



**CITY OF PALM BAY, FLORIDA**

**Travel Request/Advance Request**

Contact/Ext \_\_\_\_\_

Control # \_\_\_\_\_

Request Date: \_\_\_\_\_

Name: Steven Whidden	Destination: Sheraton Sand Key Resort Clearwater Beach, F
Department/Division: Parks Maint & Facilities	Departure: 10/23/2024 Return: 10/25/2024
Account To Be Charged: 001-4525-519-55-01	Time of: 4:00 PM 4:00 PM
Account To Be Charged:	Estimated Cost: before mileage reimbursement <b>\$1,252.00</b>

**Purpose of Travel** (Specify Conference, School or Other Reason) - **ATTACH ITINERARY**  
 Attendance to the Florida Design Build Conference in Clearwater Beach, FL from October 23rd through October 25th 2024.  
 Date Approved By Council: \_\_\_\_\_

**Transportation: boldface** POV - Estimated Mileage \_\_\_\_\_ City Vehicle **XX**  
 or circle choice(s) Common Carrier (complete below)

PREPAID EXPENSES	VENDOR/ADDRESS	EXPLANATION	AMOUNT	FINANCE USE ONLY	
Registration	Fl. Design-Build Conference		\$245.00	Vendor #	Check #
Due Date _____				Date	
Hand Carry Y N					
Lodging	Sheraton Sand Key Resort 1160 Gulf Blvd Clearwater Beach, FL 33767	Rate	\$249.00	Vendor #	Check #
Due Date _____		# Nights	3	Date	
Hand Carry Y N			\$747.00		
Common Carrier (if applicable)					
Due Date _____			\$0.00	Vendor #	Check #
Hand Carry Y N				Date	
Other Expenses	parking		\$75.00	Vendor #	Check #
Due Date _____				Date	
Hand Carry Y N					
Other Expenses			\$0.00	Vendor #	Check #
Due Date _____				Date	
Hand Carry Y N					
<b>PER DIEM ADVANCE: Advanced or Upon Return (circle one)</b> <b>Refer to www.gsa.gov for rates - attach proof of rate</b> (Lodging prepaid - receipt required)				Vendor #	Check #
Breakfast	3	@	\$20.00	=	\$60.00
Lunch	2	@	\$22.00	=	\$44.00
Dinner	2	@	\$33.00	=	\$66.00
Incidentals	3	@	\$5.00	=	\$15.00
				\$185.00	Date

**TRAVEL APPROVALS**

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Finance \_\_\_\_\_ Date \_\_\_\_\_

(if applicable)

City Manager \_\_\_\_\_ Date \_\_\_\_\_