



CITY OF PALM BAY, FLORIDA

Travel Request/Advance Request

Contact/Ext _____

Control # _____

Request Date: _____

Name:	Christina Born	Destination:	3CMA Conference, Arlington, TX	
Department/Division:	City Manager's Office	Date of:	Departure 9/3/2024	Return 9/7/2024
Account To Be Charged:	001-1210-512-4001 & 5501	Time of:	8:00am	2:00pm
Account To Be Charged:		Estimated Cost:	before mileage reimbursement	\$2,222.56

Purpose of Travel (Specify Conference, School or Other Reason) - **ATTACH ITINERARY**
 Attend the 2024 3CMA Annual Conference.
 Date Approved By Council: _____

Transportation: boldface or circle choice(s)
 POV - Estimated Mileage _____ City Vehicle
 Common Carrier (complete below)

PREPAID EXPENSES	VENDOR/ADDRESS	EXPLANATION	AMOUNT	FINANCE USE ONLY	
Registration	3CMA Annual Conf 2024	Registration \$650		Vendor #	Check #
Due Date					Date
Hand Carry Y N			\$650.00		
Lodging	Loews Arlington Hotel 888 Nolan Ryan Expressway Arlington, TX 76011	Rate	\$195.00	Vendor #	Check #
Due Date		# Nights	4		Date
Hand Carry Y N			\$780.00		
Common Carrier (if applicable)	Airfare- roundtrip			Vendor #	Check #
Due Date					Date
Hand Carry Y N			\$400.00		
Other Expenses	Hotel tax			Vendor #	Check #
Due Date					Date
Hand Carry Y N			\$142.56		
Other Expenses	Ride share to/from airport			Vendor #	Check #
Due Date					Date
Hand Carry Y N			\$100.00		
PER DIEM ADVANCE: Advanced or Upon Return (circle one) Refer to www.gsa.gov for rates - attach proof of rate (Lodging prepaid - receipt required)				Vendor #	Check #
Breakfast	0	@	\$14.00	=	\$0.00
Lunch	3	@	\$16.00	=	\$48.00
Dinner	3	@	\$29.00	=	\$87.00
Incidentals	3	@	\$5.00	=	\$15.00
					\$150.00

TRAVEL APPROVALS

Department Head _____ Date _____

Finance _____ Date _____

(if applicable)

City Manager _____ Date _____