

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

2/8/26

TA# 24122

TRAVELER NAME Savannah Fletcher

TRIP: Juneau, AK

DATES OF TRIP: 2/5-5/16/2024

Travelers Check List Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights did not change from the itinerary or boarding pass
☐ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # ___ days x current Per Diem \$ 108-
4. Adjustment for meals (reduced on TA but not consumed) \$

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e. the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 441.18
6. Vehicle Rental/Taxi \$ 0
7. Other \$
Other \$
Other \$

Total Expenses Paid by Employee

\$ 549.18

Less Advance Received

\$ 549.18

Amount Due Employee or (Owed) FNSB

\$ 0

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Savannah Fletcher
Employee Name (Print)

See Attached memo
Employee Signature

2/9/24
Date

April Justice
Department Head or Chief of Staff/Mayor

2/9/24
Date

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TA# 04118

TRAVELER NAME David Guttenberg

TRIP: ANL Winter leg. Conf.

DATES OF TRIP: 2/19-2/22/2024

Travelers Check List Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☒ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☐ My flights **did not change** from the itinerary or boarding pass
☒ My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # 151 days x current Per Diem \$ 151 * See attached (no change)
4. Adjustment for meals (reduced on TA but not consumed) \$ 0

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e. the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 77-
6. Vehicle Rental/Taxi \$ 0
7. Other \$ 0
Other \$ 0
Other \$ 0

Total Expenses Paid by Employee

Less Advance Received

Amount Due Employee or (Owed) FNSB

\$ 8108-
\$ 9108.38
\$ (100.38)

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

David Guttenberg
Employee Name (Print)

See Attached
Employee Signature

2/22/2024
Date

April Dickey
Department Head or Chief of Staff/Mayor

2/29/2024
Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# _____ Amendment# _____ Date: 4/19/2024

Employee: Brett Rotermund Destination: Juneau, AK

Reason For Travel: Advocate Leg. Priorities with Lobbyist

Travel Time Record:

Depart Fairbanks: Date 4/8/24 Time 3:25pm

Depart Destination: Date 4/10/24 Time 8:38pm

Arrive Destination: Date 4/8/24 Time 9:31pm

Arrive Fairbanks: Date 4/11/24 Time 1:29am

Number of Days: 3 Comments: _____

Annual Leave Dates: _____ Org Key/Object Code: 030559-101580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment reimbursement <input checked="" type="checkbox"/>	<u>975.19</u>			Brett Rotermund	<u>030559-101580</u>
2. REGISTRATION pre-payment reimbursement <input type="checkbox"/>	<u>N/A</u>			<u>N/A</u>	<u>N/A</u>
3. PER DIEM - Complete and attach Per Diem calculator noting meals consumption: advance reimbursement <input checked="" type="checkbox"/>	<u>102-</u>			Brett Rotermund	<u>030559-101580</u>
4. HOTEL advance reimbursement <input checked="" type="checkbox"/>	<u>454.27</u>			Brett Rotermund	<u>030559-101580</u>
5. VEHICLE RENTAL/TAXI** advance reimbursement <input type="checkbox"/>	<u>N/A</u>			<u>N/A</u>	<u>N/A</u>
6. OTHER *** advance reimbursement <input type="checkbox"/>	<u>N/A</u>			<u>N/A</u>	<u>N/A</u>
TOTAL COST	<u>1591.46</u>				

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs:

(Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation: deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) should I resign my position with the Borough prior to completing one year of service after the completion of the travel. I understand that the provided meals expected to be consumed by the Borough Mayor or Chief of Staff. I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memo Date: 4/19/24

Required Approvals - (Prior to travel):

Department Head: Opil Truckley Date: 4-19-24

Budget Control: Tarig Aslan Date: 4/19/24

Chief of Staff/Mayor: See Above Signature Date: _____ Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable
Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

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TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# 241107 Amendment# 1 Date: 5/9/04
 Employee: Brett Polermund Destination: Unalakleet, AB
 Reason For Travel: Advocate for the protection of lobsters

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See 7 of 26

Duplicate

Travel Time Record:

Depart Fairbanks: Date 4/8/04 Time 3:25pm

Depart Destination: Date 4/10/04 Time 8:38pm

Arrive Destination: Date 4/8/04 Time 9:21pm

Arrive Fairbanks: Date 4/11/04 Time 1:29am

Number of Days: 3

Comments:

Annual Leave Dates:

