



Florida Community College at Jacksonville  
South Campus  
11901 Beach Blvd.  
Jacksonville, FL 32246  
(904) 646-2111

February 14, 1996

To: Dr. Napier  
From: Dr. Edna Saffy  
Re: Explanation of Costs for Travel  
President's Advisory Committee on the Arts of the  
John F. Kennedy Center for the Performing Arts

Again, thank you for your support. I know you celebrate with me the award the Nathan Wilson Center for the Arts has received from the Kennedy Center Center for the Performing Arts.

In my attempt to lessen the cost of participation on the Advisory Committee in the past, I have:

1. stayed at less expensive hotels than that specified by the Committee. This resulted in a number of logistical problems for me.
2. chosen not to attend what I deemed to be their most expensive meetings. One was in Los Angeles, California, and the other was for the grand event designated as the Kennedy Center Honors.

As a member of the Committee, I have little, if any, input into decisions involving the meetings. The locations, events, and hotels are chosen by the Kennedy Center staff. The hotel rate in Palm Beach is supposed to be a "special rate"; however, it is relatively high. I was given the option of the \$300+ per night, \$290 per night, or the lowest rate of \$240. Of course I chose the \$290.

Again, thank you for the support that the college has given me in this Presidential appointment.

#### Mission

We are dedicated to meaningful learning and excellent teaching, enabling individuals to achieve their hopes, dreams and full potential, and to being a leading partner in creating a dynamic, prosperous community of enlightened leaders and thoughtful, effective, global citizens



REQUEST FOR LINE OF DUTY LEAVE  
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE  
JACKSONVILLE, FLORIDA

DATE Feb. 14, 1996  
SOCIAL SECURITY NUMBER [REDACTED]  
NAME SAFFEY, Edna L.  
Last First Middle  
SIGNATURE Edna Saffey

- ( ) ADMINISTRATOR  
 PROFESSIONAL  
( ) INSTRUCTOR  
( ) CAREER

THIS LEAVE FORM REPLACES  
LEAVE FORM DATED \_\_\_\_\_  
REASON FOR REPLACEMENT:  
\_\_\_\_\_  
\_\_\_\_\_

A. PERIOD LEAVE TOTAL WORKING HOURS 0  
FROM: 6 PM March 2 1996  
THROUGH: 6 PM Mar 5 1996  
NATURE OF MEETING: Pres. Advisory Comm. on the Arts of Kennedy Center  
DESTINATION Islam Beach Florida  
LOCATION CITY & STATE)  
B. APPROXIMATE COSTS  
( ) NO REIMBURSEMENT REQUESTED  
 ACTUAL EXPENSES q B G  
( ) STANDARD RATES  
TRAVEL \_\_\_\_\_ PER DIEM \_\_\_\_\_  
LODGING \_\_\_\_\_  
MEALS \_\_\_\_\_ REGISTRATION \_\_\_\_\_  
OTHER (Description and Amount) \_\_\_\_\_  
TOTAL \_\_\_\_\_  
BUDGET NUMBER TO BE CHARGED 1489906052  
C. SIGNATURE OF PERSONS ASSUMING DUTIES  
Charles R. Felton 2/15/96  
DATE

D. BENEFIT TO COLLEGE  
Gain increased knowledge of outside potential for institutional development at FCCJ. And obtain information on current trends and critical issues that will lend itself to areas of cooperation between JFK Center for Performing Arts and Wilson Center for Performing Arts  
E. APPROVAL  
IMMEDIATE SUPERVISOR [Signature] DATE 2-22-96  
BUDGET ADMINISTRATOR [Signature] DATE 3/18  
SUPERVISING ADMINISTRATOR Charles D. Jones DATE 2-29-96  
PRESIDENT, OR VICE PRESIDENT/PROVOST \_\_\_\_\_ DATE \_\_\_\_\_  
F. APPROVAL - INTERNATIONAL TRAVEL  
PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTURE TIME 11:00 AM DATE 3-2-96 RETURN TIME 10 PM DATE 3-5-96

