



Travel Request & Expense Report – Elected Officials

FISCAL YEAR				TOTAL AMOUNT	\$1636.84
LN	VENDOR	FUND-ORGANIZATION-ID-ACCOUNT- PROJECT (IF APPLICABLE)		EMPLOYEE #	AMOUNT
01		6003-95-9530-953001-5102			\$574.51
		1001-40-4037-403701-5102			722.67
02		6003-95-9529-952901-5102			150.47
		1001-40-4036-403601-5102			189.19

Part I: Travel and Expense Request: Submit request for advance one month before travel.

Travel authorization is requested for:
 Name Kurt Weideman Date of Travel 1/19-24/2015 Date Prepared 3/13/15
 Purpose of trip
 Convention, Conference, or Seminar (title) U.S. Conference of Mayors and U.S. Coast Guard HQ (AFD Meeting)
 Other: _____
 Description (Include destination and mode of transportation) Washington, D.C. by Air

Part II: Expense Report

Time and date of departure: January 19, 2015 Return: January 24, 2015

Food and Lodging: When submitted for reimbursement, itemized original or scanned original receipts are required.

Advance Estimate	Date	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
			01/19	01/20	01/21	01/22	01/23	01/24	
Lodging			314.88	314.88	314.88	314.88	159.16		1418.68
Breakfast				3.00					3.00
Lunch									0.00
Dinner			40.56	30.58		45.02			116.16
Extra Meals*		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									0.00
0.00	⇐ Total Food and Lodging Advance	Total Food and Lodging Expense ⇒							1537.84

* Extra Meals detail is required to be filled in below

Extra Meals Documentation: When submitted for reimbursement, itemized original or scanned original receipts are required.

Date	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Meal Expense								0.00
Name of Guest	Business Purpose							
Meal Expense								0.00
Name of Guest	Business Purpose							
Meal Expense								0.00
Name of Guest	Business Purpose							
Meal Expense								0.00
Name of Guest	Business Purpose							

Registration and Transportation

Advance Estimate	Description	Paid By	Check #	Date Paid	Mileage	Amount
	Registration/Tuition					
	Airfare					
	Auto Rental: See below					
	Personal Vehicle: See below					0.00
0.00	⇐ Total Registration and Transportation Advance	Total Registration and Transportation Expense ⇒				0.00

Justification for Auto Rental or Use of Personal Vehicle*

* When auto rental is submitted for reimbursement, itemized original or scanned original receipts are required. For more information, refer to City policy on Seminar, Conference, and Travel section 20.20.

Registration Fee Includes	Date	Explanation
Room		
Meals		
Other		


Miscellaneous Expenses: When submitted for reimbursement, itemized original or scanned original receipts are required.

Advance Estimate	Date	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
			01/19	01/20	01/21	01/22	01/23	01/24	
	Washington Metro Pass			10.00					10.00
	Hotel Gratuity			3.00	3.00	3.00	3.00	3.00	15.00
	Taxi fare from Airport to Hotel		45.00						45.00
	Baggage check-in							25.00	25.00
	Airport Sky Cap Gratuity							4.00	4.00
0.00	← Total Miscellaneous Advance								
									Total Miscellaneous Expense → \$99.00

Additional Comments

0.00	← Total Advance	Total Expense →	\$1636.84
		Less Advance (Ck. No. _____)	0.00
		Amount Due Official	\$1636.84
		Amount Due City	0.00

I certify that the expenses listed on this form represent costs that were incurred by me to fulfill the requirements of my position, that they are in accordance with all applicable policies of the City, that I have not previously requested reimbursement for these expenses, and that I do not expect a refund or reimbursement of these expenses from the vendor or any other party.

Elected Official Signature:  Date: 3/13/15

Before Travel

Complete Part 1 – Travel and expense report and Part 2 (when requesting an advance) – Advance Estimate column

The advance estimate is to be used to calculate the travel advance funding. Since this form is self calculating, it is only necessary to enter the requested funds in the advance column. If the destination is 200 miles or more and a personal vehicle is to be used on a mileage basis, enter the justification in the space provided. Save the form to a location on your computer for after travel.