Org Key/Object Code: 020539 - 101580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost		Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input checked="" type="checkbox"/>	975.19	0	975.19		B. Polermund	020539
2. REGISTRATION pre-payment <input type="checkbox"/> reimbursement <input type="checkbox"/>	N/A	—	—		—	—
3. PER DIEM — Complete and attach Per Diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input checked="" type="checkbox"/>	1108.—	0	1108.—		B. Polermund	020539
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input checked="" type="checkbox"/>	454.21	287.03	741.90		B. Polermund	020539
5. VEHICLE RENTAL/TAXI** advance <input type="checkbox"/> reimbursement <input type="checkbox"/>	N/A	—	—		—	—
6. OTHER *** advance <input type="checkbox"/> reimbursement <input type="checkbox"/>	N/A	—	—		—	—
TOTAL COST	1591.40	287.03	1879.09			

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs:

(Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached memo Date: 5/9/04

Required Approvals — (Prior to travel):

Department Head: [Signature] Date: 5/9/04 Borough-directed training? Y N

Budget Control: [Signature] Date: 5/9/04

Chief of Staff/Mayor: [Signature] Date: 5/9/04 Reimbursement provision waived: (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable

Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

Duplicate

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TA# 24107

TRAVELER NAME Brett Rotemund

TRIP: Advocate Leg-Pronties

DATES OF TRIP: 4/8 - 4/11/2004

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☐ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☐ My flights **did not change** from the itinerary or boarding pass
☐ My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 975.19
2. Registration \$ _____
3. # _____ days x current Per Diem \$ 1102 -
4. Adjustment for meals (reduced on TA but not consumed) \$ _____

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 711.90
6. Vehicle Rental/Taxi \$ _____
7. Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Total Expenses Paid by Employee

\$ 1879.09

Less Advance Received

\$ 0

Amount Due Employee or (Owed) FNSB

\$ 1879.09

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy.

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Brett Rotemund
Employee Name (Print)

See Attached
Employee Signature

5/17/04
Date

S. Belup
Department Head or Chief of Staff/Mayor

5.17.04
Date

TRAVEL AUTHORIZATION

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FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# 25011 Amendment# _____ Date: 7/24/2024
Employee: Mindy O'Neal Destination: Prodiak, AK
Reason For Travel: APNL Summer legislative Conference

Travel Time Record:

Depart Fairbanks: Date 8/12/24 Time 12:15pm

Depart Destination: Date 8/16/24 Time 9:00am

Arrive Destination: Date 8/12/24 Time 12:30pm

Arrive Fairbanks: Date 8/16/24 Time 2:30pm

Number of Days: 4.33

Comments: _____

Annual Leave Dates: _____

Org Key/Object Code: 000559-01580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	531.69			Mindy O'Neal	0005179
2. REGISTRATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	275-			Wells Fargo	VW847953
3. PER DIEM - Complete and attach Per Diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	154.67			Mindy O'Neal	0005179
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	553.72			Mindy O'Neal	0005179
5. VEHICLE RENTAL/TAXI** advance <input type="checkbox"/> reimbursement <input type="checkbox"/>	0			N/A	N/A
6. OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	50-			Mindy O'Neal	0005179
TOTAL COST	1565.08				

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs: lodging

(Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation sul deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbu should I resign my position with the Borough prior to completing one year of service after the com the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consum I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memo Date: 7/24/24

Required Approvals - (Prior to travel):

Department Head: April Juckley Date: 7-24-2024 Borough-directed training? Y N

Budget Control: Aubrey AP Williams Date: 7/29/24

Chief of Staff/Mayor: Jon Lube Date: 07/31/24 Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable

Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TRAVELER NAME Mindy O'Neill

DATES OF TRIP: 8/12-8/16/24

AML Summer Leg. Conf.

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☐ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☐ My flights **did not change** from the itinerary or boarding pass
☐ My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 531.69
2. Registration \$ _____
3. # _____ days x current Per Diem \$ 154.67
4. Adjustment for meals (reduced on TA but not consumed) \$ -21

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 553.72
6. Vehicle Rental/Taxi \$ _____
7. Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Total Expenses Paid by Employee

\$ 1219.08

Less Advance Received

\$ 0

Amount Due Employee or (Owed) FNSB

\$ 1219.08

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

See Attached memo

Employee Name (Print)

Employee Signature

8/23/24
Date

April Lusk
Department Head or Chief of Staff/Mayor

8/20/24
Date

TRAVEL AUTHORIZATION

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FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# 25021 Amendment# Date: 8/10/24
 Employee: Scott Cross Destination: Anchorage, AK
 Reason For Travel: Statewide Convening on Our Migration

