



COUNCIL AGENDA: 1/12/10
ITEM: 2.6

Memorandum

TO: HONORABLE MAYOR AND
CITY COUNCIL

FROM: Councilmember Campos

SUBJECT: REQUEST FOR TRAVEL

DATE: December 11, 2009

RECOMMENDATION

Nora Campos

Authorization for: Councilmember Nora Campos

Event: League of California Cities
Latino Caucus Retreat

Location: Los Angeles, CA

Travel Dates: January 8 – January 10, 2010

Source of Funds: Travel costs (lodging and incidentals) paid by
Mayor/Council Travel Fund. Airfare to be paid by
Non City Funds

Purpose: Form the FY 2010-11 legislative priorities for constituents
that I represent.



Statement of Travel Activity

Employee Information

Employee	Nora Campos	Dept.	Council/Mayor	
Job Title	Councilmember	Dept/Div No.		Phone No.: 54905
Employee ID		Visible Code	001-45-009499	
Hourly / Salaried	<input type="radio"/> Hourly <input checked="" type="radio"/> Salaried		Select Purpose	<input checked="" type="radio"/> In-State <input type="radio"/> Out-of-State <input type="radio"/> Local Travel with Cash Advance

Travel Itinerary

Event Name: League of CA Cities/Latino Caucus Retreat

Event Location: Los Angeles Marriott Downtown City: Los Angeles State/Country: CA

Departure Date: 01/08/10 Event Start Date: 1/08/2010 Event End Date: 1/10/2010 Return Date: 1/20/2010

Approval to Travel and/or Issue Cash Advance Cash advance requested? Yes No

Employee Nora Campos Date 12/15/09

Emp ID # _____ Signature _____ Date _____

I am requesting a cash advance in accordance with the City Policy Manual, Section 1.8.2, and acknowledge my responsibility to file a Statement of Travel Activity within 14 days after the Return Date entered above. Should I not fulfill my obligation to provide a Statement within this timeline, I hereby authorize the City to deduct the amount of this advance from my wages. My signature above also indicates that I have read and understand the City's Travel Policy and that this Statement complies with the policy and its intent.

Direct Supervisor _____

Emp ID # _____ Signature _____ Date _____

My signature above indicates that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

Approving Official _____

Emp ID # _____ Signature _____ Date _____

My signature above indicates that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

Travel Expenses

Category	Description	Estimated Expenses	Advance Request	Actual Expense	Prepaid Expense	
					Amount	Method & Reference
Airfare	Southwest / personal funds	-	-			
Ground Transportation		100.00				
Lodging		350.00				
Registration						
Per Diem or Itemized Meals and Incidentals						
Other						
Totals		450.00	-			
Unforeseen Travel Expenses (expense items that were not pre-approved must be entered in this section)						
Final Total Travel Expenses				-	If Final Total Travel Expenses exceed Total Estimated Expenses, refer to Section 4.4 of Employee Travel Policy for further instructions.	
Prepaid Expenses				-		
Cash Advance				-		
Total Due Employee/(Due City)				-		

Approval of Statement

Employee Signature _____

Emp ID # _____ Signature _____ Date _____

My signature above indicates that I have read and understand the City's Travel Policy and that this Statement complies with the policy and its intent. I also verify that all expenses reported on this form were incurred by me for City business purposes only.

Direct Supervisor _____

Emp ID # _____ Signature _____ Date _____

My signature above indicates that I have reviewed the expenditures and related documentation associated with this Statement and confirm that they are in compliance with the City's Travel Policy.

Travel Coordinator _____

Emp ID # _____ Signature _____ Date _____

My signature above indicates that I have reviewed this Statement and confirm that it is complete and prepared in accordance with the City's Travel Policy.

Approving Official _____

Emp ID # _____ Signature _____ Date _____

My signature above indicates that I agree with the expenditures contained in this Statement and confirm that they are in compliance with the City's Travel Policy, were incurred for City business and are within budgetary limits.

Finance Travel Desk	Date Rec'd	Date Processed	Finance Payroll	Date Rec'd	Date Processed	Pay Period of Pymt. or Deduction
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