



CITY OF FRISCO PROGRESS IN MOTION

Professional Travel

Date:	12/14/23					
Name:	Tammy Meine	ershagen				
		as it appears on DL (for booking flights)	ORG Code	OBJ Code	Proi Code	
D 0 D		, , , , , , , , , , , , , , , , , , , ,	11016000	20100 100 00 00	1 Toj Oode	
D.O.B	Doguirod for	booking flights	11016000	69500		
	Required for	booking nights				
Employee #						
	If does not ha	ave Employee # check option below	<u></u>			
City Council		City Board Other (explain))			
				Trip to Orla	indo & Tampa	to tour their
Destination:	Orlando, FL		Purpose:		forming Arts C	
					.c.i.iig / iito c	
Dep	parture Date:	12/06/23	Return Date:	12/07/23		
			•			
			Before Trip	Advance	During Trip	Prepaid or
		Expenses	Estimate	Requested	Expenses	Billed
	655/mile 1-1-20					
	ırchasing will l	ook flight				
Parking Fee		P				
Car Dantal	her transporta	ition				
		rill book rental car Dept Carc Reimb. Employee				
		☐ Dept Carc ☐ Reimb. Employee te Table below)				
		ude W-9 from hot Dept Card			336.38	
Other (pleas		bept card			330.36	
Other (pieas	е ехріані)					
TOTALS			\$0.00	\$0.00	ST 10 N 10 TO 1 ST	\$0.00
TOTALO		Expenses incurre		Ψ0.00	\$336.38	φ0.00
			repaid or Billed:		0.00	
		1 145 1	Trip Total:		336.38	
	L	ess travel advance (subtracted from expe			0.00	
Amount due (TO) or FROM the City: \$336.38						
Possints an	d other cupr	porting data must be attached. If payme	ont in due the C	ite elección	tta a la manuna a un	4 -4 4: 5
submission	of form after	r trip is complete.	ent is due the C	ity, piease a	<u>uach paymen</u>	t at time of
3451111331011	i or romi arter	trip is complete.				
Director's Si	gnature (Befor	re Trip)		Employee Sig	gnature (Before	e Trip)
	gnature (Befor			Employee Sig	gnature (Before	e Trip)
	• ,		are reduced,	Employee Sig	gnature (Before	e Trip)
Meal Per Die	m Breakdow	1	are reduced,	Employee Sig	gnature (Before	e Trip)
Meal Per Die	m Breakdow	Remember: First and last days of travel per GSA guidelines.	ne expenses ou	itlined above	were incurre	d by me in
Meal Per Die	m Breakdow	Remember: First and last days of travel per GSA guidelines. I certify that the conductin	ne expenses ou ng of city busine	itlined above	were incurre	d by me in
Meal Per Die	m Breakdow	Remember: First and last days of travel per GSA guidelines. I certify that the conductin of my knowle	ne expenses ou ng of city busind dge.	itlined above	were incurre rue and corre	d by me in ct to the best
Meal Per Die	m Breakdow	Remember: First and last days of travel per GSA guidelines. I certify that the conductin of my knowle	ne expenses ou ng of city busind dge.	itlined above	were incurre rue and corre	d by me in ct to the best
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Meal Per Die	m Breakdow	Remember: First and last days of travel per GSA guidelines. I certify that the the conductin of my knowle	he expenses ou ig of city busine dge. 	atlined above ess and are to A MLIN ature (After To	were incurre rue and corre LVS MOOK rip)	d by me in ct to the best
Meal Per Die	m Breakdow	Remember: First and last days of travel per GSA guidelines. I certify that the conductin of my knowle	he expenses ou ig of city busine dge. 	atlined above ess and are to A MLIN ature (After To	were incurre rue and corre	d by me in ct to the best

GRAND BOHEMIAN HOTEL ORLANDO

Ea Hoppe

6101 Frisco Square Blvd

Frisco TX 75034

United States of America

Guest Name:

Room Number:

1214

Arrival Date:

12-06-23

Departure Date:

12-07-23

CRS Number:

73761287

Page No:

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INFORMATION INVOICE

A/R No:

Folio No: 28739

12-14-23

Date	Description			Charges	Credits
12-06-23	Room Charge			299.00	
12-06-23	Room Sales Tax			19.44	
12-06-23	Lodging Tax			17.94	
12-07-23	Master Card / Euro Card	XXXXXXXXXXXXX6531	XX/XX		336.38
		Total		336.38	336.38
		Balance		0.00	