Travel Time Record:

Depart Fairbanks: Date 9/4/24 Time * 5:30pm
 Arrive Destination: Date 9/4/24 Time 8:33pm

Depart Destination: Date 9/6/24 Time 11:02pm
 Arrive Fairbanks: Date 9/7/24 Time * 12:59am

Number of Days: 2.46 Comments: DO Approved
 Annual Leave Dates: Org Key/Object Code: 020559-61580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost		Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>245.70</u>				<u>Wells Fargo</u>	<u>W0847023</u>
2. REGISTRATION pre-payment <input type="checkbox"/> reimbursement <input type="checkbox"/>	<u>0</u>				<u>N/A</u>	<u>N/A</u>
3. PER DIEM - Complete and attach Per Diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>121.33</u>				<u>Scott Cross</u>	<u>00000497</u>
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>1038.24</u>				<u>Scott Cross</u>	<u>00000497</u>
5. VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>100-</u>				<u>Scott Cross</u>	<u>00000497</u>
6. OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>50-</u>				<u>Scott Cross</u>	<u>00000497</u>
TOTAL COST	<u>1555.27</u>					

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant

*** Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

245.70+
 121.33+
 1038.24+
 100.00+ a
 50.00+
1555.27** y
 and
 0.00

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provision FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation: deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reim should I resign my position with the Borough prior to completing one year of service after the co the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consu I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached memo Date: 8/10/24
 Required Approvals - (Prior to travel):
 Department Head: S. Allen Date: 8.16.24
 Budget Control: Tarig Aslam Date: 8/19/24
 Chief of Staff/Mayor: See Above Signature Date:

Borough-directed training? Y N

Reimbursement provision waived: (Initial)

Distribution: **White:** Advance/Registration payment **Green:** Purchasing **Yellow and Goldenrod:** Accounts Payable
Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TA# 050021

TRAVELER NAME Scott Cross

TRIP: Convening on Out Migration

DATES OF TRIP: 9/4-9/10/04

Travelers Check List - Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☒ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights **did not change** from the itinerary or boarding pass
☐ My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
 2. Registration \$ 0
 3. # days x current Per Diem \$ 121.33
 4. Adjustment for meals (reduced on TA but not consumed) \$ 0
- IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)
5. Hotel \$ 1038.24
 6. Vehicle Rental/Taxi \$ 47.11
 7. Other _____ \$ _____
 - Other _____ \$ _____
 - Other _____ \$ _____

Total Expenses Paid by Employee

\$ 12010.168

Less Advance Received

\$ 1159.57

Amount Due Employee or (Owed) FNSB

\$ 47.11

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Scott Cross
Employee Name (Print)

Employee Signature

9/12/04
Date

April Luckey
Department Head or Chief of Staff/Mayor

9-12-21
Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# 25022 Amendment# _____ Date: 8/19/2024
 Employee: Suannah Fletcher Destination: Anchorage AK Anchorage
 Reason For Travel: Statewide Convening on Out Migration

Travel Time Record:
 Depart Fairbanks: Date 9/5/24 Time 3:30am Depart Destination: Date 9/10/24 Time 11:02pm
 Arrive Destination: Date 9/5/24 Time 6:35am Arrive Fairbanks: Date 9/17/24 Time 12:59am
 Number of Days: 2.33 Comments: PO Approved Travel

Annual Leave Dates: _____ Org Key/Object Code: 050559-61580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>294.70</u>			<u>Wells Fargo</u>	<u>VW847953</u>
2. REGISTRATION pre-payment <input type="checkbox"/> reimbursement <input type="checkbox"/>	<u>0</u>			<u>N/A</u>	<u>N/A</u>
3. PER DIEM — Complete and attach Per Diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>99.67</u>			<u>Suannah Fletcher</u>	<u>0006099</u>
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>54.08</u>			<u>Suannah Fletcher</u>	<u>0006099</u>
5. VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>100-</u>			<u>Suannah Fletcher</u>	<u>0006099</u>
6. OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>50-</u>			<u>Suannah Fletcher</u>	<u>0006099</u>
TOTAL COST	<u>1058.45</u>				

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisor FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation s deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reiml should I resign my position with the Borough prior to completing one year of service after the coi the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consu I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memos Date: 8/19/24

Required Approvals — (Prior to travel):

Department Head: Abell Date: 8.19.24 Borough-directed training? Y N

Budget Control: Tariq Aslam Date: 8/19/24

Chief of Staff/Mayor: See Above Signature Date: _____ Reimbursement provision waived: _____ (Initial)

