DATE 08/29/13



Request for CCOC Conference Funds

| Name: | Ald. Lisa Subeck | | | | | | |
|---------------------------|---|------------|------------------------|------------|--|--|--|
| Purpose: | 115 th Annual LWM Conference | | | | | | |
| Destination/ Location: | Green Bay, WI | | | | | | |
| Travel Dates: | Beginning | | Ending | | | | |
| | Date: 10/17/13 | Time: 8 am | Date: 10/18/13 | Time: 5 pm | | | |
| ESTIMATED COSTS | | | MODE OF TRANSPORTATION | | | | |
| LODGING Conf Hotel? Y⊠ | N ⊠ \$ 150. | 00 | CITY CAR # | | | | |
| MEALS (APM 1-5 Pg 7) | \$ 0.00 | | PERSONAL CAR | | | | |
| TRAVEL* | \$ 153. | 57 | AIRPLANE | | | | |
| REGISTRATION | \$ 200. | 00 | BUS | | | | |
| OTHER | \$ | | OTHER | | | | |

Travel should include all Transportation costs (including airfare, car rental, taxi fares, personal vehicle mileage cost estimate & gas)

\$ 503.57

NOTE:

TOTAL

- ♦ LODGING ALWAYS ASK FOR GOVERMENT ROOM AND NO TAX PRIVILEGE OF A MUNICIPALITY
- ♦ ACTUAL EXPENSES SHOULD BE REPORTED UPON RETURN ON TRIP SETTLEMENT WITH ALL RECEIPTS ATTACHED (Including Meals/ Taxis/ Gas). INDICATE WHAT HAS BEEN PAID WITH A CREDIT CARD AND ATTACH COPY OF RECEIPTS TO SETTLEMENT IF RECEIPT IS NOT ALREADY ATTACHED TO ABSENCE FORM (Hotel/ Registration/ Airfare)
- ♦ BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I AM AWARE OF AND AGREE TO THE CONDITIONS/RULES FOR TRAVEL FOR CITY BUSINESS CONTAINED IN APM 1-5.

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