



Professional Travel

Date: 10/10/18

Account No.

Name: John Keating
Legal name as it appears on DL (for booking flights)

ORG Code	OBJ Code	Proj Code	
	69500		Travel/Meals Lodging
	69550		Registrations
10000000	12180		Advance

D.O.B.: _____
Required for booking flights

Destination: Fort Worth

Purpose: TML conference in Fort Worth

Departure Date: 10/10/18

Return Date: 10/11/18

Expenses	Before Trip Estimate	Advance Requested	During Trip Expenses	Prepaid or Billed
Mileage (\$0.545/mile 1-1-2018) <input type="checkbox"/> Total Miles Traveled	0.00		0.00	
Air Fare: <input type="checkbox"/> Check if you want Purchasing to book flight				
Parking Fees				
Taxi, bus, other transportation				
Car Rental: <input type="checkbox"/> Check if you want Purchasing to book rental car				
Registration <input type="checkbox"/> Prepay <input type="checkbox"/> City AMEX <input type="checkbox"/> Reimb. Employee				
Meals/Per Diem (Complete Table below)	0.00			
Lodging <input type="checkbox"/> Prepay (Include current W-9 from hotel)			357.57	
Gratuities				
Other (please explain) <input type="text"/>				
TOTALS	\$0.00	\$0.00		\$0.00

Expenses incurred by employee:	\$357.57
Plus Prepaid or Billed:	0.00
Trip Total:	357.57
Less travel advance (subtracted from expenses incurred):	0.00
Amount due (TO) or FROM the City:	\$357.57

Receipts and other supporting data must be attached. If payment is due the City, please attach payment at time of submission of form after trip is complete.

Director's Signature (Before Trip) _____

Employee Signature (Before Trip) _____

Meal Per Diem Breakdown

Date	Amount
Total	\$0.00

Remember: First and last days of travel are reduced, per GSA guidelines.

I certify that the expenses outlined above were incurred by me in the conducting of city business and are true and correct to the best of my knowledge.

Employee Signature (After Trip)

Director's Signature (After Trip) _____

Approved for Payment _____

OMNI HOTELS & RESORTS

fort worth

John Keating
United States

Room No. : 449
 Arrival : 10/10/18
 Departure : 10/11/18
 Page No. : 1 of 1
 Folio No. : 812502
 Conf. No. : 40034348312
 Cashier No. : 2528

INFORMATION INVOICE

Membership No. :
 A/R Number :
 Group Code : 100418TEXASMUNI
 Company Name :

11/21/18

Date	Description	Charges	Payments
10/10/18	Valet Overnight	30.31	
10/10/18	Room Charge	279.00	
10/10/18	2% Fort Worth Tourism PID Fee	5.58	
10/10/18	9% City Occupancy Tax	25.61	
10/10/18	6% State Occupancy Tax	17.07	
10/11/18	MasterCard XXXXXXXXXXXX6712 XX/XX		357.57
Total		357.57	357.57
Balance			0.00

Thank you for staying at the Omni Fort Worth.