Distribution: **White:** Advance/Registration payment **Green:** Purchasing **Yellow and Goldenrod:** Accounts Payable
Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

294.70+
 99.67+
 514.08+
 100.00+
 50.00+
1058.45 +
 0.00

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

13726

25022

TRAVELER NAME Savannah Fletcher

TRIP: Convening on out migration

DATES OF TRIP: 9/5-9/10/24

Travelers Check List -- Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☒ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights **did not change** from the itinerary or boarding pass
☐ My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # days x current Per Diem \$ 99.67
4. Adjustment for meals (reduced on TA but not consumed) \$ 10-
5. Hotel \$ 514.08
6. Vehicle Rental/Taxi \$ 0
7. Other \$ 0
Other \$ 0
Other \$ 0

Breakfast not consumed - reduced from original per diem

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts: Breakfast ~~\$8.00~~ \$10- Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

Total Expenses Paid by Employee

\$ 1083.75

Less Advance Received

\$ 1013.75

Amount Due Employee or (Owed) FNSB

\$ 10-

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Savannah Fletcher

Employee Signature

9/10/24

Date

April Duckley

Department Head or Chief of Staff/Mayor

9-10-24

Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# _____ Amendment# _____ Date: 10/23/24
 Employee: Mindy O'Neal Destination: Victoria, BC, Canada
 Reason For Travel: Preventing Hate & Building Social Cohesion Conference

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Travel Time Record:
 Depart Fairbanks: Date 10/29/24 Time 1:55pm Depart Destination: Date 11/1/24 Time 11:57am
 Arrive Destination: Date 10/29/24 Time 10:31pm Arrive Fairbanks: Date 11/1/24 Time 9:57pm
 Number of Days: 3.66 Comments: See Attached memo
 Annual Leave Dates: _____ Org Key/Object Code: 020559-61580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL		Date Paid	Vendor Name	Vendor Number
		Variance Amt.	Total Cost			
1. TRANSPORTATION pre-payment <input type="checkbox"/> reimbursement <input type="checkbox"/>	<u>0</u>				N/A	N/A
2. REGISTRATION pre-payment <input type="checkbox"/> reimbursement <input type="checkbox"/>	<u>0</u>				N/A	N/A
3. PER DIEM — Complete and attach Per Diem calculator noting meals consumption: advance reimbursement <input checked="" type="checkbox"/>	<u>206.33</u>				Mindy O'Neal	5179
4. HOTEL advance reimbursement <input type="checkbox"/>	<u>0</u>				N/A	N/A
5. VEHICLE RENTAL/TAXI** advance reimbursement <input checked="" type="checkbox"/>	<u>100-</u>				Mindy O'Neal	5179
6. OTHER *** advance reimbursement <input checked="" type="checkbox"/>	<u>50-</u>				Mindy O'Neal	5179
TOTAL COST	<u>356.33</u>					

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached memo Date: 10/23/24
 Required Approvals — (Prior to travel):
 Department Head: Cecil Truckey Date: 10/23/2024 Borough-directed training? Y N
 Budget Control: _____ Date: _____

Chief of Staff/Mayor: _____ Date: _____ Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable

Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TA# 25059

TRAVELER NAME Mindy O'Neal

TRIP: Strong Cities Network

DATES OF TRIP: 10/29-11/1/24

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☐ Itemized Hotel Receipt ☒ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights **did not change** from the itinerary or boarding pass
☐ My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # 2 days x current Per Diem \$ 208.33
4. Adjustment for meals (reduced on TA but not consumed) \$ 10
5. Hotel \$ 0
6. Vehicle Rental/Taxi \$ 108.08
7. Other _____ \$ 0
- Other _____ \$ 0
- Other _____ \$ 0

*1 lunch reduced from \$14.00 but not consumed

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

Total Expenses Paid by Employee \$ 290.41
Less Advances Received \$ 0
Amount Due Employee or (Owed) FNSB \$ 290.41

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Mindy O'Neal
Employee Name (Print)

See Attached memo
Employee Signature

11/12/24
Date

April Ducky
Department Head or Chief of Staff/Mayor

11/12/24
Date

TRAVEL AUTHORIZATION

NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

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Assembly TA# _____ Amendment# _____ Date: 10/17/24
 David Guttenberg Destination: Anchorage, AK
 Reason For Travel: 2024 AML Annual Local Government Conference

