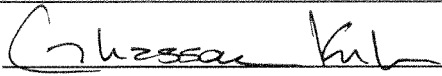


Convention Attendance Request

BMD-140 ** in lieu of previously approved request **

Department or Agency: DPW-Water Works	For BMD Use
Convention Name: Water Quality Technology Conference Priority:	
Location (City and State): Indianapolis, IN	
Convention Dates From: Nov. 12, 2016 To: Nov. 17, 2016	
Actual Number of Convention Days: 5	
Registration Fee: \$755.00	
Estimated Daily Hotel Cost: \$200.00	
Estimated Airfare/Travel Cost: \$350.00	
Source of Funds Requested: Departmental Funds - Account Number: <u>0410-6411-0960-R999 2016</u>	
Name of Person Attending: <u>Carrie Lewis, Superintendent, 286-2801</u> Title and Telephone Number	
Signature <u></u> Department or Agency Head	<u>9/13/16</u> Date

Request for Travel on Behalf of the City of Milwaukee

Lewis, Carrie M
 Last Name, First Name, MI

Superintendent
 Title

DPW- Water Works
 Department

Indianapolis, IN
 Destination

November 13 to 17, 2016
 Conference/Event Dates

Purpose of the Trip and/or Anticipated Benefit
 Attend Water Quality Technology Conference

Anticipated Funding

Source:	Amount	Expense (if Specified)
Department (O&M)	2,500.00	
Grant (Specify Below)		
Other (Specify Below)		
Tuition Reimbursement		

Travel Advance
 Requested? No Yes _____ Amount _____

Anticipated Expenses

Registration Fees		755.00
Lodging		
Nightly Rate	\$	200.00
Number of Nights		5
Total Lodging	\$	1,000.00
Transportation		
*Personal Vehicle		
Air or personal vehicle		350.00
Rail		
Baggage		50.00
Other (Specify Below)		
a. parking		100.00
b.		
c.		
Total Transportation	\$	500.00
Max Meal Allowance		
	Federal Amount for Destination	**Number of Meals
Breakfast	12.00	X 5 = \$ 60.00
Lunch	13.00	X 5 = \$ 65.00
Dinner	24.00	X 5 = \$ 120.00
Total Max Meal Allowance		\$ 245.00
Other Anticipated Expenses (Itemize Below)		
a.		
b.		
c.		
Total Other Expenses	\$	-
Total Anticipated Expenses	\$	2,500.00

Employee Certification Statement
 I hereby certify that:
 (1) Attending the event will provide a benefit not offered through other means (online, teleconferencing, etc.) that may be more economical.
 (2) The expense estimations listed here were made responsibly and prudence will be exercised in making final travel arrangements and incurring expenses during travel.
 (3) I have been made aware of and agree to abide by the rules related to travel as established in the City ordinance and by my department.
 (4) I will be prepared to explain any unanticipated expenses or significant discrepancies in anticipated and actual expenses incurred.
 (5) I agree to complete and submit a Statement of Expenses Incurred for the City of Milwaukee (CBP-211) no later than 15 days following my return from the requested travel. I understand that failure to do so may result in the forfeiture of any reimbursements due to me.

Carrie M Lewis

9/12/16

Employee Signature

Date

Department Approval (To be completed by the authorizing entity or designee)

Approval Granted Yes No _____

If no, explain here: Provide an explanation for not approving travel (not job related, budget constraints, etc.)

Amount Approved: 2500 # of Days Approved: 5

Chessa Val 9/13/16
 Approver Signature Date

Approver Signature Date

*Enter in either your anticipated mileage expenses using the appropriate mileage rate **OR** the current fixed reimbursement amount for Chicago.

**This is equal to the number of meals YOU will be incurring an expense for. Please do not count meals that will be provided as they will not be reimbursed.