

From: Brian Helmold
Sent: Monday, March 12, 2018 3:27 PM
To: Steve Berlin
Subject: Re: DHS EDGE Virtual Training Unified Command

I returned from Orlando FL. ON 3/8/2018 from 3/5/2018
Travel for in my official capacity as Chief of training to discuss the development of a training
tool for DHS.

DHS paid for the travel
attached is a comprehensive list of travel and expenses

Thanks

Brian Helmold
Assist Deputy Fire Commissioner

S&T Expense Request Form for Invitational and Sponsored Travelers

Submit completed form with all required receipts to the S&T TOPS Office at S&TGuestTravel@hq.dhs.gov

Traveler Information

1. Traveler Contact Information

First Name M.I. Last Name
Phone # Email

Enter numbers only. Do not include special characters such as dashes or parenthesis.

2. Traveler Type

Sponsored Traveler (Non S&T Federal Employee) Invitational Traveler (Non Federal Employee)

3. Trip Requestor Information

First Name M.I. Last Name
Phone # Email

Enter numbers only. Do not include special characters such as dashes or parenthesis.

Trip Overview

4. Duration of TDY Travel

Less than 12 hours 12 to 24 hours More than 24 hours

5. Check to confirm this trip is more than 50 miles from your permanent duty station

If this trip is less than 50 miles from your permanent duty station, your trip is considered local travel and this form is not valid

6. Were any changes made to your travel itinerary and/or other accommodations?

Yes No

If you selected "Yes", provide details

If you selected "No", proceed to question 7

7. Travel Start and End Point(s)

Originating Location

City State Country

If you are not returning to your Originating Location at the end of your TDY Travel, provide Final Destination below.

City State Country

8. Authorized TDY Travel Dates

Trip Start Date Trip End Date

Expense Details

9. Transportation Expenses

Select the appropriate expense type(s) and provide the dollar amount spent for each in USD.

<input type="checkbox"/> Contract Flight	Amount	<input type="text"/>	<input type="checkbox"/> Government Car	Amount	<input type="text"/>
<input type="checkbox"/> Passenger Rail	Amount	<input type="text"/>	<input type="checkbox"/> Government Plane	Amount	<input type="text"/>
<input type="checkbox"/> Bus/Metro	Amount	<input type="text"/>	<input type="checkbox"/> Taxi	Amount	<input type="text"/>
<input type="checkbox"/> Rental Car	Amount	<input type="text"/>	<input type="checkbox"/> Other	Amount	<input type="text"/>
<input type="checkbox"/> Privately Owned Vehicle (POV)	# of miles	<input type="text"/>	Amount	<input type="text"/>	

Calculate the mileage dollar amount based on the mileage rate determined by GSA.

Enter Total Expenses Incurred

Provide Details if "Other" is selected

10. Other Expenses Incurred While in TDY Travel Status

Select the appropriate expense type(s) and provide the dollar amount spent for each in USD.

Note: Standard M&IE is authorized for trips greater than 50 miles from the PDS and greater than 12 hours.

<input type="checkbox"/> Baggage Fee	Amount	<input type="text"/>	<input type="checkbox"/> Parking	Amount	<input type="text"/>
<input type="checkbox"/> Internet	Amount	<input type="text"/>	<input type="checkbox"/> Tolls	Amount	<input type="text"/>
<input type="checkbox"/> Taxi	Amount	<input type="text"/>	<input type="checkbox"/> Gasoline	Amount	<input type="text"/>
<input type="checkbox"/> Lodging Per Diem	Amount	<input type="text"/>	<input type="checkbox"/> Lodging Tax	Amount	<input type="text"/>
<input type="checkbox"/> Other	Amount	<input type="text"/>			

Enter Total Expenses Incurred

Provide details if "Other" is selected

Provide details if meals were provided while in TDY travel status

Submit completed form with all required receipts to the S&T TOPS at S&TGuestTravel@hq.dhs.gov

Note: Receipts are required for all lodging expenses, common carrier expenses, rental car expenses and/or registration fees, regardless of amount, and for any other single transaction amount that exceeds \$75.00.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5707, Implementing Federal Travel Regulation, 41 CFR 300-304, 5 U.S.C. 5738, E.O. 11609, and P.L. 107-56 Section 326.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Homeland Security (DHS) travelers for official Government travel. The truncated Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims in the FedTraveler system.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed on a case by case basis as described in the GSA/GOVT-3 Travel Charge Card Program SORN, which can be found at www.dhs.gov/privacy.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.



