	]	IIR Tra		ibursem		n		st Office Box 1272 llahassee, FL 3231
AMENDED CLAIM	Phil Lakin, Jr.		(See reverse side of form for instructions.) Phone: (850) 385-0					ine: (850) 385-060
Name:			_ Purpose of Travel: Visit RTCC v			with Las Vegas PD		
Mailing Address:	175 E 2nd St	reet. 4th Floor	r. Tulsa, OK 7	4103				
Agency:	City of Tulsa		Phone:	dist8@tulsac 918-596-199		SarahCDavis _ E-Mail:	@tulsacouncil	.org
Departure Date: <u>2/2</u>	<u>5 /2</u> 022	Time:	<u> </u>	R	eturn Date:	_2/26/2022	<u>Ti</u> me:	<u>11:30</u> p.m.
Travel Dates:	2/25/22	2/26/22		·				
Location				· · · ·	· · ·			에 알려올랐다. 같은 것이 같을 같이
From;	Departed Burbank, CA on 2/25, Arrived Las Vegas, NV on 2/25							
To:	Departed Las Vegas, NV on 2/26, Arrived Tulsa, OK 2/26							
To:	·							Total
Vehicle Mileage	0							0
Lodging*	136.06							136.06
Per Diem	103.50					·	· · ·	103.50
Travel (Air/Rail/Bus) and								
related fees (Baggage)*	177.96							177.96
Rental Vehicle*	0.00							0.00
Taxi (Receipt required if over \$25)	144.72				*. * *:			144.72
Vehicle Expenses								
@ 57.5 cents per mile Parking*	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gas*	0.00							0.00
Miscellaneous (Include	0.00				· · · · · · · · · · · · · · · · · · ·			0.00
explanation. Receipt					· · · · ·			
required if over \$25.)				*				0.00
TOTAL	562.24	0.00	0.00	0.00	. 0.00	0.00	0.00	562.24
Project Number				0,00				Total
(IIR Internal Use Only)					•			Reimbursed
he following receipts are attach farriott Receipt - 1 night (\$136 VPD, (6) Uber Receipt (\$24.7' ttendees, Dinner to Hotel, (9) I	ed in this order .06), (4) Uber I 7) Mayor and L	: (1) Flight 2/25 Receipt (\$13.82) akin - LVPD to	5 (\$93.98) from ) 2/25 Lakin - A Hotel, (7) Uber	irport to hotel, ( Receipt (\$51.8	Vegas, (2) Flig 5) Uber Receip 7) Tulsa Attend	ht (\$83.98) Las t 2/25 (\$11.25) ees to Dinner, (	Lakin & TPD of 8) Uber Receipt	ficer - hotel to
Please sign below and select either option 1 or 2 - Only one payee per travel reimbursement form.					Accounting Use Only			
					<u>GB/TC</u>			
Jul X	Joh / /	-	3/23/	2-7	Payee:	· · · · · · ·		
Signature:	$\sim I =$	Date:			Check #:	Check Date:	Check Amt:	1.
1) <u>Make check payable to the agency listed above</u> . Under penalty of law, including applicable perjury laws, I hereby certify that this is an accurate accounting of my expenses and that I have already been reimbursed by another source.					Cost Center	G/L Acet	Am	ount
or		monocu oj unon	Les GOMFLE.					
2) Make check payable to	me, Under neva	lty of law, includi	ng applicable ner	iwv II				
2) <u>Make check payable to</u> laws, I hereby certify th								
							· · · · · · · · · · · · · · · · · · ·	

IIR Travel Reimbursement Form-jan2019.xfsx

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