* In lieu of previously approved request * BMD-140

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: 0410-6411-0960-R999 2016						
Name of Person Attending: Carrie Lewis, Superintendent, 286-2801						
Title and T	elephone Number					
Signature hzsear h	13/10					
Department or Agency Head Date						

Approver Signature

Request for Travel on Behalf of the City of Milwaukee

List Name, First Name, Name Department	Lewis, Carrie M			Superintendent		
Department Indianacoles, IN Movember 13 to 17, 2016	Last Name, First Name, MI			Title		
Department Indianacoles, IN Movember 13 to 17, 2016	DPW- Water Works					
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Employee Certification Statement hereby certify that: Ali ror personal vehicle 350.00 Rail Althoring the event will provide a benefit not offered through other means (online, teleconferencing, etc.) that may be more economical. 20 The expense estimations listed here were made responsibly and prudence will be exercised in making final travel arrangements and incurring expenses during travel. 30 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. 40 I will be prepared to explain any unanticipated expenses or significant discrepancies in anticipated and actual expenses incurred. 40 I will be prepared to explain any unanticipated expenses or significant discrepancies in anticipated and actual expenses incurred. 40 I will be prepared to explain any unanticipated 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. 40 I will be prepared to explain any unanticipated 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. 40 I will be reparation 40	Requested? No x Yes		Amount			
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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 Department Approval (To be completed by the authorizing entity or designee) Approval Granted Yes x 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 **This is equal to the number of meals YOU will be incurring an expense for. Please do not count meals that	may result in the forfeiture of any reimbursements due to me.			**************************************	 5 = \$ 60.00	
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