

CITY OF NORTH MIAMI, FLORIDA TRAVEL EXPENSE REPORT

ok
JL

Name	<u>Wisler Pierre-Louis</u>	Date	<u>8/25/2017</u>
Department	<u>Public Works</u>	Title	<u>Director</u>
Destination	<u>Arcahaie, Haiti</u>	Mode of Transportation Used	<u>Air</u>

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		
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	\$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.

Wisler Pierre-Louis
(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><i>[Signature]</i></u> Date <u>10-10-17</u>
Due City:		Budget Manager	
Due Traveler:		Approved for Payment	

*To be substantiated by paid bill or receipt.
**Telephone calls itemized are related to City business.

Accounting	-	Original
Traveler	-	Copy

RECEIVED

OCT 11 2017

CITY OF NORTH MIAMI

ACCOUNTS PAYABLE

Initials _____

Voucher No. _____ Date _____

Vendor #: 0004059

Vendor name: PIERRE-LOUIS, WISLER

CITY OF NORTH MIAMI, FL 33161

ACCOUNTS PAYABLE CHECK

NO. 238014

INVOICE NUMBER	DATE	P.O. NUMBER	DESCRIPTION	AMOUNT
TRVL R-Aug 14-16,'17	08/16/2017		ARCAHAIE,HAITI-PER DIEM FOR W.PIER LOUIS-SISTE	194.25
				194.25

PLEASE DETACH BEFORE DEPOSITING

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICALLY 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
0004059	08/10/2017	238014	194.25

PAY One Hundred Ninety Four Dollars and Twenty Five Cents

TO THE ORDER OF PIERRE-LOUIS, WISLER
CITY OF NORTH MIAMI
PUBLIC WORKS DEPARTMENT
NORTH MIAMI, FL 33161

Finance Director

Mayor

0238014 063100277 004213082310

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

Doc # 337839

Date: August 8, 2017

Name of Traveler: Wisler Pierre-Louis

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 <u><i>Wisler Pierre-Louis</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
Total	49.95	94.35						194.25

COMMENTS

Account No. <u>001-02-418004-519-305-000</u> Voucher No: _____ Date: _____	APPROVED	
	<u><i>Wisler Pierre-Louis</i></u> DEPARTMENT HEAD	<u>8/8/17</u> DATE
	_____ RISK MANAGEMENT ADMINISTRATOR	_____ DATE
	<u><i>[Signature]</i></u> BUDGET DIRECTOR _____ CITY MANAGER	_____ DATE <u>8/10/17</u> 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



Hello Wise Pierre Louis!

Issued: Jul 31, 2017



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
Louis

AAdvantage # 45LE3N8
Ticket # 0012141329465

Jacques
Domingue

Earn miles with this trip.
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 



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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.