



Copyright Copyright

Professional Travel

Date:	10/25/18			Accour	Account No.				
				ORG Code	OBJ Code	Proj Code			
Name:	Brian Livingston				69500	****	Travel/Meals Lodging		
	Legal name as it	t appears on DI	(for booking flights)		69550		Registrations		
D.O.B.:	Required for boo	kina fliahta	tick Commission (Commission Commission Commi	10000000	12180		<u>Advance</u>		
Destination	,	oking ilights		Durnaea:	TML confere	ace in Fort W	orth		
Destination:	FOIL AVOILI	morren rocker	ry syndrony province y company and lead of publication in billionia	i dipose.	TIVIC CONTENC	ICE III OIL VV			
[Departure Date:	10/10/18		Return Date:	Return Date: 10/11/18				
rywaniana da makao edinika safayo kilo andone a uwe ya wekol	TO THE COMMUNICATION OF A MARKING PLACE OF THE WAY AND A MARKING THE PROTECTION OF T	Expenses	a saaru vuonna manna muutama saa konsuurun manna saaruu kulka kulka kulka kulka kulka kulka kulka kulka kulka Kulka kulka ku	Before Trip Estimate	Advance Requested	During Trip Expenses	Prepaid or Billed		
Mileage (\$0.5	545/mile 1-1-2018)		Total Miles Traveled	0.00		0.00			
Air Fare:	_Check if you wa								
Parking Fees									
	her transportation	1							
			g to book rental car						
Registration			Reimb. Employee						
	iem (Complete 7			0.00			-		
Lodging		ude current W-	9 from hotel)			327.26			
Gratuities	<u> </u>								
Other (pleas	e evnlain)								
Cirici (picas	σοκριαιτή								
TOTALS			<u> </u>	\$0.00	\$0.00		\$0.00		
LIGIALO		alling and an analysis of the second and the second	Evnences inclu		φο.σο	\$327,26	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Expenses incurred by employee: \$327.26 Plus Prepaid or Billed: 0.00									
Trip Total: 327.26							•		
		ance (subtracted from ex			0.00				
		Less traver adv	Amount due (TO)			\$327.26			
			• •	•					
			be attached. If paymen	t is due the City,	<u>please attacl</u>	<u>n payment at</u>	time of		
submission	of form after tri	<u>ip is complete.</u>	;						
Director's Sig	gnature (Before	Trin\	•		Employee Si	gnature (Befo	ro Trin\		
		1 11 <i>p)</i>			Limployee Oi	gnature (Delo	ic (11:p)		
Meal Per Di	em Breakdown	-							
Date	Amount		first and last days of trave	el are reduced,					
		per GSA guide							
			_	at the expenses o			-		
]		cting of city busi	ness and are	true and cor	rect to the		
			best of my	knøwledge.	D				
		_		A	7	diam-			
	D/Min Wornton								
	Employee Signature (After 7110)								
					w)	<i>{</i>			
		-							
					•	WOMEN TO A STATE OF THE STATE O			
		***************************************	Director's Signature (After	er Trip)		Approved for	Payment		
Total	\$0.00								

OMNI - HOTELS & RESORTS' fort worth

Brian Livingston United States

Room No.

: 553

Arrival Departure : 10/10/18 : 10/11/18

Page No.

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Folio No.

Conf. No.

: 40034348185

Cashier No.

Membership No.

INFORMATION INVOICE

A/R Number

Group Code

: 100418TEXASMUNI

Company Name

10/11/18

Date	Description		Charges	Payments
10/10/18	Room Charge		279.00	
10/10/18	2% Fort Worth Tourism PID Fee	5.58		
10/10/18	9% City Occupancy Tax	25.61 17.07		
10/10/18	6% State Occupancy Tax		17101	327.26
10/10/18	Visa			
		Total	327.26	327.26
		Balance	Zeminate cont.	0.00

Thank you for staying at the Omni Fort Worth.

CHASE for BUSINESS

PREMIER PLUS CKG (...2172)>

Available balance

Present balance

Overdraft protection

Debit card coverage

Off

Off

SHOWING

Search

Date

Description

Type

Amount

Oct 15, 2018

OMNI FORT WORTH HOTEL FORT WORTH TX 10/11 (...9964)

Card

-\$327.26

JPMorgan Chase Bank, N.A. Member FDIC

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Equal Opporturity Let der 20