### Sean Brandenburg

#### Chief of Police



## Key West

# POLICE DEPARTMENT

Mode of Travel: City Vehicle  Other Expenses:  IV Chain of Command Routing  Sign  ID  Date  Recommend Approval  YES NO  Bureau Commander  Chief of Police  V Completed by the Training Unit  Signature of Training Officer:  Date:  Confirmation or Rejection Returned to Member on:  TOTAL = \$13,810.00  Comments  Comments  V Completed Signature of Training Unit  Travel Authorization Forwarded for signatures on:	I Member requesting	training (complete section	s I-III)					
Course Information	Name: Matt Haley		Positio	n: Night Shi	ft Lieutenant			
Course Information	Reason for Attending Tra	aining: Command Officer Develo	pment					
Course Title: Command Officer Training Start Date: March 25, 2019 End Date: July 26, 2019 Tuition: 3,595  Name of Institute: Broward Community College Phone No: 502-852-6561  Location / Address: 3501 SW Davie Road FAX No:  City: Davie State: Florida Zip: 33314 Website: louisville.edu/spi  III Travel Information, if applicable  Departure Date: 03/24/19 Time: 1400hrs Returning Date: 07/26/19 Time: 2200hrs  Hotel Name (If applicable): Staybridge Suites Phone No: 954-577-9696 ext 2002  Address: 410 N. Pine Island Road FAX No:  City: Plantation State: FL Zip: 33324 Misc:  Lodging: Room Rate Per room X # of rooms X # of nights = \$7,800.00  Per Diem: \$46 per diem rate X # of days X # of members = \$2,115.00  Tuition: Per member X # of members = \$3.596.00  Mode of Travel: City Vehicle Fuel \$300 + Tolls Sunpass = \$300  Other Expenses:  V Chain of Command Routing  Sign ID Date Recommend Approval  Symposium Officer: Date: Community  V Completed by the Training Unit  Signature of Training Officer: Date:  Confirmation or Rejection Returned to Member on: Travel Authorization Forwarded for signatures on:	Specialized training atter	nded in last 12 months:						
Name of Institute: Broward Community College  Location / Address: 3501 SW Davie Road  City: Davie  State: Florida  Zip: 33314  Website: louisville.edu/spi  III Travel Information, if applicable  Departure Date: 03/24/19  Time: 1400hrs  Returning Date: 07/26/19  Time: 2200hrs  Hotel Name (If applicable): Staybridge Suites  Phone No: 954-577-9696 ext 2002  Address: 410 N. Pine Island Road  FAX No:  City: Plantation  State: FL  Zip: 33324  Misc:  Lodging: Room Rate  per room X  # of rooms X  # of nights  \$ \$7,800.00  Per Diem: \$46 per diem rate X  # of days X  # of members  \$ \$3,595.00  Mode of Travel: City Vehicle  Pruel \$300  TOTAL  \$ \$13,810.00  City: Chain of Command Routing  No Date  Recommend  Approval  Sign  Description  Chief of Police  V Completed by the Training Unit  Signature of Training Officer:  Date:  Confirmation or Rejection Returned to Member on:  Travel Authorization Forwarded for signatures on:	II Course Informatio	n						
Cotation / Address: 3501 SW Davie Road   FAX No:	Course Title: Command	Officer Training	Start Da	ate: March 25, 2	2019 End Date: Ju	uly 26, 2019 Tuitio	on: 3,595	
City: Davie State: Florida Zip: 33314 Website: louisville.edu/spi  III Travel Information, if applicable  Departure Date: 03/24/19 Time: 1400hrs Returning Date: 07/26/19 Time: 2200hrs  Hotel Name (If applicable): Staybridge Suites Phone No: 954-577-9696 ext 2002  Address: 410 N. Pine Island Road FAX No:  City: Plantation State: FL Zip: 33324 Misc:  Lodging: Room Rate per room X # of rooms X # of nights = \$7,800.00  Per Diem: \$46 per diem rate X # of days X # of members = \$2,115.00  Tuition: per member X # of members = \$3,595.00  Mode of Travel: City Vehicle Fuel \$300 + Tolls Sunpass = \$300  Other Expenses: =  ITOTAL = \$13.810.00  W Chain of Command Routing  Sign ID Date Recommend Approval  Approval  Supervisor Pres INO  Bureau Commander  Chief of Police Approval  Comments  V Completed by the Training Unit  Signature of Training Officer: Date:  Confirmation or Rejection Returned to Member on:  Travel Authorization Forwarded for signatures on:	Name of Institute: Browa	rd Community College			Phone No:	502-852-6561		
