



The City of Lorain, Ohio

Travel Request

2021-038
Mayor/Auditor's #

****Mayor must approve travel request prior to expenses being incurred****

Date July 14, 2021
Employee Name(s) McCann, Watkins, Failing
Palmer, Cornwell
Employee # 728,933,810,932,881

COPY

TO: Honorable Mayor
City of Lorain, Ohio

I would appreciate receiving your permission to attend:

Chief's In-Service & Annual Conference

to be held on Nov. 14-16, 2021 at Columbus, OH

I estimate the expense of the trip in accordance with **Ordinance No. 115-13** to be:

\$ 4,312.50 The necessity of such attendance is: provide newest information for depar

(Complete "Estimated Expenses" on back of form and submit with support material(s))

[Signature]
Department Head Approval
[Signature]
Safety/Service Director Approval
[Signature]
Mayor's Approval

[Signature]
Employee Signature

Chief
Employee Position

Charge to this Account Number

CERTIFICATE

I hereby certify that the money required to meet the foregoing expenditure, in the amount of \$ 4,312.50, has been lawfully appropriated or authorized or directed for such purpose and is in the process of collection to the credit of FUND # 2590 free from any previous outstanding obligation.

[Signature]
City Auditor/Deputy Auditor

8/10/2021

Estimated Travel Expenses

Expenses	Payment Method	Est. Cost	Notes
Airfare	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text"/>	Airfare may not exceed the cost of single coach rate.
Mileage	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text"/>	Mileage is reimbursed at IRS rate to and from conference. Verified my Map Quest Miles _____ x Rate _____ = \$ _____
Cab/Uber	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text"/>	Reimbursed with receipt.
Turnpike Tolls	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text"/>	Reimbursed with receipt.
Parking	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text"/>	Reimbursed with receipt.
Lodging	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text"/>	Employees may lodge at the place of conference or convention. If not at conference or convention, the maximum reimbursement is USGSA per diem rate.
Meals	<input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text" value="762.50"/>	Overnight stays reimbursed at USGSA per diem rates inclusive of gratuities. Meals must be more than 40 miles from city. Prorated first and last day of travel up to 75% of USGSA per diem rate.
Registration	<input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text" value="3,350.00"/>	Submit registration information sufficiently in advance of due date for payment.
Other:	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input checked="" type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ <input type="text" value="200.00"/>	Specify any other anticipated expenses: <input type="text" value="Gas"/>
Total		\$ <input type="text" value="4,312.50"/>	

****All receipts MUST be itemized. Credit Card receipts that are not itemized cannot be reimbursed****

Lorain Police Department Training Request



Step 1: To Be Completed by Division Commander or Training Officer:

Course Description: Chief's In-Service & Annual Conference

Date: 07/9/2021

Hosted by: Ohio Association of Chiefs of Police

Location: Columbus, OHIO

Course Dates: November 14-16, 2021

Course Cost: (per Officer) \$ 670.00 ^{3,350.00}

Travel Expenses: \$ 200.00

Per Diem: (per person) \$ 152.50 ^{762.50}

Total Cost: \$ 4312.50

Attendees 1. ¹²⁸McCann 2. ⁹³³Watkins 3. ⁸¹⁰Failing 4. ⁹³²Palmer 5. ⁸⁸¹Cornwell

Reason for Attendance: The course will provide the Chief and Senior Command Staff the newest information to help the our department.

Division Commander

Date

Step 2: Office of Professional Standards

Reviewed

Denied

Comments: _____

[Signature]
Commander of the Office of Professional Standards

7-9-21
Date

Step 3: Chief of Police

Approved

Denied

Comments: *ACCT # [REDACTED] 8100 1600 EDUCATION AND IN SERVICE*

[Signature]
Chief of Police

07-12-21
Date

Step 4: Secretary

- Verify Travel Vouchers signed
- Inform Training Officer Approved/Denied
- Prepare and submit Travel Voucher to Mayor's Office
- Received Travel Voucher Number
- Prepare and submit invoices(hotels, per diem, course cost) to Mayor's Office for checks
- Verify have all checks needed and tax exempt form if needed
- Hand out checks to personnel traveling
- Verify all is processed and close

Special Instructions

PROUDLY PRESENTS:

Chiefs' In-Service & Annual Conference

November 14 - 16, 2021

Columbus Downtown Hilton

401 N. High St. ~ Columbus, OH 43215

(Sunday, Monday, & Tuesday)

