



CITY OF FRISCO PROGRESS IN MOTION

Professional Travel

Name: Tammy Meinershagen Legal name as it appears on DL (for booking flights) D.O.B.: Required for booking flights Employee # If does not have Employee # check option below City Council City Board Other (explain) Destination: Charlotte, NC Departure Date: 11/28/23 Return Date: 11/29/23 Return Date: 11/29/23 Return Date: 11/29/23 Requested Expenses Mileage (\$0.655/mile 1-1-20 Air Fare: Purchasing will book flight Parking Fees					
Legal name as it appears on DL (for booking flights) D.O.B.: Required for booking flights Employee # If does not have Employee # check option below City Council					
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Employee # If does not have Employee # check option below City Council City Board Other (explain) Destination: Charlotte, NC Purpose: Trip to Charlotte, to tour their Performing Arts Center Departure Date: 11/28/23 Return Date: 11/29/23 Return Date: 11/29/23 Before Trip Expenses Before Trip Estimate Requested Expenses Billed Mileage (\$0.655/mile 1-1-20 Total Miles Traveled Air Fare: Purchasing will book flight					
If does not have Employee # check option below City Council ☐ City Board ☐ Other (explain) Destination: Charlotte, NC Purpose: Trip to Charlotte, to tour their Performing Arts Center Departure Date: 11/28/23 Return Date: 11/29/23 Before Trip Expenses Advance Requested During Trip Prepaid or Expenses Billed					
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Air Fare: Purchasing will book flight					
Parking Fees					
Taxi, bus, other transportation					
Car Rental: Purchasing will book rental car					
Registration Fin Pays Dept Carc Reimb. Employee					
Meals/Per Diem (Complete Table below)					
Lodging ☐ Fin Pay (Include W-9 from hot☐ Dept Card 206.30					
Other (please explain)					
TOTALS \$0.00 \$0.00 \$0.00					
Expenses incurred by employee: \$206.30					
Plus Prepaid or Billed: 0.00					
Trip Total: 206.30					
Less travel advance (subtracted from expenses incurred): 0.00					
Amount due (TO) or FROM the City: \$206.30					
Receipts and other supporting data must be attached. If payment is due the City, please attach payment at time of					
submission of form after trip is complete.					
Submission of form after trip is complete.					
Director's Signature (Before Trip) Employee Signature (Before Trip)					
Weal Per Diem Breakdowi					
Date Amount Remember: First and last days of travel are reduced,					
per GSA guidelines.					
I certify that the expenses outlined above were incurred by me in					
the conducting of city business and are true and correct to the best					
of my knowledge.					
TANNALL MAINES NAGRA					
Employee Signature (After Trip)					
Employee Signature (Aπer Trip)					
Director's Signature (After Trip) Approved for Payment					
Approved for Payment					
Total \$0.00					



Residence Inn® Charlotte City Center

Tarnny Minershagen 220 East Trade Street, Charlotte, NC 28202 P 704.334.0709

Marriott.com/CLTRD

E. Hoppe

Room: 1610

Room Type: STDO

Number of Guests: 1

Rate: \$179.00

Clerk:

Arrive: 28Nov23

Time: 07:12PM

Depart: 29Nov23

Time: 11:00AM

Folio Number: 76965

DATE	DESCRIPTION		CHARGES	CREDITS
28Nov23 28Nov23 28Nov23 29Nov23	Room Charge State Occupancy Tax City Tax Master Card		179.00 12.98 14.32	206.30
		Card #: MCXXXXXXXXXXXX6531/XXXX		
		Amount: 206.30 Auth: 07207Z		
		This card was electronically swiped on 28Nov23		

BALANCE:

0.00

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