

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

Date: 07/01/2019

Name of Traveler: Councilwoman Mary Estimé-Irvin

Department: Mayor and Council Office

Destination: Houston, TX

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

Dates of City Travel: From: July 16, 2019

To: July 20, 2019

Purpose of Trip: To attend the 2019 Annual Sister Cities International Cities Mean Business Conference

<u>ESTIMATED COST</u>		Will vacation be combined with trip? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Registration	\$575.00	Attach written documentation supporting this travel
Transportation	\$348.60	
Meals	\$242.46	Information on trip attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lodging -	\$959.69	Travel was included in budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other - Local Transportation	\$	
Other		*(Explain answer no)
Total Costs	<b>\$2,125.75</b>	
Less Prepaid Expenses	\$1,883.29	
Advance to Traveler	\$242.46	
		Signature _____
		Traveler

**Meal Detail**

Date	7-16-19	7-17-19	7-18-19	7-19-19	7-20-19			Total
Breakfast - 15%		\$9.15	\$9.15	\$9.15	\$6.86			\$34.31
Lunch - 30%	\$13.72	\$18.30	\$18.30	\$18.30	\$13.72			\$82.34
Dinner - 55%	\$25.16	\$33.55	\$33.55	\$33.55				\$125.81
<b>Total</b>	<b>\$38.88</b>	<b>\$61.00</b>	<b>\$61.00</b>	<b>\$61.00</b>	<b>\$20.58</b>			<b>\$242.46</b>

**COMMENTS**


**APPROVED**

Account No. XXXXXXXXXX  
Voucher No: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT HEAD _____	DATE _____
RISK MANAGEMENT ADMINISTRATOR _____	DATE _____
BUDGET DIRECTOR _____	DATE _____
CITY MANAGER _____	DATE _____