*Online registration available at <https://oacp.org/cis-ac-online-registration/>***TARGET AUDIENCE: CHIEFS AND SENIOR COMMAND STAFF****Confirmed Presenters:**

- Captain Chip Huth, Kansas City PD, Arbinger Institute
- Officer Jason Schechterle (ret.), Phoenix PD, Burningshield.com
- Elizabeth Ortiz, Exec. Director, Arizona Prosecuting Attorneys Adv. Council
- Lt. David Moore, Phoenix PD
- Inspector William H. Leahy, Nassau Co. (New York) PD
- Chief Michael Harnishfeger, CLEE Ada PD
- Chief Scott Hughes, CLEE, Hamilton Twp. PD
- Jonathan Downes, Attorney, Zashin & Rich, Co. LPA, Columbus
- Mark Weaver, Attorney, Communications Counsel, Inc., Columbus
- Jeffrey Furbee, Attorney, Columbus City Attorney's Office
- Steve Click, Ohio Dept. Addiction/Mental Health Services
- Chief Josef Freyhof, CLEE, Russells Point PD

Topics Include:

- "What You Do Matters: Lessons from the Holocaust"
- Outward Mindset Policing
- "Embracing Your Challenges- Never Give In, Never Give Up"
- "Legally Justified, but Was It Avoidable?"
- Active Shooter Response for Off-Duty & Retired Law Enforcement Officers
- QPR: Suicide Awareness Training
- Criminal Law Updates
- Personnel Law Updates
- Public Records Updates
- Social Media and First Amendment Considerations
- Developments in Labor Relations, Unions, and Collective Bargaining
- Creating a G.R.E.A.T. Agency
- Federal and State Developments impacting Policing
- Patrolling Chiefs Roundtable

Plus: 110+ Vendors Exhibit Show, Banquet, Chiefs' Reception, Business Meeting and many networking opportunities

Email or Fax Registration form to:
 Renea Collins, Program Coordinator
renea.collins@oacp.org
 614-761-9509 fax
 614-761-0330 phone

Registration:

*\$670 (Members - received by Oct. 1)

*\$680 (Members - received after Oct. 1)

*\$715 (Non-Members - received by Oct. 1)

*\$730 (Non-Members - received after Oct. 1)

Note: There will be a \$20 surcharge to cover additional materials for those pre-registering for the "What you Do Matters: Lessons from the Holocaust" Breakout Session

Note: Dress is business casual, & CDC and/or Dept of Health guidelines in place at the time, if any, will be followed.

*Registration Fee includes: Two nights lodging, four meals, complimentary on-site parking, free Wi-Fi access, presentations, and materials

*Registration begins Sunday at 1:45 pm

*Conference concludes Tuesday at noon

Note: If the continuing COVID pandemic prevents the conference being held safely in-person, the conference sessions will still be held via livestream only. A credit would be issued for the difference between the paid registration fee and the livestream fee of \$315. Full refunds will be issued only for extenuating circumstances.



Travel Expense Payment/Reimbursement Voucher

2021-038
Mayor/Auditor's

DATE: Sept 16, 2021 AMOUNT \$ 3,350.00

NAME: OHIO ASSOC OF CHIEFS OF POLICE

VENDOR NO: 30053 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: _____ = \$ _____

LODGING: _____ = \$ _____

CAB/UBER: _____ = \$ _____

REGISTRATION: _____ = \$ 3,350.00

PARKING: _____ = \$ _____

TURNPIKE TOLLS: _____ = \$ _____

AIRFARE: _____ = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 3,350.00

All receipts **MUST** be itemized. Credit card receipts that are not itemized cannot be reimbursed.

If actual expenses exceed estimated expenses, the voucher payment/reimbursement request requires mayor approval.

Refer to Ordinance No. 115-13 for travel rules and regulations.

The undersigned certifies the above to be true and legal expenses incurred in accordance with **Ordinance No. 115-13** on this trip.

SIGNATURE: James McConally

Approved for payment:
9/16/21 Anita Harper
DATE AUDITOR/DEPUTY AUDITOR

DATE MAYOR, CITY OF LORAIN
(If actual expenses exceed estimated expenses)

Travel Expense Payment/Reimbursement Voucher

2021-2022
Mayor/Auditor's Office

DATE: OCT. 6, 2021 AMOUNT \$ 152.50.

