

CITY OF RAPID CITY TRAVEL REQUEST

LF091504-04

Person requesting travel Kevin Hansen Department 0202 - FIRE

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)

To attend Highway Emergency Response Sepcialist course in Pueblo, CO

List all other City employees, if any, making the trip for the same purpose: Dan Olson, Joe Tjaden

Place of meeting or destination: Pueblo, CO

Date of meeting October 25 - 29, 2004

Date trip to begin October 24, 2004 Date trip will end October 30, 2004

Method of transportation requested Dept. vehicle

Table with 2 columns: Description and Amount. Rows include: Estimated transportation cost (\$588.00), Meals (588.00), Lodging (6 days \$43/night x 11.7% tax x 3 = 864.54), Other costs - description (registration \$1295 x 3 = 3885.00), Total estimated cost of trip (\$5337.54).

Signed Kevin Hansen Date Gary Shepherd Date 8-31-04 (person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$

Approved: Mayor Date

When the cost of the trip will exceed \$1,500, per employee, Council approval is required.

Approved by Common Council on (Date)

White copy - Mayor

Yellow copy - Finance

Gold copy - Department copy



EMERGENCY RESPONSE TRAINING CENTER

INVOICE

TRANSPORTATION TECHNOLOGY CENTER, INC.

P.O. BOX 11130, PUEBLO, CO 81001, U.S.A.

PHONE (1-800) 933-4882 FAX #84-1440384

Attendee Name: ~~DAN GOODART~~ *Kevin Hanson*
Course: HER04-05 HIGHWAY EMER RESPONSE SPECIALIST
Date: 25-OCT-04 THRU 29-OCT-04
Location: PUEBLO, CO.

Payment/Cancellation Policy: Payment due prior to class start date. 50% cancellation fee if cancelled 15 or more days prior to class start date. No refund within 15-day period. Substitutions allowed. Rescheduling allowed 15 days prior to class start date and within 12-month period from original class date.

Invoice Number: 96009117
Invoice Date: 25-MAY-04
Your P.O.#: MIKE HOLMES

RAPID CITY, SD, FIRE DEPT.
ATTN: MIKE HOLMES
10 MAIN STREET
RAPID CITY, SD 57701
U.S.A.

Tuition: \$1,295.00
Payment/Credit: \$0.00
Amount. Due (USD): \$1,295.00

REMITTANCE STUB PLEASE RETURN THIS PORTION WITH PAYMENT

Invoice Number: 96009117
Invoice Date: 25-MAY-04
Attendee Name: DAN GOODART
Course: HER04-05 HIGHWAY EMER RESPONSE SPECIALIST

Tuition: \$1,295.00
Payment/Credit: \$0.00
Amount. Due (USD): \$1,295.00

REMIT TO: TTCI
P.O. Box 79780
Baltimore, MD 21279-0780

CHECK (PAYABLE TO TRANSPORTATION TECHNOLOGY CENTER, INC.)
ELECTRONIC FUNDS TRANSFER (SUN TRUST BANK - PHONE: 800-278-8208 - A/CCT #206849052 - ABA #054 000 522)

CREDIT CARD

VISA/MC AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

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CARDHOLDER NAME/ADDRESS:

(Please Print)

SIGNATURE/DATE:

IF THERE IS AN ERROR ON
YOUR INVOICE, CONTACT
PAM AT 1-800-933-4882

09/07/2004 TUE 9:52 FAX

008/009



EMERGENCY RESPONSE TRAINING CENTER

INVOICE

TRANSPORTATION TECHNOLOGY CENTER, INC.

P.O. BOX 11130, PUEBLO, CO 81001, U.S.A.

PHONE: (1-800) 933-4882 FAX #84-3440884

Attendee Name: DAN OLSON
Course: HER04-05 HIGHWAY EMER RESPONSE SPECIALIST
Date: 25-OCT-04 THRU 29-OCT-04
Location: PUEBLO, CO.