Travel Time Record:
 Depart Fairbanks: Date 10/8/24 Time 2:15pm
 Arrive Destination: Date 10/8/24 Time 5:54pm

Depart Destination: Date 10/13/24 Time 2:30pm
 Arrive Fairbanks: Date 10/13/24 Time 4:34pm

Number of Days: 5.66

Comments: _____
 Annual Leave Dates: _____
 Org Key/Object Code: 000559-10/582

Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>336.09</u>			Wells Fargo	VW847953
REGISTRATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>525-</u>			Wells Fargo	VW847953
PER DIEM — Complete and attach Per diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>254.33</u>			David Guttenberg	00098
HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>890.40</u>			David Guttenberg	00098
VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>100-</u>			David Guttenberg	00098
OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>50-</u>			David Guttenberg	00098
TOTAL COST	<u>2155.82</u>				

If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

* Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) SB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: David Guttenberg Date: 10/17/24

Signed Approvals — (Prior to travel):

Department Head: April Zuckey Date: 10-17-24 Borough-directed training? Y N

Get Control: _____ Date: _____

Chief of Staff/Mayor: _____ Date: _____ Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable
 Blue: Initiating Department, Copy to Payroll

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TRIP: AML Annual Conf.

TRAVELER NAME

David Gutterberg

DATES OF TRIP:

12/8-12/13/24

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☒ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☒ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☐ My flights did not change from the itinerary or boarding pass
☒ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # 2 days x current Per Diem \$ 262.33
4. Adjustment for meals (reduced on TA but not consumed) \$ 0

*see updated per diem

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 890.40
6. Vehicle Rental/Taxi \$ 42.93
7. Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Total Expenses Paid by Employee

\$ 1155.66

Less Advance Received

\$ 1144.73

Amount Due Employee or (Owed) FNSB

\$ 10.93

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

David Gutterberg

Employee Name (Print)

(see Attached)

Employee Signature

12/20/24

Date

Scott Dickey

Department Head or Chief of Staff/Mayor

12-20-24

Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

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Department: Assembly TA# 25068 Amendment# _____ Date: 11/15/24
Employee: Kristan Kelly Destination: Anchorage, AK
Reason For Travel: 2024 ANL Local Govt Conference

Travel Time Record:

Depart Fairbanks: Date 12/11/24 Time * 3:00am

Depart Destination: Date 12/14/24 Time 10:45pm

Arrive Destination: Date 12/11/24 Time 11:07am

Arrive Fairbanks: Date 12/15/24 Time * 12:45am

Number of Days: 4.33

Comments: _____

Annual Leave Dates: _____

Org Key/Object Code: 000559-101586

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL		Date Paid	Vendor Name	Vendor Number
		Variance Amt.	Total Cost			
1. TRANSPORTATION pre-payment <input type="checkbox"/> reimbursement <input checked="" type="checkbox"/>	<u>208.18</u>				Wells Fargo	W0847953
2. REGISTRATION pre-payment <input type="checkbox"/> reimbursement <input checked="" type="checkbox"/>	<u>375</u>				Wells Fargo	W0847953
3. PER DIEM - Complete and attach Per Diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>193.67</u>				Kristan Kelly	0101
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>556.48</u>				Kristan Kelly	0101
5. VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>100-</u>				Kristan Kelly	0101
6. OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>50-</u>				Kristan Kelly	0101
TOTAL COST	<u>1183.33</u>					

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs: Incidentals
(Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation and deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) should I resign my position with the Borough prior to completing one year of service after the completion of the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached memo Date: 11/15/24

Required Approvals - (Prior to travel):

Department Head: Anna Neuge for AT Date: 11-18-24

Borough-directed training? Y N

Budget Control: Tariq Aglan JC Date: 11/20/24

Chief of Staff/Mayor: See Above signature Date: _____

Reimbursement provision waived: _____ (Initial)

Distribution: **White:** Advance/Registration payment **Green:** Purchasing **Yellow and Goldenrod:** Accounts Payable

Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

208.18
375.00
193.67
556.48
100.00
50.00
1183.33

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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25068
TRIP: AML Annual Conf.

