

Amount : \$544.00

Sequence Number: 4292873056

Account: 3064574304

Capture Date: 05/03/2017

Bank Number:

Check Number: 473789



City of North Miami Beach

17011 NE 19th Avenue
North Miami Beach, FL 33162

FL Tax Exempt # 23-14-324970-54C

BANK OF AMERICA
18201 N.E. 19th Avenue
North Miami Beach, FL 33162
83-4/830

Vendor
Number
507534

Check
Date
3/22/2017

Check
Number
00473789

VOID AFTER 90 DAYS

\$544.00

Pay Five Hundred Forty Four Dollars and 00 cents *****

To The
Order Of

SMITH, PHYLLIS S
3245 NE 167 STREET
MIAMI, FL 33164

Joe G. H.

Authorized Signature _____

..MP

Authorized Signatory

Authorized Signature _____



1100473789 1063000047 003064574304

For security features listed below, contact industry guidelines:

- Security Features:**
 - **Two-Factor Authentication:** Requires a second form of verification, such as a security token or a one-time password.
 - **Encryption:** Protects data by converting it into a secure format that can only be accessed by authorized parties.
 - **Access Control:** Restricts access to resources based on user roles and permissions.
 - **Logging and Auditing:** Tracks user activity and system events for security analysis.
 - **Secure Communication:** Uses protocols like SSL/TLS to protect data in transit.
 - **Regular Updates:** Ensures software is patched with the latest security fixes.

598155119908 092706 20170503 000000003064574304
TRN_DEBIT PITSUKKX 54400
Sunny Isles 0981 94004 5981 3 0042

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
*RESERVED FOR FINANCIAL INSTITUTION USE +

ENDORSE HERE
* For deposit only
To the order of
Twyllis S. Smith 19339083974



City of North Miami Beach, Florida

Travel Expense Report

Traveler's Name Phyllis S. Smith	Department 100	Traveler's Vendor Number 507534
Destination Monaco	Departure Date March 23, 2017	Return Date March 30, 2017

ITEM	Day	THUR	FRIDAY	SAT	SUN	MON	TUES	WED	TOTAL	THUR
	Date	3/23/17	3/24/17	3/25/17	3/26/17	3/27/17	3/28/17	3/29/17		3/30/17
Lodging									0	\$58.50
Meals	Rate	\$ 58.50	\$ 70.00	\$ 41.00	\$ 88.00	\$ 88.00	\$ 70.00	\$ 70.00	\$ 544.00	Total
Breakfast	\$									
Lunch	\$									
Dinner	\$									
Registration Fee										
Airfare										
Taxi/Shuttle										
Vehicle Tolls										
Parking Fees										
Vehicle Rental										
Mileage										
Other										
Total									\$ 544.00	

Instructions: 1 This form must be completed and submitted after each trip regardless of whether reimbursement is requested 2 Complete each section for which travel expenses are claimed. Include totals for each day and for each line item. 3 This form is to be supported by paid receipts for all claims except meals. 4 Within ten (10) working days of return, accounting must be made on this form, properly signed, and submitted to the Finance Department. Excess advanced funds shall be returned to the Finance Department with submission of this form. 5 Use additional forms as needed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Grand Total from above</td> <td>\$544.00</td> </tr> <tr> <td colspan="3">Less Prior Payments or Advances</td> </tr> <tr> <td>Hotel</td> <td>Hotel name chk# xxxxxx</td> <td>-</td> </tr> <tr> <td>Per Diem</td> <td>Prepaid Chk# xxxxxx</td> <td>-</td> </tr> <tr> <td>Registration</td> <td>Org name Chk# xxxxxx</td> <td>-</td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Amount Due</td> <td>\$ 544.00</td> </tr> <tr> <td colspan="2"> ☐ City or ☒ Traveler </td> <td></td> </tr> </table>	Grand Total from above		\$544.00	Less Prior Payments or Advances			Hotel	Hotel name chk# xxxxxx	-	Per Diem	Prepaid Chk# xxxxxx	-	Registration	Org name Chk# xxxxxx	-	Other			Amount Due		\$ 544.00	☐ City or ☒ Traveler		
Grand Total from above		\$544.00																							
Less Prior Payments or Advances																									
Hotel	Hotel name chk# xxxxxx	-																							
Per Diem	Prepaid Chk# xxxxxx	-																							
Registration	Org name Chk# xxxxxx	-																							
Other																									
Amount Due		\$ 544.00																							
☐ City or ☒ Traveler																									

I certify that the expenses reported were actually incurred by me as necessary traveling expenses in the performance of my official duties. Any costs paid by another agency have been deducted from this travel claim. This claim is true and correct and conforms to the Travel Policy of the City of North Miami Beach.

