

Form #A-24 (08/30/95)

# REQUEST FOR AUTHORIZATION FOR IN-STATE TRAVEL

Date: April 5, 2017

TO THE HONORABLE GOVERNOR & COUNCI
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The B	anking Department requests perm	nissio	n for employee(s) or their designee(s) to travel
to	Meredith, NH		for 5 days of in-state travel status
from	Monday, April 24, 2017	to_	Friday, April 28, 2017

### **Purpose of Travel**

#### Examination

A request is being made for Denise L. St. Pierre to receive a \$920 Cash Advance to cover anticipated expenses while in Meredith, NH.

Estimated Costs – Meals/Hotel/Mileage/Misc. – \$920.00

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>	Description		Amount			Amount
500700	Common Carriers	\$		Appropriation for In-State Travel	\$	74,000
500702	Meals	\$	288	Amount Expended to Date	\$	24,174
500703	Hotel	\$	488	Available Balance	\$	49,826
500704	Mileage	\$	131	Amount Requested for this Authorization	\$	920
500705	Operation State Vehicle	\$		Estimated Balance Available	\$	48,906
500707	Miscellaneous	\$	13			
	Total	\$ -	920	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.

Total	\$ 920
Miscellaneous Expenses – Maid and tolls	\$ 13
Mileage - Mileage to and from residence to entity location and mileage to and from hotel and entity location.	\$ 131
Hotel - Milne Hotel Quote	\$ 488
Meals - 3 Days at \$64.00 Per Day, \$48.00 for First and Last Day (75%). Total of 5 Days	\$ 288
Common Carriers	\$