



To avoid 10% interest on Advance Travel Amount, Post Travel Form Due 15 days from travel end date per RCW 42.24.150

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

2022 TRAINING AND TRAVEL REQUEST

Employee Name: **Christine Frizzell** Employee #: **2642**
 Job Title: **Mayor** Department: **Executive**

Registration deadline is:

 Dept is responsible for registering.

Name of Conference, Seminar or Training Course: **Advocacy Visit to Washington DC**
 Vendor Name: _____
 Training Location: _____ Training Date(s): **June 8 - June 12**
 Highlight in **YELLOW** for out-of-state travel
 Date/Time of Departure: **June 8 8:30am** 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 representatives**

ESTIMATED TRAVEL EXPENSES
REFER TO TRAVEL POLICY (Res# 2006-03)

	Intended Method of Payment				Total Estimated Expenses	Notes / Confirmation No.
	Payments by AP/PO	Pro Card Expenses	Requested as Cash Advance	Reimbursement upon return		
Registration (549120)	\$	\$	\$	\$	0.00	
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 D
* Meals (543010)						
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	

*Meals: Not to exceed \$50 per diem. (\$10 Breakfast, \$15 Lunch, \$25 Dinner). Meals provided by event are not reimbursed.

Budget Code for Registration: 01112000 • 549120 • Organization Code(8) Object Item (6) Project String	Budget Code for Travel & Subsistence: 01112000 • 543010 • Organization Code (8) Object/Item (6) Project String
--	---

SIGNATURES

EMPLOYEE:	DATE:	SUPERVISOR:	DATE:
DEPT. HEAD:	DATE:	MAYOR:	DATE: 5/12/2022

CASH ADVANCE RECEIPT

Received of City of Lynnwood on _____ Check No. _____ in the amount of \$_____ which is to remain the funds of said municipality, and to be used by me, only for the above stated purpose. It is understood that on or before the 15th day following the close of the authorized travel period for which expenses have been advanced to me, I shall submit to the City a fully itemized travel expense voucher for all reimbursable items legally expended, accompanied by the unexpended portion of such advance, if any. It is further understood, that any advance made for this purpose or any portion thereof, not repaid or accounted for in the time and manner specified herein, it shall bear interest at the rate of 10% per annum until paid, per RCW 42.24.150.

Finance Clerk Signature _____ Employee Signature _____

PO or PAYMENT REQUEST

Administration Services is no longer able to process checks for registration. If you are unable to pay by Procard, you will need to process your registration through your regular department Accounts Payable process



To avoid 10% interest on Advance Travel Amount, Post Travel Form Due 15 days from travel end date per RCW 42.24.150

ROUTING (Attach supporting 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**
 Job Title: **Communications Manager** Department: **Executive**

Registration deadline is:

 Dept is responsible for registering.

Name of Conference, Seminar or Training Course: **Advocacy Visit to Washington DC**
 Vendor Name: _____
 Training Location: _____ Training Date(s): **June 8 - June 12**
 Highlight in **YELLOW** for out-of-state travel
 Date/Time of Departure: **June 8 8:30am** 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 representatives**

ESTIMATED TRAVEL EXPENSES
REFER TO TRAVEL POLICY (Res# 2006-03)

	Intended Method of Payment				Total Estimated Expenses	Notes / Confirmation No.
	Payments by AP/PO	Pro Card Expenses	Requested as Cash Advance	Reimbursement upon return		
Registration (549120)	\$	\$	\$	\$	0.00	
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 * Meals (543010)			150.00		150.00	30 B 45 L 75 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	

*Meals: Not to exceed \$50 per diem. (\$10 Breakfast, \$15 Lunch, \$25 Dinner). Meals provided by event are not reimbursed.

Budget Code for Registration: **01112000 • 549120 •**
 Organization Code(8) Object Item (6) Project String
 Budget Code for Travel & Subsistence: **01112000 • 543010 •**
 Organization Code (8) Object/Item (6) Project String

SIGNATURES

EMPLOYEE: *Julie Moore* DATE: *5/12/2022* SUPERVISOR: _____ DATE: _____
 DEPT. HEAD: _____ DATE: _____ MAYOR: _____ DATE: *5/12/2022*
OUT-OF-STATE ONLY

CASH ADVANCE RECEIPT

Received of City of Lynnwood on _____ Check No. _____ in the amount of \$ _____ which is to remain the funds of said municipality, and to be used by me, only for the above stated purpose. It is understood that on or before the 15th day following the close of the authorized travel period for which expenses have been advanced to me, I shall submit to the City a fully itemized travel expense voucher for all reimbursable items legally expended, accompanied by the unexpended portion of such advance, if any. It is further understood, that any advance made for this purpose or any portion thereof, not repaid or accounted for in the time and manner specified herein, it shall bear interest at the rate of 10% per annum until paid, per RCW 42.24.150.

Finance Clerk Signature _____ Employee Signature _____

PO or PAYMENT REQUEST

Administration Services is no longer able to process checks for registration. If you are unable to pay by Procard, you will need to process your registration through your regular department Accounts Payable process