HUMAN RESOURCES

DATE	PER DIEM OR MEALS	AUTO MILEAGE CLAIMED	INCIDENTAL EXPENSES	
			AMOUNT	TYPE
3-2	18-	548mi X .29 = 158.92	264-	Hotel
3-3	21-		264-	"
3-4	21-		264-	"
3-5	21-			
TOTALS	\$ 81-	\$ 158.92	\$ 792-	GRAND TOTAL \$ 1031.92

I HEREBY CERTIFY OR AFFIRM THAT ABOVE EXPENSES WERE ACTUALLY INCURRED BY ME AS NECESSARY TRAVELING EXPENSES IN THE PERFORMANCE OF MY OFFICIAL DUTIES, AND MEALS OR LODGING INCLUDED IN A CONFERENCE OR CONVENTION REGISTRATION FEE HAVE BEEN DEDUCTED FROM THIS TRAVEL CLAIM, AND THAT THIS CLAIM IS TRUE AND CORRECT IN EVERY MATERIAL MATTER AND SAME CONFORMS IN EVERY RESPECT WITH THE REQUIREMENTS OF SECTION 112.061, FLORIDA STATUTES.

PAYEE Edna Saffey DATE April 9 OFFICE LOCATION South T-268

PURSUANT TO SECTION 112.061 (3) (a), FLORIDA STATUTES, I HEREBY CERTIFY OR AFFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE TRAVEL WAS ON OFFICIAL BUSINESS OF THE FLORIDA COMMUNITY COLLEGE AND WAS PERFORMED FOR THE PURPOSE(S) STATED ABOVE.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
(SUPERVISING ADMINISTRATOR)

FOR ACCOUNTING USE ONLY

DATE	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	VOUCHER NUMBER	AMOUNT





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 FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE  
 JACKSONVILLE, FLORIDA

DATE Feb. 14, 1996  
 SOCIAL SECURITY NUMBER [REDACTED]  
 NAME SAFFY, Edna  
 Last First Middle  
 SIGNATURE Edna Saffy

- ( ) ADMINISTRATOR  
 PROFESSIONAL  
 ( ) INSTRUCTOR  
 ( ) CAREER

THIS LEAVE FORM REPLACES  
 LEAVE FORM DATED \_\_\_\_\_  
 REASON FOR REPLACEMENT:  
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A. PERIOD LEAVE TOTAL WORKING HOURS 0  
 FROM: 6 PM March 2 1996  
 TIME MONTH DAY YEAR  
 THROUGH: 6 PM Mar 5 1996  
 TIME MONTH DAY YEAR  
 NATURE OF MEETING: Pres. Advisory Comm. on The  
Arts of Kennedy Center  
 DESTINATION Jalma Beach, Florida  
 LOCATION CITY & STATE

D. BENEFIT TO COLLEGE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. APPROXIMATE COSTS  
 NO REIMBURSEMENT REQUESTED  
 ACTUAL EXPENSES  
 STANDARD RATES  
 TRAVEL \_\_\_\_\_ PER DIEM \_\_\_\_\_  
 LODGING \_\_\_\_\_  
 MEALS \_\_\_\_\_ REGISTRATION \_\_\_\_\_  
 OTHER (Description and Amount) \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 BUDGET NUMBER TO BE CHARGED \_\_\_\_\_

E. APPROVAL  
 IMMEDIATE SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_  
 BUDGET ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_  
 SUPERVISING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_  
 PRESIDENT, OR VICE PRESIDENT/PROVOST \_\_\_\_\_ DATE \_\_\_\_\_

C. SIGNATURE OF PERSONS ASSUMING DUTIES  
Charles R. [Signature] 2/15/96  
 DATE

F. APPROVAL - INTERNATIONAL TRAVEL  
 PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ DATE \_\_\_\_\_ RETURN TIME \_\_\_\_\_ DATE \_\_\_\_\_

HUMAN RESOURCES

DATE	PER DIEM OR MEALS	AUTO MILEAGE CLAIMED	INCIDENTAL EXPENSES	
			AMOUNT	TYPE
TOTALS	\$	\$	\$	\$ GRAND TOTAL

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PAYEE \_\_\_\_\_ DATE \_\_\_\_\_ OFFICE LOCATION \_\_\_\_\_

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 (SUPERVISING ADMINISTRATOR)

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