TRAVELER NAME Kristen Kelly

DATES OF TRIP: 12/11-12/15/24

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☐ My flights did not change from the itinerary or boarding pass
☒ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ _____
2. Registration \$ _____
3. # _____ days x current Per Diem \$ 205.33
4. Adjustment for meals (reduced on TA but not consumed) \$ _____
- IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)
5. Hotel \$ 256.48
6. Vehicle Rental/Taxi \$ 0
7. Other \$ 0
Other \$ 0
Other \$ 0

*93 applied to
wells fargo card
*see updated
per diem

Total Expenses Paid by Employee

Less Advance Received

Amount Due Employee or (Owed) FNSB

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Kristen Kelly
Employee Name (Print)

(See Attached)
Employee Signature

12/20/24
Date

April Kelly
Department Head or Chief of Staff/Mayor

12/20/24
Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

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Employee: Assembly TA# _____ Amendment# _____ Date: 1/9/2025

Employee: Scott Cross Destination: Anchorage, AK

On For Travel: AKDOT/Fair Exchange

Travel Time Record:
 Depart Fairbanks: Date 1/8/25 Time 3am Depart Destination: Date 1/30/25 Time 7:59pm

Arrive Destination: Date 1/28/25 Time 11:15am Arrive Fairbanks: Date 1/30/25 Time 10:01pm

Number of Days: 3 Comments: _____

Annual Leave Dates: _____ Org Key/Object Code: 020559-101580

Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for pre-payment or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>345.10</u>			<u>Wells Fargo</u>	<u>110847915</u>
REGISTRATION pre-payment <input type="checkbox"/> reimbursement <input type="checkbox"/>	<u>0</u>			<u>N/A</u>	<u>N/A</u>
PER DIEM -- Complete and attach Per Diem Calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>1103-</u>			<u>Scott Cross</u>	<u>10497</u>
TEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>378.50</u>			<u>Scott Cross</u>	<u>10497</u>
VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>100-</u>			<u>Scott Cross</u>	<u>10497</u>
OTHER *** advance <input type="checkbox"/> reimbursement <input checked="" type="checkbox"/>	<u>50-</u>			<u>Scott Cross</u>	<u>10497</u>
TOTAL COST	<u>1036.10</u>				

When renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a portion of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs if I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memo Date: 1/9/25

Supervisor Approvals -- (Prior to travel):

Department Head: Casper Quaking Date: 1-9-2025

Borough-directed training? Y N

Supervisor Control: _____ Date: _____

Chief of Staff/Mayor: _____ Date: _____ Reimbursement provision waived: _____ (Initial)

Attention: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable
 Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

TA# 25084

TRAVELER NAME Scott Cross

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TRIP: AKDOT & PF Peer Exchange DATES OF TRIP: 1/28 - 1/30/2025

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☒ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights did not change from the itinerary or boarding pass
☐ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ _____
2. Registration \$ _____
3. # _____ days x current Per Diem \$ 195 *See updated per diem
4. Adjustment for meals (reduced on TA but not consumed) \$ _____

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 348.50
6. Vehicle Rental/Taxi \$ 34.52
7. Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Total Expenses Paid by Employee

Less Advance Received

Amount Due Employee or (Owed) FNSB

\$ 1008.08
\$ 541.50
\$ 466.58

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Scott Cross
Employee Name (Print)

See Attached
Employee Signature

2/7/25
Date

April Tuckey
Department Head or Chief of Staff/Mayor

2/7/25
Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707, 1267 (907) 459-1000

Department: Assembly TA# Amendment# Date: 1/21/2025
 Employee: David Guttenberg Destination: Juneau, AK
 Reason For Travel: AML 2025 Legislative Conference

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8/26

Travel Time Record:
 Depart Fairbanks: Date 2/17/25 Time 7:00am Depart Destination: Date 2/1/25 Time 7:32am
 Arrive Destination: Date 2/1/25 Time 12:54pm Arrive Fairbanks: Date 2/1/25 Time 12:00pm
 Number of Days: 4.00 Comments:

Annual Leave Dates: Org Key/Object Code: 020559-61580

Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL		Date Paid	Vendor Name	Vendor Number
		Variance Amt.	Total Cost			
TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	858-				Wells Fargo	VW847953
REGISTRATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	250-				Wells Fargo	VW847953
PER DIEM - Complete and attach Per diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	215.33				David Guttenberg	6098
HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	1454.64				David Guttenberg	6098
VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	100-				David Guttenberg	6098
OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	50-				David Guttenberg	6098
TOTAL COST	2927.97					

If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

* Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) SB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memo Date: 1/21/25

Required Approvals - (Prior to travel):

Department Head: April Juckey Date: 1-21-25 Borough-directed training? Y N

Legal Control: Date:

Chief of Staff/Mayor: Date: Reimbursement provision waived: (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable
 Black and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

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TA# 25090

TRAVELER NAME David Guttenberg

TRIP: AML leg.

