

Sean Brandenburg
Chief of Police



Key West
POLICE DEPARTMENT

I Member requesting training (complete sections I-III)

Name: Matt Haley	Position: Night Shift Lieutenant
Reason for Attending Training: Command Officer Development	
Specialized training attended in last 12 months:	

II Course Information

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 <input type="text"/> per room X <input type="text"/> # of rooms X <input type="text"/> # of nights	= \$7,800.00		
Per Diem: \$46 per diem rate X <input type="text"/> # of days X <input type="text"/> # of members	= \$2,115.00		
Tuition: <input type="text"/> per member X <input type="text"/> # 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				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bureau Commander				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief of Police	<i>Sean T. O'Day</i>	<i>2604</i>	<i>2/5/19</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

V Completed by the Training Unit

Signature of Training Officer:	Date:
Confirmation or Rejection Returned to Member on:	Travel Authorization Forwarded for signatures on:
Comments:	KWPDFFORM59 v100118 Page 1 of 1



RESPECT - INTEGRITY - FAIRNESS - SERVICE

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111
www.keywestcity.com



**CITY OF KEY WEST
TRAVEL AUTHORIZATION REQUEST**

DATE: 03/04/2019

TO: Jim Scholl, City Manager

FROM: Lt. Matt Haley

In accordance with Admin Directive, HR-2011-02 request is hereby made for travel beyond Marathon, 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)

Travel Dates - Departure: 03/24/19 Return : 07/26/19

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

TO: ACCOUNTS PAYABLE, FINANCE DEPT CHARGE TO ACCOUNT: _____
 FROM: _____ DEPT: _____

EXPENSE JUSTIFICATION:

NATURE OF MEETING: _____
 LOCATION: _____
 DATE AND TIME OF DEPARTURE: _____
 DATE AND TIME OF RETURN: _____

FLAT PER DIEM: (\$70/DAY) _____ X Days \$ _____

OR

ACTUAL COST OF HOTEL ROOM: (Attach receipt) \$ _____

MEALS: (Attach receipt)

BREAKFAST _____ X \$11.00/day = _____
 LUNCH _____ X \$12.00/day = _____
 DINNER _____ X \$23.00/day = _____
 INCIDENTALS _____ X \$ 5.00/day = _____ \$ _____

INCIDENTAL EXPENSES

Taxi: _____ Limousine: _____ Parking: _____
 Tolls: _____ Registration: _____ Other: _____ \$ _____

MODE OF TRAVEL:

Airplane (attach receipt) \$ _____
 Rental car (attach receipt) \$ _____
 City vehicle (no mileage/attach gas receipts) \$ _____
 Personal vehicle (attach gas receipt or compute mileage) \$ _____

MILEAGE: _____ miles at \$.39/mile \$ _____

TOTAL EXPENSES: \$ _____
 LESS PREPAYMENTS: \$ _____
 BALANCE DUE EMPLOYEE: \$ _____

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the City.

 Signature of Employee

APPROVED BY:

 Title Date

 City Manager

 Department Head/Reviewing Signature