



The City of Lorain, Ohio

Travel Request

2022-031
Mayor/Auditor's #

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

Date March 22, 2022

COPY

Employee Name(s) McCann, Failing, Mathewson
Cornwell, Middlebrooks

Employee # 728,810,2254,881,956

TO: Honorable Mayor
City of Lorain, Ohio

I would appreciate receiving your permission to attend:

Chiefs In Service and Conference

to be held on May 8-10, 2022 at Columbus, OH

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

\$ 4,425.00 The necessity of such attendance is: knowledge to the command staff
Of issues occurring in law enforcement.

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

[Signature]
Department Head Approval

[Signature]
Employee Signature

[Signature]
Safety/Service Director Approval

Chief
Employee Position

[Signature]
Mayor's Approval

[Redacted]
Charge to this Account Number

CERTIFICATE

I hereby certify that the money required to meet the foregoing expenditure, in the amount of \$ 4,425.00, 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

5 / 8 / 2022

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	\$ _____	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	\$ _____	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	\$ _____	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	\$ _____	Reimbursed with receipt.
Parking	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ _____	Reimbursed with receipt.
Lodging	<input type="checkbox"/> Prepaid <input type="checkbox"/> City Credit Card <input type="checkbox"/> Employee Reimbursement <input type="checkbox"/> Third Party	\$ _____	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	\$ 800.00	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	\$ 3,425.00	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 checked="" type="checkbox"/> Third Party	\$ 200.00	Specify any other anticipated expenses: Gas _____
Total		\$ 4,425.00	

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: Chiefs' In-Service and Conference 2022 Date: 3/18/2022

Hosted by: OACP

Location: Columbus, Ohio

Course Dates: May 8 thru 10, 2022

Course Cost: (per Officer) \$ 685.00 x 5 = 3,425.00


Travel Expenses: \$ 200.00 ← GAS

Per Diem: (per person) \$ 160.00 x 5 = 800.00

Total Cost: \$ 4425.00

Attendees 1. ⁷²⁸McCann 2. ⁸¹⁰Failing 3. ²²⁵⁴Mathewson 4. ⁸⁸¹Cornwell 5. ⁹⁵⁰Middlebrooks


Reason for Attendance: This conference will provide knowledge to the Command staff of issues occurring in Law Enforcement.


 _____ / 3-22-22
 Division Commander Date

Step 2: Office of Professional Standards

Reviewed Denied

Comments: _____


 _____ / 3-22-22
 Commander of the Office of Professional Standards Date

Step 3: Chief of Police

Approved Denied

Comments: EDUCATION AND IN SERVICE ACCT # [REDACTED]


 _____ / 03-22-22
 Chief of Police 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

McCann - 728
Failing - 810
Mathewson - 2254
Cornwell - 881
Middlebrooks - 950

OHIO ASSOCIATION OF CHIEFS OF POLICE
ANNOUNCES EARLY REGISTRATION FOR:

As of 11/9/2021

Chiefs' In-Service & Annual Conference

May 8 - 10, 2022

Columbus Downtown Hilton

401 N. High St. ~ Columbus, OH 43215

(Sunday, Monday, & Tuesday)

DETAILS & REGISTRATION at oacp.org (Under Education & Events)

TARGET AUDIENCE: CHIEFS AND SENIOR COMMAND STAFF

Presenters:

- Gordon Graham, Graham Research Consultants
- Pete Havel, The Cloture Group, Dallas, Texas
- Jonathan Downes, Attorney, Zashin & Rich, Co. LPA, Columbus
- Mark Weaver, Attorney, Communications Counsel, Inc., Columbus
- Jeffrey Furbee, Attorney, Columbus City Attorney's Office
- Chief Nicholas Shearer, CLEE, Kent PD
- Chief Thomas Wells, CLEE, Springdale PD
- Chief Josef Freyhof, CLEE, Russells Point PD
- Additional presenters to be confirmed

Topics include:

- "Arsonists in the Office"
- "Why Things Go Right, Why Things Go Wrong"
- Withstanding the Loss of an Officer in the Line of Duty
- Protest Management with Limited Resources
- Employment Law Updates
- Criminal Law Updates
- Public Records Updates
- Social Media Developments and Law Enforcement
- Developments in Labor Relations, Unions, and Collective Bargaining
- Patrolling Chiefs Roundtable
- Plus, other topics under development

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:

- *\$685 (Members - received by April 1)
- *\$705 (Members - received after April 1)
- *\$730 (Non-Members - received by Oct. 1)
- *\$745 (Non-Members - received after April 1)

Note: Dress is business casual, & CDC and/or Department 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 2:00 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.



