

mailed to Jeanne Stevenson on 7/19/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 2 July 2014

Name Thelma Jones Title Treasurer Dept. FISCAL Dept. No.
Destination: City Atlanta State GA
Purpose: site visit - Operation HOPE

Convention/Meeting: Commencement Time AM PM Day/Date Adjournment Time AM PM Day/Date
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 512 AM/PM Day/Date Mon 8/4/14
Arrival Time: 749 AM/PM Day/Date
Departure Time: 1415 AM/PM Day/Date Tue 8/5/14
Arrival Time: 1658 AM/PM Day/Date

TRIP EXPENSES TO BE PAID BY:

a) City Funds b) Special Funds X
Account No. 5645000 Account Title TRAVEL

Method of Travel: Air ✓ Rail Bus Private Auto City Car
Indicate One-Way/Mileage If Traveling By Auto

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 338- Limousine \$ TBD
Hotel @ 1 Night \$ 149.44 Others \$
Registration \$ N/A Total \$
*Food \$

*Indicate below meals covered by Registration Fees:

N/A Breakfasts Lunches Dinners

Airline Tickets Required (Prepaid Fare) Yes No
Advance payment approved: \$

APPROVED: (Division Head) (Date)
APPROVED: (Federal Grants) (Date)

APPROVED: Thelma Jones (Department Director) (Date) 7/2/14
APPROVED: (Comptroller) (Date)
BD-100 (Rev. 6/01ML)