



TARRANT COUNTY TRAVEL REQUEST FORM

DEPARTMENT		ATTENDEE NAME(S)		
HIV Administrative Agency		Lisa Muttiah, Kaitlin Lopez, and Lonnetta Wilson		
EVENT NAME <i>Acronyms should not be used. Please provide the full name of the conference/seminar.</i>				
HIV Cluster Detection and Response				
Destination: NYC, New York		Departure Date: 11/7/2023	Return Date: 11/9/2023	
TRAVEL EXPENDITURES <i>Provide a per-person breakdown for each category.</i>				
Category	GSA Rate	Per Person	Total Cost	
Lodging:		Per Night:	\$0	
Transportation:			\$0	
Registration:			\$0	
Meal Per Diem/Other (Specify)			\$0	
Total			\$0	
Include a justification below if the nightly, per-person lodging rate exceeds the GSA nightly lodging rate:				
RATIONALE FOR TRAVEL				
Over the course of 15 month learning collaborative, the HIVAA jurisdiction will work together with other EHE jurisdictions and New York State AIDS Institute subject matter experts to improve systems and staff capacities to detect and respond to local HIV clusters. Jurisdictions will form a multidisciplinary team that will participate in all learning collaborative activities and implement selected interventions to improve the detection and response to local HIV clusters.				
** All expenses are being covered by CAI's Technical Assistance Provider - Innovation Network. (TAP-in)				
FUNDING SOURCE(S) <i>Account coding must be confirmed with the Budget Department. If funds are not available, the request will be denied and will not appear on the agenda.</i>				
GL #(s)	Grant #(s)	Fund #(s)	Cost Center #(s)	Total Breakdown
				\$0
Employee Signature(s) :				Date:
<div><div><u>Kaitlin Lopez</u> Kaitlin Lopez (Sep 27, 2023 15:07 CDT)</div><div><u>Lonnetta Wilson</u></div><div><u>Lisa Muttiah</u> Lisa McKamie-Muttiah (Sep 27, 2023 16:12 CDT)</div></div>				
Department Head/Elected Official Signature:				Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Court Order # :		Court Date:



TARRANT COUNTY TRAVEL REQUEST

DEPARTMENT		NAME (If applicable, list additional names)			
CONFERENCE NAME (Acronyms should not be used. Please provide the full name of the conference/seminar.)					
Destination:		Departure:		Return:	
GSA RATE (Additional line provided if travel occurs over a two-month period.)					
GSA Lodging Rate		Date Range for GSA Lodging Rate			
		-			
		-			
RATIONALE (Describe how the trip benefits Tarrant County and provide a rationale if lodging cost is over the GSA rate.)					
PROJECT EXPENDITURES					
Category:	Attendee(s) Name(s):	Cost Per Night, Per Attendee:	# of Days:	Date Range:	Total Lodging Cost Per Attendee:
Lodging				-	
				-	
				-	
				-	
				-	
Total Cost for Lodging for the Trip					
Category:	Additional Details (ex: if the cost per attendee differs.)				Total Cost:
Registration:					
Transportation:					
Other (specify):					
TOTAL FOR ALL TRAVEL (This will automatically calculate.)					
ACCOUNT CODING (Please include all Account Coding and the respective amount coming from each account.)					

Requested By: _____ Department Head/Elected Official: _____

Your search for Denver, Colorado (Denver / Adams / Arapahoe / Jefferson including Denver / Aurora)

Estimated per diem total: \$1623.50 (Max lodging total + M&IE total)

Lodging breakdown: October 28, 2023 - November 03, 2023

Date	Daily Rate	# of Nights	Total
October	\$201	4	\$804
November	\$153	2	\$306

Max lodging total: **\$1110**

Meals & incidental expenses breakdown: October 28, 2023 - November 03, 2023

Days, Month	Daily Rate	# of Days	Total
First day (10/28/23)*	\$59.25	1	\$59.25
Full day (Oct)	\$79	3	\$237
Full day (Nov)	\$79	2	\$158
Last day (11/03/23)*	\$59.25	1	\$59.25

*The first and last calendar dates of M&IE are calculated at 75%.

M&IE total: **\$513.50**