After Travel

Complete Part 2 – Expense Report

The expense portion of Part 2 should be completed within 10 working days after travel. Upon returning from the trip, **ATTACH ORIGINAL OR SCANNED COPIES OF THE ORIGINAL ITEMIZED RECEIPTS** for lodging, transportation, auto rental, registration, meals, extra meals and other expenses. Submit the form with the itemized receipts to Finance.

For complete information on the policy and procedure for travel, click [here](#) for Seminar, Conference, and Travel on TEN.

Dinner 1/22

* Customer Copy *

Catch 15
1518 K street NW
Washington, DC, 20009
202.969.2858

Date: 01/22/15
Time: 8:31 PM
Server: 14. Antonio F
Order: 28613
Description: Table 23

Card Type: Amex
Card No: XXXXXXXXXXXX
Expires: XX/XX
Appr Code: 560376

Purchases: \$ 37.92

Tip: \$ 8.00

Total: 45.02

PRINT

SIGNATURE
A 18% Service Charge, \$5.00 In-
Dining Charge & Sales Tax have
been added to your check.
15% IS PAID TO THE SERVER
AS A GRATUITY.
3% is an administrative fee

Coffee
1/19

CASH
+ \$.25 T.P
3.00

Capital Hilton

CAPITAL HILTON
 1001 16th Street | Washington, DC | 20036
 T: 202 393 1000 | F: 202 639 5784
 W: capital.hilton.com

NAME AND ADDRESS:
 WEIDEMAN, KURT

Room: 859/K1D
 Arrival Date: 1/19/2015 7:02:00 PM
 Departure Date: 1/23/2015

UNITED STATES OF AMERICA

Adult/Child: 1/0
 Room Rate: 275.00

Rate Plan: USCM
 HH #: 653466612 BLUE
 AL:
 Car:

Confirmation Number: 3164219448

1/22/2015

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
1/19/2015	GUEST ROOM	LQUEEN	6824796	\$275.00	314.88	
1/19/2015	ROOM TAX	LQUEEN	6824796	\$39.88		
1/20/2015	THE STATLER LOUNGE	LINTR	6825171	\$30.58	314.88	
1/20/2015	GUEST ROOM	LQUEEN	6825701	\$275.00		
1/20/2015	ROOM TAX	LQUEEN	6825701	\$39.88		
1/21/2015	GUEST ROOM	LQUEEN	6826804	\$275.00	314.88	
1/21/2015	ROOM TAX	LQUEEN	6826804	\$39.88		
1/22/2015	GUEST ROOM	KRYAN1	6827856	\$275.00	314.88	
1/22/2015	ROOM TAX	KRYAN1	6827856	\$39.88		
	WILL BE SETTLED TO AX					\$1,290.10
	EFFECTIVE BALANCE OF					\$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkin hotels and resorts in 91 countries, please visit HHonors.com.

Thank you for choosing Hilton. You'll get more when you book your next stay at hilton.com.

Dinner



Old Ebbitt Grill
 675 15th Street NW
 Washington DC 20005
 202-347-4800
 www.ebbitt.com

Date: Jan 19 '15 09:20 PM
 Card Type: Amex
 Acct #: XXXXXXXXXXXX
 Card Entry: SWIPED
 Trans Type: PURCHASE
 Trans Key: FIF003161740877
 Auth Code: 544512
 Check: 5525
 Table: 163/3
 Server: 12319 Wandaliz

Subtotal: 32.56
 Tip: 8.00
 Total: 40.56

ACCOUNT NO. _____

CARD MEMBER NAME _____

ESTABLISHMENT NO. & LOCATION _____ ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR _____

CARD MEMBER'S SIGNATURE _____

IO NO./CHECK NO. 76 A

INITIAL _____

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.





Capital Hilton

CAPITAL HILTON
 1001 16th Street | Washington, DC | 20036
 T: 202 393 1000 | F: 202 639 5784
 W: capital.hilton.com

NAME AND ADDRESS:
 Furey, Patrick

UNITED STATES OF AMERICA

Room: 859/K1D
 Arrival Date: 1/23/2015 1:05:00 AM
 Departure Date: 1/24/2015

Adult/Child: 1/0
 Room Rate: 139.00

Rate Plan: LV8
 HH #: 653635079 BLUE
 AL:
 Car:

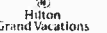
Confirmation Number: 3163240794

1/24/2015

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
1/23/2015	GUEST ROOM	KRYAN1	6829001	\$139.00		
1/23/2015	ROOM TAX	KRYAN1	6829001	\$20.16		
1/24/2015	AX	KRYAN1	6829162		(\$159.16)	
	BALANCE					\$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 hotels and resorts in 91 countries, please visit HHonors.com.