NAME: CORNWELL, GILES

VENDOR NO: 28163 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 152.50

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 152.50

All receipts MUST be itemized.
Credit card receipts that are not itemized cannot be reimbursed.
If actual expenses exceed estimated expenses, the voucher payment/reimbursement request requires mayor approval.
Refer to Ordinance No. 115-13 for travel rules and regulations.

The undersigned certifies the above to be true and legal expenses incurred in accordance with **Ordinance No. 115-13** on this trip.

SIGNATURE: Giles Cornwell / 15

Approved for payment: 10/12/21 [Signature]

DATE AUDITOR/DEPUTY AUDITOR

DATE _____ MAYOR, CITY OF LORAIN
(if actual expenses exceed estimated expenses)

Travel Expense Payment/Reimbursement Voucher

2021-038
Mayor/Auditor's

DATE: Oct 6, 2021 AMOUNT \$ 152.50

NAME: PALMER, LESLIE

VENDOR NO: 23763 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 152.50

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 152.50

All receipts MUST be itemized. Credit card receipts that are not itemized cannot be reimbursed. If actual expenses exceed estimated expenses, the voucher payment/reimbursement request requires mayor approval. Refer to Ordinance No. 115-13 for travel rules and regulations.

The undersigned certifies the above to be true and legal expenses incurred in accordance with **Ordinance No. 115-13** on this trip.

SIGNATURE Leslie Palmer/Kz

Approved for payment: [Signature]

DATE 10/12/21 AUDITOR/DEPUTY AUDITOR

DATE 1/1/ MAYOR, CITY OF LORAIN
(if actual expenses exceed estimated expenses)

Travel Expense Payment/Reimbursement Voucher



DATE: Oct 6, 2021 AMOUNT \$ 152.50

NAME: FAILING, MICHAEL

VENDOR NO: 810 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 152.50

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 152.50

All receipts MUST be itemized. Credit card receipts that are not itemized cannot be reimbursed. If actual expenses exceed estimated expenses, the voucher payment/reimbursement request requires mayor approval. Refer to Ordinance No. 115-13 for travel rules and regulations.

The undersigned certifies the above to be true and legal expenses incurred in accordance with **Ordinance No. 115-13** on this trip.

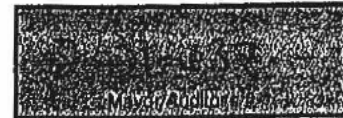
SIGNATURE: Michael Failing

Approved for payment: 10/12/21 [Signature]

DATE AUDITOR/DEPUTY AUDITOR

DATE _____ MAYOR, CITY OF LORAIN
(if actual expenses exceed estimated expenses)

Travel Expense Payment/Reimbursement Voucher



DATE: 05-6, 2021 AMOUNT \$ 152.50

NAME: WATKINS ROBER

VENDOR NO: 23764 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 152.50

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 152.50

All travel costs are itemized
and shall be paid for in full
by the City of Lorain.
If actual expenses exceed
estimated expenses the voucher
must be approved by the
Mayor or Deputy Mayor.
Refer to Ordinance No. 115-13 for
travel rules and regulations.

The undersigned certifies the above to be true and legal expenses incurred in accordance with **Ordinance No. 115-13** on this trip.

SIGNATURE: Roger Watkins

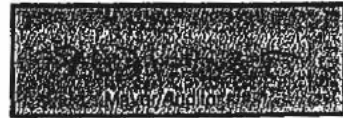
Approved for payment: [Signature]

DATE 10/12/21 AUDITOR/DEPUTY AUDITOR

DATE 1/1 MAYOR, CITY OF LORAIN

(If actual expenses exceed estimated expenses)

Travel Expense Payment/Reimbursement Voucher



DATE: OCT 6, 2021 AMOUNT \$ 152.50

NAME: McCANN JAMES

VENDOR NO: 728 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 152.50

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 152.50

All receipts must be itemized. Credit card receipts that are not itemized cannot be reimbursed. If actual expenses exceed estimated expenses, the voucher payment/reimbursement amount requires mayor approval. Refer to Ordinance No. 115-13 for travel policy regulations.

The undersigned certifies the above to be true and legal expenses incurred in accordance with Ordinance No. 115-13 on this trip.

SIGNATURE: James McCann

Approved for payment: [Signature]

DATE 10/12/21 AUDITOR/DEPUTY AUDITOR

DATE _____ MAYOR, CITY OF LORAIN

(If actual expenses exceed estimated expenses)