Payment/Cancellation Policy: Payment due prior to class start date. 50% cancellation fee if cancelled 15 or more days prior to class start date. No refund within 15-day period. Substitutions allowed. Rescheduling allowed 15 days prior to class start date and within 12-month period from original class date.

Invoice Number: 95009119
Invoice Date: 25-MAY-04
Your P.O.#: MIKE HOLMES

RAPID CITY, SD, FIRE DEPT.
ATTN: MIKE HOLMES
10 MAIN STREET
RAPID CITY, SD 57701
U.S.A.

Tuition: \$1,295.00
Payment/Credit: \$0.00
Amount Due (USD): \$1,295.00

REMITTANCE STUB PLEASE RETURN THIS PORTION WITH PAYMENT

Invoice Number: 95009119
Invoice Date: 25-MAY-04
Attendee Name: DAN OLSON
Course: HER04-05 HIGHWAY EMER RESPONSE SPECIALIST

Tuition: \$1,295.00
Payment/Credit: \$0.00
Amount Due (USD): \$1,295.00

REMIT TO: TTCI
P.O. Box 79780
Baltimore, MD 21279-0780

CHECK (PAYABLE TO TRANSPORTATION TECHNOLOGY CENTER, INC.)
ELECTRONIC FUNDS TRANSFER (SUN TRUST BANK - PHONE: 804-270-8208 - ACCT #206849852 - ABA #054 000 522)
CREDIT CARD

VISA/MC AMERICAN EXPRESS
CARD NUMBER

EXPIRATION DATE

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CARDHOLDER NAME/ADDRESS:
(Please Print)

SIGNATURE/DATE:

IF THERE IS AN ERROR ON
YOUR INVOICE, CONTACT
PARAT 1-800-933-4882

09/07/2004 TUE 9:53 FAX

004/009



EMERGENCY RESPONSE TRAINING CENTER

INVOICE

TRANSPORTATION TECHNOLOGY CENTER, INC.

P.O. BOX 11138, PUEBLO, CO 81001, U.S.A.

PHONE: (1-800) 933-4862 FID #84-1440384

Attendee Name: JOE TJADEN
Course: HER04-05 HIGHWAY EMER RESPONSE SPECIALIST
Date: 25-OCT-04 THRU 29-OCT-04
Location: PUEBLO, CO.

Payment/Cancellation Policy: Payment due prior to class start date. 50% cancellation fee if cancelled 15 or more days prior to class start date. No refund within 15-day period. Substitutions allowed. Rescheduling allowed 15 days prior to class start date and within 12-month period from original class date.

Invoice Number: 96009118
Invoice Date: 25-MAY-04
Your P.O.#: MIKE HOLMES

RAPID CITY, SD, FIRE DEPT.
ATTN: MIKE HOLMES
10 MAIN STREET
RAPID CITY, SD 57701
U.S.A.

Tuition: \$1,295.00
Payment/Credit: \$0.00
Amount Due (USD): \$1,295.00

REMITTANCE STUB PLEASE RETURN THIS PORTION WITH PAYMENT

Invoice Number: 96009118
Invoice Date: 25-MAY-04
Attendee Name: JOE TJADEN
Course: HER04-05 HIGHWAY EMER RESPONSE SPECIALIST

Tuition: \$1,295.00
Payment/Credit: \$0.00
Amount Due (USD): \$1,295.00

REMIT TO: TTCI
P.O. Box 79780
Baltimore, MD 21279-0780

CHECK (PAYABLE TO TRANSPORTATION TECHNOLOGY CENTER, INC.)
ELECTRONIC FUNDS TRANSFER (SUN TRUST BANK - PHONE: 804-270-8208 - ACCT #206849052 - ABA #054 006 522)

CREDIT CARD

VISA/MC AMERICAN EXPRESS
CARD NUMBER

EXPIRATION DATE

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CARDHOLDER NAME/ADDRESS: _____
(Please Print)

SIGNATURE/DATE: _____

IF THERE IS AN ERROR ON
YOUR INVOICE, CONTACT
PMM AT 1-800-933-4862

09/07/2004 TUE 9:53 FAX

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