

CITY OF NORTH MIAMI, FLORIDA TRAVEL EXPENSE REPORT

Ok
JL

Name	<u>Jacques Domingue</u>	Date	<u>8/25/2017</u>
Department	<u>Public Works</u>	Title	<u>Electrician</u>
Destination	<u>Arcahaie, Haiti</u>	Mode of Transportation Used	<u>Air</u>
Vacation Combined with Trip? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, meal and hotel expenses cease upon termination of City business.			

TRANSPORTATION COSTS

* Round Trip Common Carrier Rate to Destination \$578.96

PRIVATE AUTO RECORD

DATE	FROM	TO	ODOMETER		MILES	*PARKING & TOLLS
			START	FINISH		
TOTAL					0	\$0.00
Allowable Mileage					@ \$0.500	per mile
Total Transportation Reimbursement					<u>\$578.96</u>	

ACTUAL SUBSISTENCE EXPENSES

DATE	8/14/2017							TOTAL
	SUN	MON	TUES	WED	THURS	FRI	SAT	
ITEMS								
*Lodging		149.00	154.46					\$303.46
Breakfast		16.65		16.65				\$33.30
Lunch		33.30	33.30	33.30				\$99.90
Dinner			61.05					\$61.05
*Local Transportation								\$0.00
**Communication								\$0.00
*Registration Fees								\$0.00
*Other (Safe Wrap)								\$0.00
Transaction Fees								\$0.00
Xtra Baggage Fee								\$0.00
TOTAL	0.00	198.95	248.81	49.95	0.00	0.00	0.00	\$497.71
GRAND TOTAL								\$1,076.67

I hereby certify that the above is a true and correct statement of travel expenses incurred in the conduct of City business and no expenses are of a personal nature.

[Signature]

(Employee)

APPROVED: [Signature]
(Department Head)

Total Amount Advanced/Prepaid:	<u>\$1,076.67</u>	Account No.	<u>001-02-418004-519-305-000</u>
Total Expenses:	<u>\$1,076.67</u>	Expenses Approved by	<u>J. H...</u> Date <u>10-10-17</u>
Due City:		Budget Manager	
Due Traveler:		Approved for Payment	
*To be substantiated by paid bill or receipt.		Finance	
**Telephone calls itemized are related to City business.		Voucher No.	

RECEIVED

OCT 11 2017

JL 29324

CITY OF NORTH MIAMI
ACCOUNTS PAYABLE

Accounting	-	Original
Traveler	-	Copy

Vendor #: 0004380

Vendor name: DOMINGUE, JACQUES

CITY OF NORTH MIAMI, FL 33161

ACCOUNTS PAYABLE CHECK

NO. 238005

INVOICE NUMBER	DATE	P.O. NUMBER	DESCRIPTION	AMOUNT
TRVL R-Aug 14-16,'17	08/16/2017		ARCAHAIE,HAITI-PER DIEM FOR JAC.DOMINGUE-SIS1	194.25
				194.25

PLEASE DETACH BEFORE DEPOSITING

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS



CITY OF NORTH MIAMI
776 NE 125 ST
NORTH MIAMI, FL 33161
WWW.NORTHMIAMIFL.GOV
(305) 893-6511

BANK OF AMERICA
NORTH MIAMI BRANCH
990 NE 125 ST
NORTH MIAMI, FL 33161

63-4
630

VENDOR NUMBER	DATE	CHECK NUMBER	CHECK AMOUNT
0004380	08/10/2017	238005	194.25

PAY One Hundred Ninety Four Dollars and Twenty Five Cents

TO THE ORDER OF
DOMINGUE, JACQUES
CITY OF NORTH MIAMI
PUBLIC WORKS DEPT.
NORTH MIAMI, FL 33161

Finance Director

Mayor

0238005 0631002771 004213082310

**City of North Miami, Florida
TRAVEL REQUEST**

Doc. # 337849

Date: August 8, 2017

Name of Traveler: Jacques Domingue

Department: Public Works

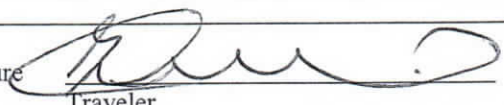
Destination: Arcahaie, Haiti

Mode of Transportation: Airlines
(If least expensive mode not chosen provide justification below)