DATES OF TRIP: 2/17-2/21/25

Travelers Check List – Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☒ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☒ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights did not change from the itinerary or boarding pass
☐ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # 3 days x current Per Diem \$ 215.33
4. Adjustment for meals (reduced on TA but not consumed) \$ 215
5. Hotel \$ 1236-
6. Vehicle Rental/Taxi \$ 42-
7. Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

*Did not consume lunch + 1 breakfast

Total Expenses Paid by Employee

Less Advance Received

Amount Due Employee or (Owed) FNSB

\$ 1559.33
\$ 11019.97
\$ (110.00) Receipt Attached

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

David Guttenberg
Employee Name (Print)

See Attached memo
Employee Signature

2/28/25
Date

Cecil Tuckey
Department Head or Chief of Staff/Mayor

2/27/25
Date

TRAVEL AUTHORIZATION

NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Assembly TA# _____ Amendment# _____ Date: 1/21/25
 David Guttenberg Destination: Washington DC
 For Travel: 2025 NACO Legislative Conference
 Travel Time Record:
 Depart Fairbanks: Date 2/28/25 Time * 4:15am Depart Destination: Date 3/5/25 Time 5:25pm
 Arrive Destination: Date 2/28/25 Time 9:59pm Arrive Fairbanks: Date 3/6/25 Time * 3:25am
 Number of Days: 10.33 Comments: _____
 Annual Leave Dates: _____ Org Key/Object Code: 020559-61580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL		Date Paid	Vendor Name	Vendor Number
		Variance Amt.	Total Cost			
1. TRANSPORTATION pre-payment reimbursement <input checked="" type="checkbox"/>	<u>1004.05</u>				Wells Fargo	<u>NW847952</u>
2. REGISTRATION pre-payment reimbursement <input checked="" type="checkbox"/>	<u>590-</u>				Wells Fargo	<u>NW847952</u>
3. PER DIEM - Complete and attach Per Diem calculator noting meals consumption: advance reimbursement <input checked="" type="checkbox"/>	<u>375.67</u>				David Guttenberg	<u>60098</u>
4. HOTEL advance reimbursement <input checked="" type="checkbox"/>	<u>2243.64</u>				David Guttenberg	<u>60098</u>
5. VEHICLE RENTAL/TAXI** advance reimbursement <input checked="" type="checkbox"/>	<u>100-</u>				David Guttenberg	<u>60098</u>
5. OTHER *** advance reimbursement <input checked="" type="checkbox"/>	<u>50-</u>				David Guttenberg	<u>60098</u>
TOTAL COST	<u>4303.36</u>					

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs: Incidentals
 (Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached memo Date: 1/21/25

Required Approvals - (Prior to travel):

Department Head: Cecil Duskey Date: 1/21/25

Borough-directed training? Y N

Budget Control: _____ Date: _____

Chief of Staff/Mayor: _____ Date: _____ Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable

Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

TA# 25091

TRAVELER NAME

Mindy O'Neal

26
of 26

TRIP: AML 169.

DATES OF TRIP:

2/16 - 2/21/25

Travelers Check List - Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☒ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☐ My flights did not change from the itinerary or boarding pass
☒ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ _____
2. Registration \$ _____
3. # _____ days x current Per Diem \$ 300.33 * See updated per diem
4. Adjustment for meals (reduced on TA but not consumed) \$ _____

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 123.10
6. Vehicle Rental/Taxi \$ 30.79
7. Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Total Expenses Paid by Employee

\$ 1587.12

Less Advance Received

\$ 1002.71

Amount Due Employee or (Owed) FNSB

\$ (15.59)

Receipt attached.

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Mindy O'Neal
Employee Name (Print)

See Attached memo
Employee Signature

2/28/25
Date

April Tuckey
Department Head or Chief of Staff/Mayor

2/28/25
Date

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# _____ Amendment# _____ Date: 1/17/25

Employee: Mindy O'Neal Destination: Juneau, AK

Reason For Travel: AML 2025 Legislative Conference

Travel Time Record:

Depart Fairbanks: Date 2/17/25 Time 1:10pm

Depart Destination: Date 2/18/25 Time 7:32am

Arrive Destination: Date 2/17/25 Time 9:30pm

Arrive Fairbanks: Date 2/18/25 Time 1:02pm

Number of Days: 4.33 Comments: _____

Annual Leave Dates: _____ Org Key/Object Code: 000559-01580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TA DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	858-			Wells Fargo	VW84795E
2. REGISTRATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	250-			Wells Fargo	VW84795B
3. PER DIEM — Complete and attach Per Diem calculator noting meals consumption: advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	93.67			Mindy O'Neal	5179
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	1409.04			Mindy O'Neal	5179
5. VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	100			Mindy O'Neal	5179
6. OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	50-			Mindy O'Neal	5179
TOTAL COST	2810.71				

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant.

