



TRAVEL EXPENSE REPORT

Employee Name: Jennifer McDade Department: Administration Org: 1001110
 Event Name: One Voice Location (City, State, County): Washington DC
 Event Dates: March 9-14 2013 Travel Dates: March 10-16
 Travel Times (am/pm): Depart: 6 a.m. Return: 7 p.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 that included registration and hotel cost				
*Phone/Fax/Internet (71340; 269004)					
TRANSPORTATION (70632; 269003)					
Personal Vehicle Mileage: @ _____ Cents per Mile					
*Airfare/Train Fare:				\$ 265.80	\$265.80
*Parking/Storage/Tolls:					
*Car Rental:					
*Fuel (COB Vehicle Only):					
*Taxi / Limo / Shuttle Service:					
*REGISTRATION (70631; 250094)			\$495.00		\$495.00
	This was for the NLC Event				
*OTHER (Detail below)					
*BUSINESS MEALS (see note)					
<i>*Indicates Receipts Required</i>					
TOTALS					<u>2810.80</u>

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	\$265.80

My Signature below certifies:

- *I have complied with all provisions of the City of Bloomington's Travel 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: 4-1-13
 Department Authorization: Date: 4-02-13
 Finance Audited By: Frances Watts Date: 4-02-13