AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Out-of-State Travel Request; Aircraft Rescue Fire-fighting Training; Gunnison-Crested Butte Regional Airport Employee; Salt Lake City, UT; 11/30/14 thru 12/6/14; $2,412.20

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:
Initial FAA required ARFF Training

Fiscal Impact: 2014 Annual Operating Budget $2,412.20

Submitted by: Rick Lamport **Submitter's Email Address:** rlamport@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Sufficient amounts remain in the Aircraft Rescue Fire Fighting activity to accomodate this request, provided the planned purchase of fire gear in 2014 is deferred until 2015. The new employee is unable to cover shifts by himself until this mandatory training has taken place. According to the personnel policies, if the employee leaves employment within one year, they may be responsible for reimbursing these training costs.

Reviewed by: GUNCOUNTY1\bcowan Discharge Date: 11/13/2014

County Attorney Review: ( ) Required (●) Not Required

Comments:

Reviewed by: Discharge Date: Certificate of Insurance Required

Yes ( ) No ( )

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 11/14/2014

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 11/18/2014 Follow Up Agenda Date:

Revised April 2013

GUNNISON COUNTY, COLORADO

OUT-OF-STATE TRAVEL EXPENSE AND TRANSPORTATION FORM

DATE	PURPOSE OF OUT OF STATE TRAVEL	DESTINATION	DURATION FROM	DURATION TO
11/12/14	ARFF Ttraining New Employee	Salt Lake City	11/30/14	12/06/14

The Board of County Commissioners MUST approve all out of state travel *prior to occurrence.* A copy of the meeting minutes authorizing the out of state travel MUST be attached to this form.

Date Approved by BOCC	
Total Maximum Amount	

COUNTY PURCHASING CARD USAGE

Please attach a copy of each purchasing card receipt to this form and provide the original receipt and a copy of this form with your monthly Purchase Card Certification.

DATES -->	11/30/14	12/01/14	12/02/14	12/03/14	12/04/14	12/05/14	12/06/14		TOTALS
MEALS									
Breakfast	12.00	12.00	12.00	12.00	12.00	12.00	12.00		
Lunch	12.00	12.00	12.00	12.00	12.00	12.00	12.00		
Dinner	12.00	12.00	12.00	12.00	12.00	12.00	12.00		
TOTAL	36.00	36.00	36.00	36.00	36.00	36.00	36.00	-	**252.00**
LODGING									**-**
OTHER - Amount									**-**
Description									
						TOTAL COUNTY PURCHASING CARD CHARGES			**$ 252.00**

FLEET VEHICLE USAGE & OTHER EXPENSES

These are expenses that are neither reimbursable to the employee nor were they paid via the credit card.

NOTE: Gasoline purchases with the fleet fuel card do NOT need to be documented on this form. You may discard those receipts.

FLEET VEHICLE USAGE

DATE	FROM	TO	ODOMETER READING START	ODOMETER READING FINISH	TRIP MILEAGE	TOTAL
					0.0	
					0.0	

OTHER EXPENSES

DATE	DESCRIPTION	PAYMENT METHOD	AMOUNT
11/30/14	Airline ticket Frontier Airlines	Other	130.10
12/06/14	Airline ticket Frontier Airlines	Other	130.10
12/01/14	ARFF Training Class Fees	Voucher/chk	1,900.00
		TOTAL FLEET VEHICLE AND OTHER	**$ 2,160.20**

EMPLOYEE REIMBURSEABLE EXPENDITURES

Please attach all supporting receipts to this form.

DATES -->	11/30/14	12/01/14	12/02/14	12/03/14	12/04/14	12/05/14	12/06/14		TOTALS
MEALS									
Breakfast									
Lunch									
Dinner									
TOTAL	-	-	-	-	-	-	-	-	-
LODGING									-
OTHER - Amount									-
Description									
						TOTAL REIMBURSABLE EXPENDITURES			$ -

MILEAGE EXPENSE DETAIL

I.R.S. Mileage Rate - 2014 56.00 cents per mile

DATE	FROM	TO	ODOMETER READING START	ODOMETER READING FINISH	TRIP MILEAGE	TOTAL
					0.0	
					0.0	

NOTE: Mileage reimbursements cannot be requested unless a fleet vehicle was NOT available at the time of the travel (attach documentation from Public Works)

TOTAL MILEAGE 0.0 $ -

SUMMARY

COUNTY PURCHASING CARD CHARGES	**252.00**	
FLEET VEHICLE USAGE AND OTHER EXPENSES	**2,160.20**	
EMPLOYEE REIMBURSEMENT		
Reimbursable Expenses	-	
Mileage Reimbursement	-	
TOTAL EMPLOYEE REIMBURSEMENT (Voucher Total)	-	
TOTAL TRAVEL AND TRANSPORTATION EXPENSE:	**ARFF Ttraining New Employee**	**$ 2,412.20**
Total Maximum Allowable per attached Board of County Commissioners' Motion		$ -
Amount Over (Under) Amount Approved		$ 2,412.20

CERTIFICATION - This form must be printed and manually signed prior to submittal to the Finance Department.

My signature certifies the amounts requested on this reimbursement form are accurate to the best of my knowledge and belief, and that payment has not been received by me from another source.

Employee also certifies and supervisor confirms that employee holds a valid driver's license and carries all insurance coverage required by law on the vehicle used for this travel, if applicable.

Scott Van Doorn

Employee Printed Name

Employee Signature Date

Supervisor Signature Date