

TRAVEL EXPENSE REPORT

| Employee Name:David Hales | Department: Administration Org: 100[[]]O Location (City, State, County): Washington DC | | | |
|------------------------------|---|--|--|--|
| Event Name: One Voice | | | | |
| Event Dates: March 9-14 2013 | Travel Dates: March 12-14 | | | |
| Travel Times (am/pm): | Depart: 6a.m. Return: 7p.m. | | | |

| LODGING | 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 t | nat included registra | tion and hotel cost | |
| *Phone/Fax/Internet (71340; 269004) | | | | | |
| TRANSPORTATION (70632;269003) | | | | | |
| Personal Vehicle Mileage: @ Cents per Mile | | | | | |
| *Airfare/Train Fare: | | | \$1589.60 | | \$1589.60 |
| *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 NLC Event | | ¥ 123.00 |
| *OTHER (Detail below) | | | 9.120.270,110 | | |
| - | | | | | |
| *BUSINESS MEALS (see note) | | | | | |
| *Indicates Receipts Required | | | | | |
| TOTALS | | | | | \$4,134.00 |

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 | \$239.00 |
| Amount due to employee | \$0 |

My Signature below certifies:

Employee Signature

*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(

*The required receipts and all documentation are attached.

Department Authorization

Date