Phyllis S. Smith 3.21.17
 Traveler (signature) Date

Approved - Dept Head (signature) Date

For use by Finance Department

Reset form ☒



City of North Miami Beach, Florida

TRAVEL AUTHORIZATION FORM

Pursuant to Resolution 2012-87, this form must accompany all requests for travel expense reimbursement.

Name: Phyllis S. Smith Phone: (305) 948-2986

Department: Mayor and City Commission Division: 100

Purpose of Travel: Trip to Monaco as City Representatives to
Stephane Bolongaro's Art Exhibition

Dates of Travel: March 23, 2017 to March 30, 2017

Account Number(s): _____

Estimated Cost:

- | | | |
|------------------|---------------------|-----------------------------|
| 1. Registration: | \$ <u>N/A</u> | |
| 2. Hotel: | \$ <u>N/A</u> | |
| 3. Air Fare: | \$ <u>N/A</u> | |
| 4. Meals: | \$ <u>\$ 544.00</u> | |
| 5. Car Rental: | \$ _____ | |
| 6. Mileage: | \$ _____ | Miles _____ x \$ _____ rate |
| 7. Other: | \$ _____ | (Explain) _____ |
| Total: | \$ <u>\$ 544.00</u> | |

Additional Comments: _____

Dept. Head Signature: _____ Date: _____

City Manager's Signature: _____ Date: _____



TO: Janette Smith, Finance Director
Joel Wasserman, Chief Procurement Officer

FROM: ~~NO~~ City Manager Ana M. Garcia

VIA: Chief of Staff Nicole Gomez

DATE: March 21, 2017

On behalf of the City of North Miami Beach, Commissioner Phyllis S. Smith and Chief of Staff Nicole Gomez will be travelling to Monaco as city representatives to artist Stéphane Bolongaro's Expo and Spectacle to be held on March 28th. Commissioner Smith and Chief of Staff Gomez are honored to attend the showing in the Musee De L'Automobile De Monaco in recognition of the artist's generous donation of the sculpture *Totor*, which will be prominently displayed outside of City Hall.

The artist additionally extended an invitation to the Mayor, City Manager Ana M. Garcia and the remaining commissioners, but they were regrettably unable to attend. With this gift, the City of North Miami Beach will be able to better engage its residents and further the transformation of NE 19th Avenue into a complete street through the display of cutting-edge contemporary art.

In order to facilitate this trip a certain number of day-to-day expenses beyond what is being provided by our generous host will be required from March 23rd to March 30th, as established by the Department of State Foreign Per Diem Rates. Attached please find a detailed itinerary outlining the meals that will be necessary. Additionally, we are kindly requesting that Procurement lift restrictions for usage of the P-Card from the dates indicated above in case any unexpected expenses should arise.

Attachments: *Trip to Monaco Itinerary*
Invitation from Stephane Bolongaro
Foreign Per Diem Rates



**STÉPHANE
BOLONGARO**

93, avenue de Brancolar - 06100 Nice - France
T : +33 (0) 6 74 33 53 62
@ Impact1@live.fr

The Honorable George VALLEJO
Mayor, City of North Miami Beach
17011 NE 19th Avenue
North Miami Beach, FL 33162

Dear Mayor Vallejo,

From the depths of my heart I wanted to thank you and the members of the City Council of North Miami Beach for the extraordinary and unforgettable welcome that you have given me.

You deeply touched my soul with this marvelous ceremony. Living a moment like this was without a doubt a milestone in my life.

I would be delighted and honored that you accept the invitation to my Art show that will take place in Monte Carlo under the patronage of HSH Prince Albert II of Monaco on the 28th of March 2017.

The official invitation for 4 persons will be sent to you in a few days with details regarding the complimentary transportation and accommodation.

Thank you again for everything and I am looking forward to seeing you the soonest.

