

To avoid 10% interest on Advance **Travel Amount, Post Travel Form** Due 15 days from travel end date

ROUTING (Attach suppor	ting documentation)
Title	Name
Supervisor	
Dept. Director	
Mayor (OUT OF STATE ONLY)	
Finance Director (If an advance)	

2022 TRAINING AND TRAVEL REQUEST

Name of Conference, Seminar or Training Course: Advocacy Visit to Washington DC Vendor Name: Training Location: Training Date(s): June 8 - June 12 Training Location: Training Date(s): June 8 - June 12 Date/Time of Departure-June 8 83-30am Date/Time of Return-Sun June 12 8:30pm Reason for Request (Benefits to the City, Employee, job performance, etc.): Advocating for Lynnwood's priorities with federal representative of Return-Sun June 12 8:30pm Reason for Request (Benefits to the City, Employee, job performance, etc.): Advocating for Lynnwood's priorities with federal representative of Return-Sun June 12 8:30pm Reason for Request (Benefits to the City, Employee, job performance, etc.): Advocating for Lynnwood's priorities with federal representative of Return-Sun June 12 8:30pm Response Sun June 12 8:30pm Resp		AND TRAVEL REGOL	_51				
Name of Conference, Seminar or Training Course: Advocacy Visit to Washington DC Vendor Name: Training Coation: Training Course: Advocacy Visit to Washington DC Vendor Name: Training Coation:	-				Registration deadline is:		
Name of Conference, Seminar or Training Course: Advocacy Visit to Washington DC Vendor Name: Training Location: Training Date(s): June 8 - June 12 Itely Registration (Sep 120) Training Date(s): June 8 - June 12 Date/Time of Return: Sun June 12 8:30pm Reason for Request (Benefits to the City, Employee, job performance, etc.): Advocating for Lynnwood's priorities with federal representative ESTIMATED TRAVEL EXPENSES REFER TO TRAVEL POLICY (Res 22 0 0 - 0.3) Intended Method of Payment Payments by ProCard Requested as Society of Payment Payments by ProCard Requested as Society of Payment AP/PO Expenses Cash Advance Reinburssment Total Estimated Expenses Registration (549)120) \$ \$ \$ \$ \$ \$ \$ \$ 0.00 Lodging (549)100 1,200.000 Airfare (549)		Depar	rtment				
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To avoid 10% interest on Advance **Travel Amount, Post Travel Form** Due 15 days from travel end date

ROUTING (Attach suppor	ting documentation)
Title	Name
Supervisor	
Dept. Director	
Mayor (OUT OF STATE ONLY)	
Finance Director (If an advance)	

2022 TRAINING AND TRAVEL REQUEST

Employee Name Julie Moore			Employee # 1773		Regis	Registration deadline is:	
Job Title		Departmen					
Communications	Manager	Execu		Dept is re	esponsible for registering.		
Name of Conference Semin	aar or Training Course	. Advocacy Vis	it to Washington	DC		soponois to registering.	
Name of Conference, Semii Vendor Name:	ial of Training Course	Advocacy VIS	it to washington	DC			
						4.0	
Training Location: Highlight	ght in 1000 for out-of-	state travel		Training	g Date(s): June 8 - Ju	ine 12	
Date/Time of Departure: Ju			Date/Time of R	eturn:Sun June 12	8:30pm		
Reason for Request (Benefi		ee, job performance.			-	eral representatives	
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			hod of Payme		•)		
	Payments by	Pro Card	Requested as	Reimbursement	Total Estimated		
Registration (549120)	AP/PO \$	Expenses \$	Cash Advance \$	upon return \$	Expenses 9.00	Notes / Confirmation No.	
Lodging (543010)		1,200.00			1,200.00		
Airfare (543010)		1,289.40			1,289.40		
Rental Car (543010)					0.00		
B-\$10 L-\$15 D-\$25			150.00		150.00	30 B 45 L 75 B	
* Meals (543010)						<u>30</u> B <u>45</u> L <u>75</u> D	
Mileage: \$.580/mile (543010)					0.00		
Other (Depends on item)					0.00		
TOTAL EXPENSES	\$ 0.00	\$ 2,489.40	\$ 150.00	\$ 0.00	\$ 2,639.40		
leals: Not to exceed \$50 per die		ınch, \$25 Dinner). Mea	ls provided by event are	not reimbursed.			
Budget Code for Registration			_	Code for Travel & Sub			
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organization code(o)	of the state of th	<u>.</u>	Organization	Code (8) Obje	ect/Item (6) Project String		
			SIGNATURE	S			
EMPLOYEE: July 1	roces	DATE: 🗲	12 2022 SUPERI	/ISOR:	χ.	DATE	
DEPT. HEAD: U		DATE:	MAYOR		1 Jull	DATE:	
			OUT-OI	-STATE ONLY		6/12/2022	
	CACIL ADVAN	0.5.05.05				11-1000	
	CASH ADVANC				O or PAYMENT	REQUEST	
Received of City of Lynnwood or \$which is	to remain the funds of s	heck Noand to		the Administra	otion Comitee !		
above stated purpose. It is unde	rstood that on or before	the 15 th day following t	he close of the authorize	d /tallillisti		s no longer able to	
travel period for which expense: expense voucher for all reimbur				26 100	To the state of th	tration. If you are	
such advance, if any. It is further	r understood, that any ad	lvance made for this pu	rpose or any portion	diane to	10 86 53	d, you will need to	
thereof, not repaid or accounted rate of 10% per annum until paid		ner specified herein, it	shall bear interest at the			ion through you	
rate or tow per annum until pair	u, pei NCVV 42,24,130.				department	Accounts Payable	
Finance Clerk Signature	Em	ployee Signature		process			