

FOR 1A

REQUEST FOR AUTHORIZATION FOR IN-STATE TRAVEL

Date: April 21, 2017

TO THE HONORABLE GOVERNOR & COUNCIL:

The Banking Department requests permission for 1 employee(s) or their designee(s) to travel to Rochester, NH for 5 days of in-state travel status from Monday, May 22, 2017 to Friday, May 26, 2017

Purpose of Travel

Examination

A request is being made for Denise L. St. Pierre to receive a **\$790.00** Cash Advance to cover anticipated expenses while in Rochester, NH.

Estimated Costs – Meals/Hotel/Mileage/Misc. – \$790.80

The above travel costs will be paid from agency income, examination fees – 100% Other

Attendees and their Titles

Denise L. St. Pierre, Bank Examiner

| <u>Obj</u> | <u>Description</u> | <u>Amount</u> | | <u>Amount</u> |
|------------|-------------------------|---------------|---|---------------|
| 500700 | Common Carriers | \$ | Appropriation for In-State Travel | \$ 74,000.00 |
| 500702 | Meals | \$ 220.50 | Amount Expended to Date | \$ 26,731.83 |
| 500703 | Hotel | \$ 453.44 | Available Balance | \$ 47,268.17 |
| 500704 | Mileage | \$ 104.86 | Amount Requested for this Authorization | \$ 790.00 |
| 500705 | Operation State Vehicle | \$ | Estimated Balance Available | \$ 46,478.17 |
| 500707 | Miscellaneous | \$ 12.00 | | |
| | Total | \$ 790.80 | | |

Appropriation Code 010-072-20460000-070
Source of Funds: 100 % Other – Examination Fee

Authorized Signature



Gerald H. Little
Commissioner

Fiscal Information - Summary

Information included below is provided to give a complete breakdown for the total expected costs of the trip.

| | | |
|---|--------------|------------------|
| Common Carriers | \$ | |
| Meals - 3 Days at \$49 Per Day, \$36.75 for First and Last Day (75%). Total of 5 Days | \$ | 220.50 |
| Hotel - Milne Hotel Quote | \$ | 453.44 |
| Mileage - Mileage to and from residence to entity location and mileage to and from hotel and entity location. | \$ | 104.86 |
| Miscellaneous Expenses – Maid | \$ | 12.00 |
| | Total | \$ <u>790.80</u> |