Dates of City Travel: From: August 14, 2017

To: August 16, 2017

Purpose of Trip: Sister Cities International, Arcahaie, Haiti

<u>ESTIMATED COST</u>		Will vacation be combined with trip? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Registration		Attach written documentation supporting this travel
Transportation	\$ 578.96 Prepaid	Information on trip attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Meals	194.25	
Lodging	303.46 Prepaid	Travel was included in budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other – Local Transportation		
Other		
Total Costs	1,076.67	
Less Prepaid Expenses	882.42	
Advance to Traveler	\$ 194.25	
		Signature 
		Traveler

Meal Detail

Date	08/14/17	08/15/17	08/16/17					Total
Breakfast – 15%	16.65		16.65					33.30
Lunch – 30%	33.30	33.30	33.30					99.90
Dinner – 55%		61.05						61.05
Total	49.95	94.35						194.25

COMMENTS



APPROVED

Account No. 001-02-418004-519-305-000


DEPARTMENT HEAD 8/8/17
DATE

Voucher No: _____ Date: _____

RISK MANAGEMENT ADMINISTRATOR DATE


BUDGET DIRECTOR

CITY MANAGER 8/10/17
DATE

McDonald, Andrea

From: Pierre-Louis, Wisler
Sent: Friday, August 18, 2017 7:40 PM
To: McDonald, Andrea
Subject: FW: Your trip confirmation-YSDHMP 14AUG



Wisler Pierre-Louis
Director

Public Works Department
776 NE 125 Street
North Miami, FL 33161
Office: 305-895-9830, ext. 12501

 Please print only if necessary



From: American Airlines@aa.com [mailto:notify@aa.globalnotifications.com]
Sent: Monday, July 31, 2017 6:24 PM
To: Pierre-Louis, Wisler <pwisler@northmiamifl.gov>
Subject: Your trip confirmation-YSDHMP 14AUG

American Airlines 



Hello Wisle Pierre Louis!

Issued: Jul 31, 2017



Your trip confirmation and receipt

Record locator: **YSDHMP**

View your trip

Monday, August 14, 2017

MIA	→	PAP	Seats: -- , -- , --
10:47 AM		1:00 PM	Class: Economy (S)
Miami		Port Au Prince	Meals: Food For Purchase
American Airlines 949			

Wednesday, August 16, 2017

PAP	→	MIA	Seats: -- , -- , --
1:55 PM		4:08 PM	Class: Economy (L)
Port Au Prince		Miami	Meals: Food For Purchase
American Airlines 903			

Wisle Pierre	AAdvantage # 45LE3N8
Louis	Ticket # 0012141329465

Jacques	Earn miles with this trip.
Domingue	Join AAdvantage »
	Ticket # 0012141329466

Thomas
Positano

Earn miles with this trip.

Join AAdvantage »

Ticket # 0012141329467

Your trip receipt



Visa XXXXXXXXXXXXXXX5981

Wisle Pierre Louis

FARE-USD	\$ 438.00
TAXES AND CARRIER-IMPOSED FEES	\$ 140.96
TICKET TOTAL	\$ 578.96

Jacques Domingue

FARE-USD	\$ 438.00
TAXES AND CARRIER-IMPOSED FEES	\$ 140.96
TICKET TOTAL	\$ 578.96

Thomas Positano

FARE-USD	\$ 438.00
TAXES AND CARRIER-IMPOSED FEES	\$ 140.96
TICKET TOTAL	\$ 578.96



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AVIS  **Budget**



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Up to 85,000 bonus miles through August 31



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Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE - MIAPAP-01 Piece/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM BAG ALLOWANCE -PAPMIA-01 Piece/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-MIAPAP-USD0.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-PAPMIA-USD0.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-MIAPAP-USD40.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-PAPMIA-USD40.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. You must log in on aa.com or Contact Reservations to cancel. Once cancelled, your refund will be processed automatically. Refund Policy>>.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our [Airport Information](#) page.