Departure Date: 03/24/19 Time: 1400hrs Returning Date: 07/26/19 Time: 2200hrs  Hotel Name (If applicable): Staybridge Suites Phone No: 954-577-9696 ext 2002  Address: 410 N. Pine Island Road FAX No:  City: Plantation State: FL Zip: 33324 Misc:  Lodging: Room Rate per room X # of rooms X # of nights = \$7,800.00  Per Diem: \$46 per diem rate X # of days X # of members = \$2,115.00  Tuition: per member X # of members = \$3,595.00  Mode of Travel: City Vehicle Fuel \$300 + Tolls Sunpass = \$300  Other Expenses:	Location / Address: 3501	SW Davie Road			FAX No:			
Departure Date: 03/24/19	City: Davie	State: FI	orida :	Zip: 33314	Website: lou	isville.edu/spi		
Hotel Name (If applicable): Staybridge Suites  Phone No: 954-577-9696 ext 2002  Address: 410 N. Pine Island Road  City: Plantation  State: FL Zip: 33324 Misc:  Lodging: Room Rate	III Travel Information	, if applicable						
Address: 410 N. Pine Island Road  City: Plantation  State: FL  Zip: 33324  Misc:  Lodging: Room Rate	Departure Date: 03/24/19	Time: 1400hr	s	Returni	ing Date: 07/26/19	Time:	2200hrs	
City: Plantation	Hotel Name (If applicable	e) : Staybridge Suites			Phon	e No: 954-577-969	6 ext 2002	
Lodging: Room Rate	Address: 410 N. Pine Isl	and Road			FAX	No:		
Per Diem: \$46 per diem rate X # of days X # of members = \$2,115.00 Tuition: per member X # of members = \$3,595.00  Mode of Travel: City Vehicle Fuel \$300 + Tolls Sunpass = \$300 Other Expenses: = TOTAL = \$13,810.00  IV Chain of Command Routing  Sign ID Date Recommend Approval Comments  Supervisor   YES   NO    Bureau Commander   YES   NO    Chief of Police	City: Plantation	State:	FL	Zip: 33324	Misc:			
Tuition: per member X # of members = \$3,595.00  Mode of Travel: City Vehicle Fuel \$300 + Tolls Sunpass = \$300  Other Expenses:	Lodging: Room	Rate per room	х 🖳	# of rooms	X# a	of nights	=\$7,800.00	
Mode of Travel: City Vehicle  Other Expenses:  IV Chain of Command Routing  Sign  ID  Date  Recommend Approval  YES NO  Bureau Commander  Chief of Police  V Completed by the Training Unit  Signature of Training Officer:  Date:  Confirmation or Rejection Returned to Member on:  TOTAL = \$13,810.00  Comments  Comments  V Completed Signature of Training Unit  Travel Authorization Forwarded for signatures on:	Per Diem: \$46 pe	r diem rate X # of d	ays X	# of	f members	_	= \$2,115.00	
Other Expenses:    TOTAL = \$13,810.00     V Chain of Command Routing	Tuition:	per member X	# of	members			= \$3,595.00	
TOTAL = \$13,810.00     IV Chain of Command Routing   ID   Date   Recommend Approval   Comments     Supervisor	Mode of Travel: City V	ehicle	F	uel \$300	+ Tolls	Sunpass	= \$300	
Sign ID Date Recommend Approval Comments  Supervisor	Other Expenses:						=	
Supervisor  Supervisor  Bureau Commander  Chief of Police  Completed by the Training Unit  Signature of Training Officer:  Confirmation or Rejection Returned to Member on:  Date  Recommend Approval  Comments  Comment	IV Chain of Common	nd Routing				TOTAL	= \$13,810.00	
Bureau Commander  Chief of Police  Chief of Police  Completed by the Training Unit  Signature of Training Officer:  Confirmation or Rejection Returned to Member on:  Travel Authorization Forwarded for signatures on:	IV Onam or Comman		ID	Date		Comments		
Chief of Police    Completed by the Training Unit	Supervisor				□YES □NO			
V Completed by the Training Unit  Signature of Training Officer:  Confirmation or Rejection Returned to Member on:  Travel Authorization Forwarded for signatures on:	Bureau Commander	1 -			□YES □NO			
Signature of Training Officer:  Confirmation or Rejection Returned to Member on:  Travel Authorization Forwarded for signatures on:	Chief of Police	den J. B. J.	2604	25/19	YES NO			
Confirmation or Rejection Returned to Member on: Travel Authorization Forwarded for signatures on:	V Completed by the	Training Unit				•		
The state of the s	Signature of Training Officer: Date:							
	Confirmation or Rejection Returned to Member on: Travel Authorization Forwarded for signatures on:							
v100118 Page 1 of 1	Comments:					*		





