/Tolls:					
*Car Rental:					
*Fuel (COB Vehicle Only):					
*Taxi / Limo / Shuttle Service:					
*REGISTRATION (70631; 250094)			\$495.00		\$495.00
		This was for th	e NI C Event		9 125,00
*OTHER (Detail below)			S ITEG EVEITE		
*BUSINESS MEALS (see note)					
BOOTNESS WEALS (See Hote)					
*Indicates Receipts Required					
TOTALS					\$3196.60

Business Meals: To be used in limited circumstances for the occasional meeting that takes place over a meal. It is recommended that the meal amount stays within COB travel policy limits. Receipt required with all applicable restaurant information as well as the names of all persons attending. The legitimate business purpose must be stated.

Employee Advance (not including meals)	\$355.00
Reimbursement due to COB	\$0
Amount due to employee	\$0

My Signature below certifies:

*I have complied with all provisions of the City of Bloomington's Traval Policy.

*The above expenses are legitimate and correct to the best of my knowledge.

*I have not been nor will I (or any of my family members) be reimbursed for any of these expenses by any other source(s).

*The required receipts and all documentation are attached.

Employee Signature

Date J

Department Authorization

Date

Finance Audited By

Date