

Donation

Version 1.9 released on 8/3/21

Updated RFA for donations including travel donations (use employee reimbursement process for travel approvals)



CITY COUNCIL USE ONLY Date Received: _____ Committee Date: _____ 1 st Agenda Date: _____	Tracking #: _____ Committee: _____ Hearing Date: _____ 2 nd Agenda Date: _____	CITY CLERK USE ONLY <input type="checkbox"/> Scanned Date: <u>11.01.2023</u> <input type="checkbox"/> Posted Item #: <u>2311.02596</u>
---	--	---

All department items requiring Council approval must be submitted through the Mayor's Office.

Primary Details

Board Approval _____	Other Board Name _____	City Council Approval <input type="radio"/> Yes <input checked="" type="radio"/> No
Department Police	Contact Name Jillian Phippen	Email jhippen@cityoftulsa.org
Bid/Project Number _____	Project Title _____	Donator Talogy
Travel Event Title St. Louis PD Assessment Center	Traveler's Name Jillian Phippen	Event Date 11/5/23
		Phone 918-237-7178
		Type of Donation Travel
		Donation Amount/Value \$1,070.00 <i>City Council requires a dollar value</i>

Budget

Funding Source(s)

	Hotel:	\$750.00
	Per diem:	\$320.00
	TOTAL:	\$1,070.00

Enter the funding source(s) using the appropriate Munis funding format: Org (Allocation Code)-Object-Amount (1001211-531401-\$10.00) or Project String-Amount (144104.AbstTitle5413102.6001-4043122-541102-\$30,000.01)

Approvals

Department: _____ Legal: _____ Board: _____ Mayor: _____ Other: _____	Date: <u>10/27/2023</u> Date: _____ Date: _____ Date: <u>NOV 01 2023</u> Date: _____
--	---

Policy Statement

Background Information
 Attend assessment center for St. Louis PD for Talogy
Provide background information on the requested action.

Summation of the Requested Action
 Need approval for travel donation from Talogy
Summarize the pertinent details of the requested action

Other Pertinent Details

Provide any additional information that should be considered when considering approval of this contract document

Processing Information for City Clerk's Office

Post Execution Processing <input type="checkbox"/> Mail vendor copy (add'l signature copies attached) <input type="checkbox"/> Must be filed with other governmental entity <input type="checkbox"/> Add'l governmental entity approval(s) required	Additional Routing and Processing Details _____ _____
---	--



**INTEROFFICE CORRESPONDENCE
TRAVEL REQUEST**

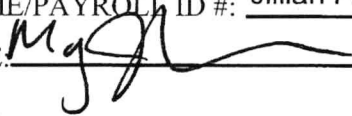
DATE SUBMITTED: 10/25/2023

MSS CLAIM NUMBER (ENTER AFTER TRAVEL APPROVED): _____

TO: CHIEF FRANKLIN

FROM:

PRINT EMPLOYEE NAME/PAYROLL ID #: Jillian Phippen, 108393

EMPLOYEE SIGNATURE: 

DIVISION: CHF/IA

DESTINATION: St. Louis, MO

DATES OF TRAVEL: START: 11/05/2023 END: 11/10/2023

EVENT: St. Louis PD Captain Assessment Center

IS IT MANDATORY IN ORDER TO MAINTAIN A CERTIFICATION? NO

IF SO, WHAT CERTIFICATION? _____

IS THIS TRAVEL RELATED TO LAW ENFORCEMENT TRAINING FUNCTIONS?

NO

TRIP JUSTIFICATION:

Requested by Talogy to attend their St. Louis PD Captain's Assessment Center as an assessor.

ESTIMATED EXPENSES:

FUNDING SOURCE:

ORGANIZATION: Talogy

OBJECT: _____

PROJECT: _____

IS AN OUTSIDE ENTITY PAYING FOR ANY PORTION OF THIS TRIP? ^{NO}

IF YES, NAME OF ORGANIZATION: Talogy

IS THIS A GOVERNMENT AGENCY? NO

IF NOT, COMPLETE RFA DONATION FORM HERE

<u>EXPENSES</u>	<u>ESTIMATED COST</u>	<u>PAYMENT SOURCE</u>
PER DIEM (DAYS + RATE):	\$ 320.00	OTHER
EVENT REGISTRATION:		SELECT
AIRFARE:		SELECT
HOTEL/LODGING:	\$ 750.00	OTHER
TRANSPORTATION:		SELECT
OTHER:		SELECT
OTHER:		SELECT
OTHER:		SELECT
TOTAL TRIP COST:	\$ 1,070.00	
OUTSIDE ENTITY COST:		
TOTAL CITY COST:		

APPROVAL:

LIEUTENANT: _____

CAPTAIN: _____

MAJOR: _____

DEPUTY CHIEF: _____

CHIEF: _____

EMPLOYEE MUST FILL OUT ALL FIELDS, PRINT THIS DOCUMENT, OBTAIN ALL DIVISIONAL SIGNATURES, ATTACH TRAVEL FLYER AND PROOF OF ESTIMATED EXPENSES BEFORE SCANNING AND EMAILING THIS DOCUMENT TO TPDCHIEF@CITYOFTULSA.ORG.