## CITY OF KEY WEST TRAVEL AUTHORIZATION REQUEST

DATE: <u>03/04/2019</u>
TO: Jim Scholl, City Manager
FROM: Lt. Matt Haley
In accordance with Admin Directive, HR-2011-02 request is hereby made for travel beyond Marathor as follows:
Travelers(s): Lt. Matt Haley
Destination: Ft. Lauderdale, Florida
Purpose:Command Officer Development
Budgeted: [ ] Yes X No If not Budgeted indicate funding source: State Forfeiture Fund
Seminar/Training Dates: March 25 thru July 26, 2019 (see executive summary for explanation)
Mode of Transportation: [ ] Rental Car, [ ] Air, [ ] Personal Vehicle, [X] City Owned, [ ] Other (Travel policy contains restrictions on transportation, please refer to policy. Consider tolls, Finance issues transponders)  Accommodations: Nightly rate greater than \$150, if [ ] Yes requires CM approval  for reimbursement
Meals: Allowance based on established per diem rates
(Travel policy contains restrictions on meals, please refer to policy.)
Additional Justification: **See executive summary  Note- Breakfast provided by the hotel, so removed from per diem cost.
Lt. Haley will be remaining at the hotel throughout the two-week cycle, not traveling back to Key West.
[] Back-up attached  Authorized by: Title: CHIEF
[] Approved [] Disapproved
City Manager Date

#### TRAVEL REIMBURSEMENT VOUCHER

City Manager		Department Head/Reviewin	Department Head/Reviewing Signature		
APPROVED BY:		Title	Date		
	×	Signature of Employee			
nereby certify or affirm that tually incurred by the unde at same conforms in every	rsigned as necessary t	and correct in every material ma ravel expenses in the performar ements of the City.	atter: that the expenses we		
		BALANCE DUE EMPLOYEE			
		LESS PREPAYMENTS:	\$		
		TOTAL EXPENSES:	\$		
MILEAGE:	miles at \$.39/mile		\$		
Personal vehicle (at	\$				
City vehicle (no mile	\$				
Rental car (attach r	\$				
Airplane (attach rec	eipt)		\$		
MODE OF TRAVEL:					
	Registration:		\$		
		Parking:			
INCIDENTAL EXPENSES		,	Ψ		
INCIDENTALS	X \$ 5.00/da		\$		
DINNER	X \$23.00/da	\$ <del></del>			
LUNCH	X \$12.00/da				
MEALS: (Attach receipt) BREAKFAST	X \$11.00/da	av =			
ACTUAL COST OF HOTE	_\$				
OR	TI DOOM. (Attack	:A			
<u>FLAT PER DIEM:</u> (\$70/DAY) X		X Days	_\$		
DATE AND TIME (	OF RETURN:				
DATE AND TIME (					
LOCATION:					
NATURE OF MEE					
EXPENSE JUSTIFICATION	DN:				
FROM:		DEPT:			
TO. ACCOUNTS PAY	ABLE, FINANCE DEPT	CHARGE TO ACCO	JNT:		