FY 2022 Per Diem Rates for Columbus, Ohio

Meals & Incidentals (M&IE) Breakdown

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & LastDay of Travel
Columbus	Franklin	\$64	\$14	\$16	\$29	\$5	\$48.00

Travel Expense Payment/Reimbursement Voucher



DATE: MAY 5, 2022 AMOUNT \$ 3,425.00

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: _____ = \$ 3,425.00 ✓

PARKING: _____ = \$ _____

TURNPIKE TOLLS: _____ = \$ _____

AIRFARE: _____ = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 3,425.00 ✓

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 McCamley

Approved for payment: [Signature]

DATE 5/12/22 AUDITOR/DEPUTY AUDITOR

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

Travel Expense Payment/Reimbursement Voucher

7039-31
Mayor/Auditor's #

DATE: April 8, 2022 AMOUNT \$ 160.00

NAME: ALAN CORNWELL

VENDOR NO: 28103 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 160.00

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 160.00

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: Alan Cornwell

Approved for payment: 4/14/22 [Signature]

DATE AUDITOR/DEPUTY AUDITOR

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

Travel Expense Payment/Reimbursement Voucher

0033-31
Mayor/Auditor's #

DATE: APRIL 8, 2022 AMOUNT \$ 1100.00

NAME: ANDREW MATHEWSON

VENDOR NO: 24816 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 1100.00

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 1100.00

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: Andrew Mathewson

Approved for payment: [Signature] 4/14/22

DATE AUDITOR/DEPUTY AUDITOR

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

Travel Expense Payment/Reimbursement Voucher

8122-031
Mayor/Auditor's #

DATE: April 8, 2022 AMOUNT \$ 160.00

NAME: MICHAEL FALLING

VENDOR NO: 810 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: _____ = \$ 160.00

LODGING: _____ = \$ _____

CAB/UBER: _____ = \$ _____

REGISTRATION: _____ = \$ _____

PARKING: _____ = \$ _____

TURNPIKE TOLLS: _____ = \$ _____

AIRFARE: _____ = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 160.00

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: Michael Falling

Approved for payment: 4, 14, 22 [Signature]

DATE AUDITOR/DEPUTY AUDITOR

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

Travel Expense Payment/Reimbursement Voucher

2022-031
Mayor/Auditor's #

DATE: APRIL 9, 2022 AMOUNT \$ 1600.00

NAME: JAMES MCCANN

VENDOR NO: 728 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 1600.00

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 1600.00

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 McCann

Approved for payment: [Signature] 4/14/22

DATE AUDITOR/DEPUTY AUDITOR

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

Travel Expense Payment/Reimbursement Voucher

2022-31
Mayor/Auditor's #

DATE: April 8, 2022 AMOUNT \$ 1100.00

NAME: COREY MIDDLEBROOKS

VENDOR NO: 24209 DEPART. POLICE

G/L CHARGE ACCOUNT NUMBER:

[REDACTED]

COPY

ITEMIZATION OF ACTUAL EXPENSES:

MILEAGE: _____ MILES @ _____ = \$ _____

MEALS: = \$ 100.00

LODGING: = \$ _____

CAB/UBER: = \$ _____

REGISTRATION: = \$ _____

PARKING: = \$ _____

TURNPIKE TOLLS: = \$ _____

AIRFARE: = \$ _____

OTHER: _____ = \$ _____

TOTAL =====> = \$ 1100.00

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 Corey Middlebrooks

Approved for payment:

4/14/22 [Signature]

DATE AUDITOR/DEPUTY AUDITOR

_____/_____/_____
DATE MAYOR, CITY OF LORAIN

(if actual expenses exceed estimated expenses)