



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CITY ADMINISTRATOR
REQUEST FOR TRAINING AND TRAVEL**



I. Training and Travel Request Summary

1. Name of Traveler Roxana Olivas		SSN (Last 4 Digits)	2. Agency/Department (Including Budget Code) Office on Latino Affairs BZO	
3. Position Title Director		4. Training or Conference Dates: From: 12/07/2014 To: 12/08/12		
5. Description of Travel/Training MOIA Convening in NYC		6. Travel Destination New York		7. Training, Conference or Seminar Cost
8. Training, Conference or Seminar Event Location Address City Hall, Rotunda Broadway and Murray Street, Manhattan		9. Training or Conference Vendor Name and Address (as it must appear on check) The Office of Mayor de Blasio		
If Travel is Sponsored (List Sponsor)		Donation Application Request No.		Sponsor's Donation Amount

II. Transportation

10. Mode of Transportation <input type="checkbox"/> Airline <input checked="" type="checkbox"/> Train <input type="checkbox"/> Other _____				11. Method of Payment <input checked="" type="checkbox"/> Advance <input type="checkbox"/> Travel Card <input type="checkbox"/> Other in-kind donation		
Transportation to Destination	12. Point of Departure Washington DC – Union Station	13. Travel Date 12/07/14	14. Carrier Name Amtrak	15. Flight or Train IDs	16. Departure Time TBD	17. Arrival Time TBD
Transportation Return	18. Point of Departure Penn Station, New York City	19. Travel Date 12/08/14	20. Carrier Name Amtrak	21. Flight or Train IDs	22. Departure Time TBD	23. Arrival Time TBD
Notes						

III. Lodging

24. Hotel Name and Address The W Hotel 123 Washington Street New York City		25. Hotel Phone
		26. Lodging Dates From: 12/07/2014 To: 12/08/2014
		27. Length of Stay (Nights): 1 nights
Notes: Tax Exempt Form must be provided at check in to honor DC Tax Exemption.		

IV. Total Cost

Item	Quantity	Unit Cost	Subtotal	Tax Rate	Total Rate	Total Cost	Advance
Transportation (Airline, Train, etc.)	1		244			244	
Lodging (Government Rate)	1	229	229	37.28		266.28	
Per Diem	2	71	142			142	
--Per Diem (First & Last Day of Travel)							
Car Rental (Only If Approved)							
Training/Registration Fees							
Other Expenses: _____							
TOTAL						652.28	

V. Funding Attributes (Provided by Agency Budget Responsible Manager or Agency Fiscal Officer)

Agency	Year	Org Code	Fund	Index	PCA	Project/Phase	Grant/Phase	Object	Initials
BZO	14	1000	0100	0900E	10900			0402	

VI. Traveler Signature

I have prepared this request in accordance with all applicable District of Columbia policies and procedures governing travel and training. I certify that I am traveling on official District government business. I will keep original receipts for all expenses and submit them, along with a properly completed travel reconciliation, within five business days of the authorized travel completion date. I understand that if I fail to attend this travel or training, submit a properly completed travel reconciliation by the required date or reimburse the District for any advance in excess of actual costs, the balance may be withheld from my bi-weekly pay or other District payments.

Signature	Date
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VII. Authorizations

Supervisor	Name (Printed)	Title	Signature	Date

Agency Fiscal Officer	Name (Printed) Curtis Lewis	Title Agency Fiscal Officer	Signature	Date
Agency Director	Name (Printed) Roxana Olivas	Title Director	Signature	Date

Form Revised (2012)