Yours sincerely


Stéphane Bolongaro

DIPLOMACY IN ACTION

Per Diem Rates

Excel Versions of Per Diem
Foreign Per Diem Rates
Other Per Diem Rates

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Office of Allowances

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Office of Allowances**Appendix B****Chapter 301-Federal Travel Regulation****Allocation of M&IE Rates to Be Used in Making Deductions from the M&IE Allowance**

M&IE rates for the localities in nonforeign areas (prescribed in Civilian Personnel Per Diem Bulletins published periodically in the Federal Register by the Secretary of Defense) and for localities in foreign areas (established by the Secretary of State in Section 925, a per diem supplement to the Standardized Regulations Government Civilians, Foreign Areas) shall be allocated as shown in this table (Section 301-11.18) when making deductions from nonforeign or foreign area per diem rates.

M & IE Rate	Breakfast	Lunch	Dinner	Incidentals
\$1	0	0	0	1
\$2	0	0	1	1
\$3	0	1	1	1
\$4	1	1	1	1
\$5	1	1	2	1
\$6	1	2	2	1
\$7	1	2	3	1
\$8	1	2	3	2
\$9	1	2	4	2
\$10	2	2	4	2
\$11	2	3	4	2
\$12	2	3	5	2
\$13	2	3	5	3
\$14	2	4	5	3
\$15	2	4	6	3
\$16	2	4	7	3
\$17	3	4	7	3
\$18	3	5	7	3
\$19	3	5	8	3
\$20	3	5	8	4
\$21	3	5	9	4
\$22	3	6	9	4
\$23	3	6	9	5
\$24	4	6	9	5
\$25	4	6	10	5
\$26	4	7	11	5
\$27	4	7	11	5
\$28	4	7	11	6
\$29	4	7	12	6

\$30	5	7	12	6
\$31	5	8	12	6
\$32	5	8	13	6
\$33	5	8	13	7
\$34	5	9	13	7
\$35	5	9	14	7
\$36	5	9	15	7
\$37	6	9	15	7
\$38	6	10	15	7
\$39	6	10	16	7
\$40	6	10	16	8
\$41	6	10	17	8
\$42	6	11	17	8
\$43	6	11	17	9
\$44	7	11	17	9
\$45	7	11	18	9
\$46	7	12	18	9
\$47	7	12	19	9
\$48	7	12	19	10
\$49	7	12	20	10
\$50	8	12	20	10
\$51	8	13	20	10
\$52	8	13	21	10
\$53	8	13	21	11
\$54	8	14	21	11
\$55	8	14	22	11
\$56	8	14	23	11
\$57	9	14	23	11
\$58	9	15	23	11
\$59	9	15	24	11
\$60	9	15	24	12
\$61	9	15	25	12
\$62	9	16	25	12
\$63	9	16	25	13
\$64	10	16	25	13
\$65	10	16	26	13
\$66	10	17	26	13
\$67	10	17	27	13
\$68	10	17	27	14
\$69	10	17	28	14
\$70	11	17	28	14
\$71	11	18	28	14
\$72	11	18	29	14
\$73	11	18	29	15
\$74	11	19	29	15
\$75	11	19	30	15
\$76	11	19	31	15
\$77	12	19	31	15
\$78	12	20	31	15

B L D

\$79	12	20	32	15
\$80	12	20	32	16
\$81	12	20	33	16
\$82	12	21	33	16
\$83	12	21	33	17
\$84	13	21	33	17
\$85	13	21	34	17
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\$170	26	42	68	34
\$171	26	43	68	34
\$172	26	43	69	34
\$173	26	43	69	35
\$174	26	44	69	35
\$175	26	44	70	35

\$176	26	44	71	35
\$177	27	44	71	35
\$178	27	45	71	35
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\$218	33	55	87	43
\$219	33	55	88	43
\$220	33	55	88	44
\$221	33	55	89	44
\$222	33	56	89	44
\$223	33	56	89	45



For M ALE rates greater than \$265, allocate 15%, 25% and 40% of the total to breakfast, lunch and dinner, respectively. The remainder is the incidental expense allowance

\$224	34	56	89	45
\$225	34	56	90	45
\$226	34	57	90	45
\$227	34	57	91	45
\$228	34	57	91	46
\$229	34	57	92	46
\$230	35	57	92	46
\$231	35	58	92	46
\$232	35	58	93	46
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\$261	39	65	105	52
\$262	39	66	105	52
\$263	39	66	105	53
\$264	40	66	105	53
\$265	40	66	106	53