



TR2

City of Des Moines, Iowa
Travel Reimbursement Request

Do NOT Duplicate

Name: Rodrigo Santizo
 Position: Sergeant, SRO Unit
 Department: Police Dept.
 Meeting Sponsor: Axon (Taser)
 City/State: New York City, NY

Date Of Request: 10/12/2017

Dates Travel Authorized

From 10/1/2017
 To 10/7/2017

Expenses:

Reimbursement Requested For:	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Line Totals
	Date	10/1/2017	10/2/2017	10/3/2017	10/4/2017	10/5/2017	10/6/2017	10/7/2017	
Transportation									
Other than Air Travel									
Air Transportation		25.00	0.00	0.00	0.00	0.00	0.00	25.00	
Lodging		220.37	220.37	220.37	220.37	220.37	220.37	0.00	50.00
Meals: [†]	Breakfast	6.00	6.00	6.00	6.00	6.00	6.00	6.00	1,322.22
	Lunch	9.00	9.00	9.00	9.00	9.00	9.00	9.00	42.00
	Dinner	19.00	19.00	19.00	19.00	19.00	19.00	0.00	63.00
Local Transportation		81.68	0.00	0.00	0.00	0.00	0.00	0.00	114.00
Telecommunications									
Registration Fee		899.00							
Reimbursable Totals		1,260.05	254.37	254.37	254.37	254.37	254.37	40.00	899.00
Air Travel Charged Through City Travel Agency ^{††}									2,571.90
			(memo No.:						411.00
									• Total Expenses: 2,982.90

10-20-17

10/19/17

Certification Of Person Making Request / Date

Department Director's Approval / Date

† Use an asterisk (*) to Indicate meals sponsored by the convention or meeting.
 †† No warrant necessary.

Account to be Charged

Account	Organization	Project
528650	PS226000	

Finance Department Auditor's Approval

Date

For City Treasurer's Use Only

Voucher # _____

Amount Advanced

Amount Of Unspent Advance Repaid

Net Advance

Amount Reimbursed

Balance Due from Traveller

Date: 10-24-17 Check #: 445870

Date: _____ Check #: _____

100.32 -

City of Des Moines, Iowa
Travel Reimbursement Request
(after January 1, 2019)

DEC 5 2019
MAY 22 2019
By [Signature]

TR 2

Date: 05/08/2019

Name: Rodrigo Santizo
Position: Sergeant
Department: Police
Meeting Sponsor: Axon
City: Phoenix
State: AZ

Meeting Dates		Dates Travel Authorized		Net Trip Cost to City
From	To	From	To	
05/02/2019	05/06/2019	05/01/2019	05/06/2019	\$ 3,583.64

Non-City Subsidy: Organization: _____
In-Kind (airfare, lodging, regist., meals): _____

Cash Reimbursement: _____

Total Costs by Non-City: _____

Expenses:	Paid to Vendor by Accounting	Expenses Paid by Traveler
Transportation		
Airfare; Ticket Charge	604.60	
City Vehicle (gas expense)	N/A	
Private Vehicle _____ miles at \$0.58	N/A	
Car Rental Please include original detailed receipt.	N/A	349.46
Lodging Please include original detailed lodging receipt.	N/A	789.56
Registration		
Meals		
56.00 Per diem rate		
0% Day Trip of 12 hours or more: Y/N	N	
1 First Day of Travel		
4 Full Day _____ 0 Number of Personal Days		
1 Last Day of Travel		
Number of Meals provided by Hotel/Sponsor/Conference:		
0 Breakfast 0 Lunch 0 Dinner		
or 0 Full Day	N/A	308.00

Miscellaneous Expenses	Please include original detailed receipt for any miscellaneous expenses.		
Luggage (Return flight only)	\$ 30.00		
Car Rental Fuel	\$ 7.02		
	\$ -	N/A	37.02

Account to be Charged			
Organization	Object	Project	
PLAZZ5000	528650		
Grand Total:			3,583.64

Certification of Person Travelling: *B. Santizo* Date: 5-21-19

Department Director Approval: *W. Jungert* Date: 5/23/19

Finance Department's Approval: _____ Date: _____

Amount Advanced: Amount of Advance Repaid: Net Advance:

Balance Due from Traveler: _____

Voucher #: _____ Amount to be Reimbursed: 389.83 5-29-19
485230