			Travel V	oucher							
PAYEE:		Cameron Humphres		Dept. Name:			AIRPORT				
		•			Dept. No.:		805				
					Date:		2/13/2009			9	
Misc	ellane	ous Expenses:									
Date Description of Expense						Amount					
		Air & Car (Paid on Corporate Card)						\$ 360.70			
		Registration (Paid by City Check)						\$ 250.0			
		Attach plane ticket,	itinorary an	nd progra	m whon	applicable					
2	.009	Description of Travel-Point of		ime			T				
Mo.	Day	Travel-Person Contacted, etc.	Leave		Auto Miles	Trans. Cost		Meals	Lodging	Out of State Per Diem	
2	9	Meals	11:00	rotarr	WIIICO	0030	\$	19.00	Louging	1 or Blom	
2	10	Meals	111.00			· · · · · · · · · · · · · · · · · · ·	\$	36.00			
2	11	Meals	1				\$	8.00			
2	12	Meals					\$	36.00		-	
2	13	Meals		10:50			\$	8.00			
2	13	Rental Car Insurance, Taxes, Fees		1	-	\$ 203.50					
2	13	Fuel for Rental Car				\$ 10.00			İ		
2	12	Hotel							\$ 649.64		
								-			
				TOTAL	0	\$ 213.50	\$	107.00	\$ 649.64	\$ -	
		E sacratica de la constante de				Grand Tota	1		\$	1,580.84	
					AMOUNT	REIMBURS	SAB	LE	\$	970.14	
	oose of	Trip giant Air 2009 Airport Conference in Las	s Vegas NV		AMOUNT	REIMBURS	_	LE	\$		

CITY OF RAPID CITY TRAVEL REQUEST

Person requesting travel	Tumpiires	Department _	XXXXXXX Airport			
I hereby request permission to travel for t						
<pre>justify cost involved.) Attend AllegiantAir Airp</pre>						
Attend Allegiantair Airg	ort Conference in	Las Vegas NV				
List all other City employees, if any, maki	ng the trip for the same purp	oose:				
Place of meeting or destination: Las V	/egas NV					
Date of meeting Feb 10-12 2009)					
Date trip to begin Feb 9 2009	Date trip	will end Feb 13	2009			
Method of transportation requested Air	: & Rental Car					
Estimated transportation cost Air/Re	ental Car		6.70			
Meals			4.00			
Lodging 5 days Other costs - description Registra	tion		0.00			
Other costs - description Registra	1011		0.00			
Total estimated cost of trip	\cap	\$ 146	0.70			
Simular And Dall	12 Jan 09	DCW	Date 12 Jan or			
Signed (person requesting trav	Date Date	(Department Hea				
(person requesting trav		(Department Hear	u)			
When the cost of the trip will exceed \$50	0, per employee, this section	n must be signed.				
In accordance with the provisions of Raprequested in the foregoing application. M		- 111	it is hereby given for travel as			
	A		Date 1/16/09			
	Approved:	Mayor	Date <u>4 / 6 / 0</u> /			
		Mayor				
When the cost of the trip will exceed \$1,5	500, per event, Council appro	oval is required.				
	Approved by Com	mon Council on	(Date)			
White copy - Mayor	Yellow copy - Finance	e	Gold copy - Department copy			