Thank you for choosing Hilton. You'll get more when you book directly with us - more destinations, more points, and more value. Book your next stay at hilton.com.



*See attached receipt #
 Wrong name*

ACCOUNT NO.
 AX *

DATE OF CHARGE: 1/24/2015
 FOLIO NO./CHECK NO.: 1211506 A

CARD MEMBER NAME
 Furey, Patrick

AUTHORIZATION: 164236
 INITIAL:

ESTABLISHMENT NO. & LOCATION

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT: -159.16

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

PAYMENT DUE UPON RECEIPT

Detail Continued

			Amount
01/25/15	CAPITAL HILTON 9910 WASHINGTON DC		\$159.16
	Arrival Date	Departure Date	
	01/23/15	01/24/15	
	00000000		
	LODGING		

Fees

		Amount
Total Fees for this Period		\$0.00

Interest Charged

		Amount
Total Interest Charged for this Period		\$0.00

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest." Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2015 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2015	\$0.00
Total Interest in 2015	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Transactions Dated		Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
	From	To			
Purchases	07/21/2000		15.24% (v)	\$0.00	\$0.00
Cash Advances	07/21/2000		25.24% (v)	\$0.00	\$0.00
Total					\$0.00

(v) Variable Rate



City of Torrance Verification of Lost Receipt

Date: 1/30/15

Name – please print or type: Kurt Weideman

Title: Councilman

Department: Mayor and Council

Date of purchase: 1/19/2015

Item(s) purchased: Taxi fare from Washington National Airport to
Capitol Hilton (cash)

Name of business: _____

City & State: _____

This is to certify that on or about the above date I purchased and paid for the above listed item(s) from the above listed business/location. In lieu of a receipt I am submitting this form for the purpose of reimbursement. To the best of my knowledge, this is the correct amount. If the original receipt is located, a correct adjustment, if any, are under penalty of perjury under the laws of the State of California, this statement is true and correct.

Washington Metropolitan
Area Transit Authority
01/20/2015 09:05:53

900 17th St. NW
Washington DC 20006

TOTAL AMOUNT: 45.00 ✓

Signature: 

Device: TDMD3871

AN: *****

Ref No: 502014124205

Auth No: 507704

Purchase Amount: \$10 ✓
Receipt No: TDMD387110254

Thank You For Riding Metro
Have A Nice Day!
For Customer Service Call
1-888-SMARTRIP

Metro Pass 1/20



City of Torrance Verification of Lost Receipt

Date: 1/30/15

Name – please print or type: Kurt Weideman

Title: Councilman

Department: Mayor and Council

Date of purchase: 1/24/2015

Item(s) purchased: Airport Baggage Check-in

Name of business: American Airlines

City & State: _____

This is to certify that on or about the above date I purchased and paid for the above listed item(s) from the above listed business/location. In lieu of a receipt I am submitting this form for the purpose of reimbursement. To the best of my knowledge, this is the correct amount. If the original receipt is located, a correct adjustment, if any, can be made at that time. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

TOTAL AMOUNT: 25.00 ✓

Signature: 



City of Torrance Verification of Lost Receipt

Date: 1/30/15

Name – please print or type: Kurt Weideman

Title: Councilman

Department: Mayor and Council

Date of purchase: 1/19-24/2015

Item(s) purchased: Misc. gratuities - Hotel and Airport (Cash)

Name of business: _____

City & State: _____

This is to certify that on or about the above date I purchased and paid for the above listed item(s) from the above listed business/location. In lieu of a receipt I am submitting this form for the purpose of reimbursement. To the best of my knowledge, this is the correct amount. If the original receipt is located, a correct adjustment, if any, can be made at that time. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

TOTAL AMOUNT: 19.00 ✓

Signature: 