

KNOX COUNTY, TENNESSEE

Travel Expense Reimbursement/Summary

T77295

Date 8/13/09 Initials JB

2009 AUG 13 AM 10 13

Trip/Check Req # _____

Employee is authorized to begin making charges on this trip.

Traveler's Name Amy Brayles
 Address 316 E. Scott Avenue
 Address _____
 City/St/zip Knoxville, TN. 37917
 Vendor # _____

Unit to Charge 1000910 / 9370
 Activity (optional) _____
 Time/Date Out 12:00 pm / 7/24/09
 Time/Date Return 1:30 pm / 7/28/09
 Department County Commission

Destination Nashville, TN.
 Purpose NACO Conference

Trip Expenses	Vendor (if prepaid)	Total Expense	Amount Prepaid	How	Reimb. Owed
Registration	<u>NACO</u>	<u>490.⁰⁰</u>	<u>490.⁰⁰</u>	<u>County check</u>	<u>0</u>
Airline					
Business Exp.					
Hotel		<u>974.⁸⁵</u>		<u>County check</u>	<u>0</u>
Meals		<u>160.⁹²</u>			<u>160.92</u>
POV Miles	<u>Rode w/ Commissioner Strickland & rode back w/ family</u>			<u>frad.</u>	<u>0</u>
Tax/RentalCar/Shuttle					
Other (explain below)					

Total Costs 1625.77 REFUND 160.92

Other Charges: Amount Reason

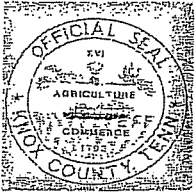
Mileage / Parking Only Reimbursement Request (detail on back)

Period Driven: _____	Parking/Other	Total Miles	Rate	Reimb.
	/mile			

See Sheet "2" for detail Section of this form

_____ authorized signature
 I am authorizing expenditures in excess of/not normally allowed by county policy for this reimbursement request.

Requestor Amy Brayles by *Debi Bonavent* date 8/13/09
 Authorized *Debi Bonavent* date 8/13/09



KNOX COUNTY, TENNESSEE

Travel Expense Reimbursement/Summary

T73857

Date 10/18/09 Initials JB

Trip/Check Req # _____

Employee is authorized to begin making charges on this trip.

Traveler's Name Amy Brayles
 Address 316 E. Scott Ave.
 Address _____
 City/St/zip Knoxville, TN. 37917
 Vendor # _____

2009 OCT 23 AM 10 10
 Unit to Charge 4000910 / 9370
 Activity (optional) _____
 Time/Date Out 12:00p 10/18/09
 Time/Date Return 5:00p 10/19/09
 Department Knox County Commission

Destination Franklin, TN.
 Purpose Women's Economic Council Foundation

Trip Expenses
 Registration
 Airline

Vendor (if prepaid)	Total Expense	Amount Prepaid	How	Reimb. Owed
Women's Economic Council Foundation	125. ⁰⁰	125. ⁰⁰	County check	0
	119. ⁶⁰	0	Personal CC	119. ⁶⁰
	64. ⁶⁸	0		64. ⁶⁸
	212. ³⁰	0		212. ³⁰

Please RUSH!
 She needs this as soon as possible,
 Thanks.

521.58 REFUND 396.58

Check for hotel was sent back to Finance to be voided, because Amy's card was charged for hotel. She will be reimbursed for it.
 Dru

Reason

(detail on back)

Parking/Other	Total Miles	Rate	Reimb.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

_____ authorized signature
 I am authorizing expenditures in excess of/not normally allowed by county policy for this reimbursement request.

Requestor Amy Brayles by Dea Bonatti date 10/23/09
 Authorized Dea Bonatti date 10/23/09



KNOX COUNTY, TENNESSEE

Travel Expense Reimbursement/Summary

T77311

Trip/Check Req # _____

Date _____ Initials _____

11/2/09

Employee is authorized to begin making charges on this trip.

Traveler's Name Amy Brayles
 Address 3110 E. Scott Ave.
 Address _____
 City/St/zip Knoxville, TN. 37917
 Vendor # _____

Unit to Charge 10000910 / 9370
 Activity (optional) _____
 Time/Date Out 11/16/09
 Time/Date Return 11/19/09
 Department County Commission

Destination New Orleans
 Purpose Brownfields Conference

Trip Expenses	Vendor (if prepaid)	Total Expense	Amount Prepaid	How	Reimb. Owed
Registration		0	0	Scholarship	
Airline		694. ⁰⁰	694. ⁰⁰	county check	D
Business Exp.					
Hotel		0	0	Scholarship	
Meals		0	0	Scholarship	
POV Miles					
Taxi/Rental Car/Shuttle					
Other (explain below)					

Total Costs

0	0	REFUND	0
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Other Charges: Amount Reason

Mileage / Parking Only Reimbursement Request (detail on back)			
Period Driven: _____	Parking/Other <input style="width: 40px; height: 20px;" type="text"/>	Total Miles <input style="width: 40px; height: 20px;" type="text"/>	Rate <input style="width: 40px; height: 20px;" type="text"/> /mile
			Reimb. <input style="width: 40px; height: 20px;" type="text"/>

See Sheet "2" for detail Section of this form

_____ authorized signature
 I am authorizing expenditures in excess of/not normally allowed by county policy for this reimbursement request.

Requestor _____ date _____

Authorized _____ date _____



KNOX COUNTY, TENNESSEE

Travel Expense Reimbursement/Summary

T77323

Trip/Check Req # _____

Date 3/17/10 Initials AB

Employee is authorized to begin making charges on this trip.

Traveler's Name Amy Brayles
 Address 316 E. Scott Ave.
 Address _____
 City/St/zip Knoxville, TN. 37917
 Vendor # _____

Unit to Charge 1000910 / 9370
 Activity (optional) _____
 Time/Date Out 3/16/10 10:00 AM
 Time/Date Return 3/19/10 11:00 PM
 Department Knox County Commission

Destination Washington, DC
 Purpose NACO

Trip Expenses	Vendor (if prepaid)	Total Expense	Amount Prepaid	How	Reimb. Owed
Registration		490. ⁰⁰	490. ⁰⁰	County check	0
Airline		451. ⁴⁰	451. ⁴⁰	County check	0
Business Exp.					
Hotel		704. ¹⁹	704. ¹⁹	County check	0
Meals		284. ⁶³	0		284. ⁶³
POV Miles		14. ⁰⁰	0		14. ⁰⁰
Taxi/Rental Car/Shuttle					
Other (explain below)		12. ⁰⁰	0	CC	12. ⁰⁰

Total Costs 1955.⁵⁹ 1645.⁵⁹ REFUND 310.⁰⁰

Other Charges: Amount 12.⁰⁰ Reason Shuttle to Hotel

Mileage / Parking Only Reimbursement Request (detail on back)

Period Driven: _____	Parking/Other <input type="text"/>	Total Miles <input type="text"/>	Rate <input type="text"/>	/mile	Reimb. <input type="text"/>
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See Sheet "2" for detail Section of this form

_____ authorized signature

I am authorizing expenditures in excess of/not normally allowed by county policy for this reimbursement request.

Requestor Amy Brayles by Eli Smarte date 3/17/10
 Authorized Eli Smarte date 3/17/10