3450 Quadrangle Blvd. Orlando, FL 32817 phone [407] 282.0029 fax [407] 206.3001



HELMOLD, BRIAN
11361 SOUTH RIDGE WAY
CHICAGO IL 60655
UNITED STATES OF AMERICA

name
address

room number: 205/SXBL
arrival date: 3/5/2018 11:00:00 AM
departure date: 3/8/2018
adult/child: 1/0
room rate: 129.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan: GVT
HH #: 842431163 BLUE
AL:
Car:

Confirmation Number: 98310071

3/8/2018

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description	amount
3/5/2018	1619858	GUEST ROOM EXEMPT	\$129.00
3/6/2018	1620007	GUEST ROOM EXEMPT	\$129.00
3/7/2018	1620169	GUEST ROOM EXEMPT	\$129.00
3/8/2018	1620270	VS *8960	(\$387.00)
		BALANCE	\$0.00

You have earned approximately 5870 Hilton Honors points for this stay. Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 4,900 h

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for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no.
VS *8960	3/8/2018	368584 A
HELMOLD, BRIAN	initial	
establishment agrees to transmit to card holder for payment	01617C	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		-387.00



RA # 445796723 BRIAN HELMOLD CHICAGO, IL 60655	RES # 1259199960 ACCOUNT EXT REF #	QS # FT #	RENTAL LOCATION ORLANDO INTL ARPT (844)3703164 1 JEFF FUQUA BOULEVARD ORLANDO, FL 32827	RENTAL DATE 05-MAR-2018 RENTAL TIME 11:06 AM	RETURN LOCATION ORLANDO INTL ARPT (844)3703164 1 JEFF FUQUA BOULEVARD ORLANDO, FL 32827	RETURN DATE 08-MAR-2018 RETURN TIME 08:00 AM
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RATE RULES AND QUALIFICATIONS INITIAL X _____
 WEB 3 DAY MM
 Min. rental 50 hours
 Max. rental 70 hours

VEHICLE INFORMATION
 RESERVED INTERMEDIATE SUV AUTO A/C
 DRIVEN INTERMEDIATE SUV AUTO A/C
 CHARGED INTERMEDIATE SUV AUTO A/C
 MAKE
 MODEL
 COLOR
 ODOMETER 0
 PLATE
 REG AREA
 VEHICLE #
 BAY
 STALL

CHARGES	UNIT	PRICE/UNIT	CURRENT CI
RENTER'S RESPONSIBILITY			
* TIME & DISTANCE	Day	30.00 X 3	
* TIME & DISTANCE	Hour	6.00 X	
* UNLIMITED MILES/KM-TIME & DISTANCE	M/KM	0.00 X	
* FUEL SERVICE OPTION	Rental	39.30 X 1	
* CUSTOMER FACILITY CHARGE 3.50/DAY	Day		
* PRIV FEE RECOV CHG 10 PCT @ 10.00%			
* TIRE/BATTERY FEE .02/DAY	Day		
* FLORIDA SURCHARGE 2.00/DAY	Day		
* VEHICLE LICENSE FEE .66/DAY	Day		
SALES TAX 6.50%			



ESTIMATED CHARGES

(ALL CHARGES ARE ESTIMATE ONLY - SUBJECT TO ACTUAL RATES)
 RETURNED TO THE LOCATION ON DATE AND TIME
 NOT FULL AT RETURN AND FUEL SERVICE OPTION
PAYMENTS
 VISA 8960 Auth #

RA 445796723 Bill 0
 Rental 05-MAR-2018 11:16 AM
 ORLANDO INTL ARPT
 Return 08-MAR-2018 07:08 AM
 ORLANDO INTL ARPT

BRIAN HELMOLD
 Vehicle # HT531049
 Model JOURNEY
 Class Driven SRAR Class Charged IFAR
 License# BP1M83 State/Province FL
 M/Kms Driven 166
 M/Kms Out 27533
 M/Kms In 27699

- I DECLINE OPTIONAL COLLISION DAMAGE WAIVER. X _____
- I DECLINE OPTIONAL EXTENDED PROTECTION (EP). X _____
- I DECLINE PERSONAL ACCIDENT INSURANCE (PAI) WITH PERSONAL EFFECTS COVERAGE (PEC). X _____
- I DECLINE ALAMO 'S OPTIONAL ROADSIDE SERVICE PLUS X _____

Charges	No	Unit	Price	Amount
FSD	1	Rental	50.68	50.68*
T & M	3	Days	30.00	90.00*
UNLIM M/KM	0	M/Kms		0.00*
PRIV FEE RECOV CHG				14.27*
TIRE/BATTERY FEE				0.06*
FLORIDA SURCHARGE				6.00*
VEHICLE LICENSE FEE				1.98*
CUSTOMER FACILITY CHARGE				10.50*
SALES TAX @ 6.50 %				11.28

