

# CITY OF NORTH MIAMI, FLORIDA TRAVEL EXPENSE REPORT

OK  
J2

Name Thomas Positano Date 8/25/2017  
 Department Public Works Title Asst. Director  
 Destination Arcahaie, Haiti Mode of Transportation Used Air  
 Vacation Combined with Trip?  Yes  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 \$0.00
Total Transportation Reimbursement					<u>\$578.96</u>	

### ACTUAL SUBSISTENCE EXPENSES

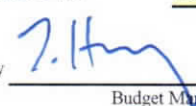
DATE	8/14/2017	8/15/2017	8/16/2017	8/17/2017	8/18/2017	SAT	TOTAL
	SUN	MON	TUES	WED	THURS		
<b>ITEMS</b>							
*Lodging		149.00	154.46				\$303.46
Breakfast		16.65		16.65			\$33.30
Lunch		33.30	33.30	33.30			\$99.90
Dinner			61.05				\$61.05
*Local Transportation							\$0.00
**Communication							\$0.00
*Registration Fees							\$0.00
*Other (Safe Wrap)							\$0.00
Transaction Fees							\$0.00
Xtra Baggage Fee							\$0.00
<b>TOTAL</b>	0.00	198.95	248.81	49.95	0.00	0.00	<b>\$497.71</b>

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.

**GRAND TOTAL** **\$1,076.67**

  
 (Employee)

APPROVED:   
 (Department Head)

Total Amount Advanced/Prepaid: \$1,076.67 Account No. 001-02-418004-519-305-000  
 Total Expenses: \$1,076.67  
 Due City: \_\_\_\_\_ Expenses Approved by  Date 10-10-17  
 Due Traveler: \_\_\_\_\_ Budget Manager

\*To be substantiated by paid bill or receipt. Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_  
 \*\*Telephone calls itemized are related to City business. Finance

Accounting - Original Initials \_\_\_\_\_ Voucher No. \_\_\_\_\_ Date \_\_\_\_\_  
 Traveler - Copy



Vendor #: 0003200

Vendor name: POSITANO, THOMAS  
ACCOUNTS PAYABLE CHECK

NO. 238015

CITY OF NORTH MIAMI, FL 33161

INVOICE NUMBER	DATE	P.O. NUMBER	DESCRIPTION	AMOUNT
TRVL R-Aug 14-16,'17	08/16/2017		ARCAHAIE,HAITI-PER DIEM FOR T.POSITANO-SISTER	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  
890 NE 125 ST  
NORTH MIAMI, FL 33161

63-4  
630

VENDOR NUMBER	DATE	CHECK NUMBER	CHECK AMOUNT
0003200	08/10/2017	238015	194.25

PAY One Hundred Ninety Four Dollars and Twenty Five Cents

TO THE ORDER OF  
POSITANO, THOMAS  
PUBLIC WORKS DEPARTMENT  
NORTH MIAMI, FL 33161

Finance Director

Mayor

⑈0238015⑈ ⑆063100277⑆ 004213082310⑈

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

*Doc # 337840*

Date: August 8, 2017

Name of Traveler: Thomas Positano

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		
<b>Total Costs</b>	<b>1,076.67</b>	
Less Prepaid Expenses	882.42	
<b>Advance to Traveler</b>	<b>\$ 194.25</b>	
		Signature <u><i>Thomas Positano</i></u>
		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
<b>Total</b>	<b>49.95</b>	<b>94.35</b>						<b>194.25</b>

**COMMENTS**

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Account No. <u>001-02-418004-519-305-000</u>  Voucher No: _____ Date: _____	<b>APPROVED</b>	
	<u><i>Thomas Positano</i></u> DEPARTMENT HEAD	<u>8/8/17</u> DATE
	_____ RISK MANAGEMENT ADMINISTRATOR	_____ DATE
	<u><i>Thomas Positano</i></u> BUDGET DIRECTOR	<u>8/10/17</u> DATE
	<u><i>Thomas Positano</i></u> CITY MANAGER	_____ DATE



**McDonald, Andrea**

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**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



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**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



Hello Wisle Pierre Louis!

Issued: Jul 31, 2017



Your trip confirmation and receipt

Record locator: **YSDHMP**

View your trip

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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			

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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			

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Wisle Pierre	AAdvantage # 45LE3N8
Louis	Ticket # 0012141329465

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

Thomas  
Positano

Earn miles with this trip.

Join AAdvantage »

Ticket # 0012141329467

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## Your trip receipt



Visa XXXXXXXXXXXXXXX5981

### ***Wisle Pierre Louis***

FARE-USD	\$ 438.00
TAXES AND CARRIER-IMPOSED FEES	\$ 140.96
<b>TICKET TOTAL</b>	<b>\$ 578.96</b>

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### ***Jacques Domingue***

FARE-USD	\$ 438.00
TAXES AND CARRIER-IMPOSED FEES	\$ 140.96
<b>TICKET TOTAL</b>	<b>\$ 578.96</b>

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### ***Thomas Positano***

FARE-USD	\$ 438.00
TAXES AND CARRIER-IMPOSED FEES	\$ 140.96
<b>TICKET TOTAL</b>	<b>\$ 578.96</b>

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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>>.

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