*** Explanation of other costs: Incidentals
(Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memo Date: 1/17/2025

Required Approvals — (Prior to travel):

Department Head: Cecil Lusk Date: 1-17-2025 Borough-directed training? Y N

Budget Control: _____ Date: _____

Chief of Staff/Mayor: _____ Date: _____ Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable
Pink and Blue: Initiating Department, Copy to Payroll

Form Updated on 3-7-16

TRAVEL AUTHORIZATION

3 of 26

FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

Department: Assembly TA# 24118 Amendment# _____ Date: 1/18/2024

Employee: David Guttenberg Destination: Juneau, AK
Reason For Travel: AML Winter Legislative Conference

Travel Time Record:

Depart Fairbanks: Date 2/19/24 Time 6:55am Depart Destination: Date 2/20/24 Time 2:33pm
Arrive Destination: Date 2/19/24 Time 12:41pm Arrive Fairbanks: Date 2/22/24 Time 7:32pm

Number of Days: 4 Comments: _____

Annual Leave Dates: _____ Org Key/Object Code: 000559-01580

* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.

AUTHORIZED EXPENDITURES

Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED TO DETAIL Variance Amt. Total Cost	Date Paid	Vendor Name	Vendor Number
1. TRANSPORTATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>726.19</u>			<u>Wells Fargo</u>	<u>WV847953</u>
2. REGISTRATION pre-payment <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>200-</u>			<u>Wells Fargo</u>	<u>WV847953</u>
3. PER DIEM - Complete and attach Per Diem calculator noting meals consumption. advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>151-</u>			<u>David Guttenberg</u>	<u>00060098</u>
4. HOTEL advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>817.38</u>			<u>David Guttenberg</u>	<u>00060098</u>
5. VEHICLE RENTAL/TAXI** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>100-</u>			<u>David Guttenberg</u>	<u>00060098</u>
6. OTHER *** advance <input checked="" type="checkbox"/> reimbursement <input type="checkbox"/>	<u>50-</u>			<u>David Guttenberg</u>	<u>00060098</u>
TOTAL COST	<u>2044.57</u>				

** If renting a vehicle, purchase liability coverage and decline the collision damage coverage, unless current conditions warrant

*** Explanation of other costs: Incidentals
(Example: Parking fees, internet fees)

EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reir should I resign my position with the Borough prior to completing one year of service after the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed I will make necessary adjustments on the expense report at the completion of the travel.

Employee Signature: See Attached Memo Date: 1/18/2024

Required Approvals - (Prior to travel):
Department Head: April Trickey Date: 1-24-24 Borough-directed training? Y N

Budget Control: Tarig Aslam Date: 1/24/24

Chief of Staff/Mayor: James Miller Date: 1/26/24 Reimbursement provision waived: _____ (Initial)

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable
Pink and Blue: Initiating Department, Copy to Payroll

FAIRBANKS NORTH STAR BOROUGH
EMPLOYEE EXPENSE REPORT

2/8/26

TA# 24122

TRAVELER NAME Savannah Fletcher

TRIP: Juneau, AK

DATES OF TRIP: 2/5-5/16/2024

Travelers Check List Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return).

- ☐ Boarding Passes (if available) ☒ Itemized Hotel Receipt ☐ Taxi Receipts/Shuttle Receipts
☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed

Confirmation of Flight Times: (Mark one)

- ☒ My flights did not change from the itinerary or boarding pass
☐ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem.

Expense Summary

1. Transportation \$ 0
2. Registration \$ 0
3. # days x current Per Diem \$ 108-
4. Adjustment for meals (reduced on TA but not consumed) \$

IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts:
Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e. the conference provided lunch, but I did not consume the meal- add \$14.00 to line 4)

5. Hotel \$ 441.18
6. Vehicle Rental/Taxi \$ 0
7. Other \$
Other \$
Other \$

Total Expenses Paid by Employee

\$ 549.18

Less Advance Received

\$ 549.18

Amount Due Employee or (Owed) FNSB

\$ 0

Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Savannah Fletcher
Employee Name (Print)

See Attached memo
Employee Signature

2/9/24
Date

April Justice
Department Head or Chief of Staff/Mayor

2/9/24
Date