



**Professional Travel**

Date: 08/04/23

Name: Tammy Meinershagen  
 Legal name as it appears on DL (for booking flights)

D.O.B.: \_\_\_\_\_  
 Required for booking flights

ORG Code	OBJ Code	Proj Code
11016000	69500	
	69550	
10000000	12180	

Employee # \_\_\_\_\_  
 If does not have Employee # check option below  
 City Council  City Board  Other (explain) \_\_\_\_\_

Destination: Washington DC Purpose: NTX to DC Summer Advocacy Fly-in

Departure Date: 07/25/23 Return Date: 07/27/23

Expenses	Before Trip Estimate	Advance Requested	During Trip Expenses	Prepaid or Billed
Mileage (\$0.655/mile 1-1-20) _____ Total Miles Traveled _____	0.00		0.00	
Air Fare: Purchasing will book flight				
Parking Fees				
Taxi, bus, other transportation				
Car Rental: Purchasing will book rental car				
Registration <input type="checkbox"/> Fin Pays <input type="checkbox"/> Dept Carc <input type="checkbox"/> Reimb. Employee				
Meals/Per Diem (Complete Table below)	55.75		55.75	
Lodging <input type="checkbox"/> Fin Pay (Include W-9 from host <input type="checkbox"/> Dept Card			647.00	
Other (please explain) _____				
<b>TOTALS</b>	<b>\$55.75</b>	<b>\$0.00</b>		<b>\$0.00</b>

Expenses incurred by employee:	\$702.75
Plus Prepaid or Billed:	0.00
Trip Total:	702.75
Less travel advance (subtracted from expenses incurred):	0.00
Amount due (TO) or FROM the City:	<b>\$702.75</b>

**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
7/25/2023	55.75
<b>Total</b>	<b>\$55.75</b>

**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 \_\_\_\_\_



AC HOTELS BY MARRIOTT®  
 CAPITOL HILL / NAVY YARD  
 867 NEW JERSEY AVE SE  
 WASHINGTON DC 20003  
 T: 202 488 3600

T. MEINERSHAGEN

ROOM: 525  
 ROOM TYPE: EQNN  
 NUMBER OF GUESTS: 1  
 RATE: \$279.00 CLERK:

ARRIVE: 25JUL23  
 DEPART: 27JUL23  
 FOLIO NUMBER: 51461

TIME: 11:26AM  
 TIME: 12:00PM

DATE	DESCRIPTION	CHARGES	CREDITS
25Jul23	Room Charge	279.00	
25Jul23	State Sales Tax	44.50	
26Jul23	Room Charge	279.00	
26Jul23	State Sales Tax	44.50	
27Jul23	Master Card		647.00
	Card #: MCXXXXXXXXXXXX1916/XXXX Amount: 647.00 Auth: 06679Z This card was electronically swiped on 25Jul23		
	<b>Balance:</b>	<b>0.00</b>	

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AC Hotel by Marriott  
WASAO Smoke & Mirrors  
867 New Jersey Ave SE  
Washington, DC 20003

Check No : 3088  
Table No : 82  
Server : 218206 Nicole  
Name on Card: MEINERSHAGEN/TAMMY  
Acct Num : XXXXXXXXXXXX1916  
Expiry Date : \*\*/\*\*  
Card Type : MasterCard  
Trans Type : Authorize  
Trans Date : 7/25/2023  
Trans Time : 9:56 PM  
Entry Mode : Chip  
Auth Code : 01161Z  
Resp Code : 00  
Mode : Issuer  
App Label : CAPITAL ONE  
AID : A0000000041010  
ARC : 00  
TVR : 0000008000  
TSI : E800  
IAD : 0110607001220000D662000000

00 Approved - Thank You 000

Subtotal : USD\$ 46.75

Gratuity : 9.20

Total : 55.75

X \_\_\_\_\_

Signature

I Agree to pay total amount as  
per the Card Issuer Agreement.

Customer Copy

202-488-3600