I CHOOSE THE OPTIONAL FUEL SERVICE OPTION AT THE START OF THE RENTAL. I UNDERSTAND THE CHARGE FOR THE FUEL SERVICE OPTION SHOWN ABOVE IS AN ESTIMATE BASED UPON A PER GALLON RATE OF 2.47 MULTIPLIED BY THE VEHICLE'S FUEL TANK CAPACITY FOR THE VEHICLES IN THE CAR CLASS BEING RENTED. I ALSO UNDERSTAND MY ACTUAL FUEL SERVICE OPTION MAY VARY DEPENDING UPON THE ACTUAL FUEL TANK CAPACITY OF THE ACTUAL VEHICLE I RENT.
 FAILURE TO RETURN RENTAL PROPERTY OR EQUIPMENT UPON EXPIRATION OF THE RENTAL PERIOD AND/OR FAILURE TO PAY THE RENTAL AMOUNTS DUE (INCLUDING COSTS FOR DAMAGE TO THE PROPERTY OR EQUIPMENT) ARE EVIDENCE OF BREACH OF RENTAL AGREEMENT AND YOU WILL BE RESPONSIBLE TO REDELIVER THE PROPERTY, PUNISHABLE IN ACCORDANCE WITH SECTION 812.155 AND/OR SECTION 817.02.

Total Charges USD 184.77
Deposit Visa 8960
Amount Due USD 184.77

THE VALID AND COLLECTIBLE LIABILITY INSURANCE AND PERSONAL INJURY PROTECTION PROVIDED BY ANY AUTHORIZED RENTAL OR LEASING DRIVER IS PRIMARY FOR THE LIMITS OF LIABILITY INSURANCE AND PERSONAL INJURY PROTECTION COVERAGE REQUIRED BY SECTIONS 324.021(7) AND 627.736, F.S.

* Taxable Items
 Subject to Audit
 Customer Service Number 1-800-445-6664

We offer for an additional charge the following optional products: Damage Waiver; Personal Accident Insurance/ Personal Injury Protection and Roadside Assistance Protection. Before deciding to purchase any of these products, you must first determine if your existing auto insurance, credit card or other coverage provides you protection during the rental period. The purchase of any of the above optional products does not constitute an insurance policy. For more information, please call 1-800-445-6664.

NO ADDITIONAL DRIVERS ARE AUTHORIZED TO DRIVE THE VEHICLE WITH THE EXCEPTION OF THE DRIVERS LISTED BELOW.

Document Header Information

Document Type: AuthorizationDocument DOC460243

Name:

Travel Authorization Number: DOC460243 Trip Name: Invitational travel to Orlando, FL

TA Date: 02/15/18 Currency: USD

Organization: SAT-FRG Current Status: COMPLETED

Purpose: MEETING Document Detail: Mission Critical: Travelers are subject matter experts in virtual training for Unified Command and/or EMS situations. Travelers will help in initial testing and developing requirements for the EDGE Virtual Training project funded by R-Tech in the First Responders Group. Approval and hotel attached.

Type Code: Invitational

Traveler Profile

Name: HELMOLD, BRIAN E

ID: 1001276403

TID: 008406066

Organization: SAT-FRG

Title:

Duty Station:

Card: DECLINEE

Office Address: 245 MURRAY LANE, SW
WASHINGTON, DC 20528

EMAIL: SATCONCURGUESTTRAVEL@HQ.DHS.GOV

Office Phone: 312-735-2421

Cell Phone:

Document Information

Trip

Number: 1

Purpose: Mission Critical: Travelers are subject matter experts in virtual training for Unified Command and/or EMS situations. Travelers will help in initial testing and developing requirements for the EDGE Virtual Training project funded by R-Tech in the First Responders Group. Approval and hotel attached.

Itinerary Locations

From	To	Itinerary Location	Purpose	Per Diem Rates
03/05/18	03/08/18	ORLANDO, FL	MEETING	129.00 / 59.00

Custom Fields

Trip Number: 1

Trip Purpose

MEETING

Document Totals

Total Expenses:	1,622.80
Reimbursable Expenses:	1,025.20
Non-Reimbursable Expenses:	597.60
Advance Authorized:	820.16
Advance Requested:	.00

Document Totals by Expense Category

Expense Category	Cost	Advance Amount
COMCAR	574.59	.00
LODGE	483.30	386.64
M&IE	206.50	165.20
MILES	65.40	52.32
MISC	105.00	84.00
TAX	75.00	60.00
TAXI	80.00	64.00
TMCFEE	8.26	.00
TRNFEE	14.75	.00
TRNSPT	10.00	8.00
Total Expenses:	1,622.80	820.16

Trip 1 Details

Reservations Summary

Reservation Type	Vendor	Ticket#	Location	Cost
COMM-CARR	Southwest	1003873694		574.59
COMM-CARR	Southwest	1003873694		.00

Trip Itinerary

From: MDW-Chicago, IL (USA) (Midway Apt) TO: MCO-Orlando, FL (USA) (IntL. Apt)

Air

Monday March 05, 2018

MDW-Chicago, IL (USA) (M to MCO-Orlando, FL (USA) (I

Mar 05 Southwest 0152 Duration: 2 Hours 35 Minutes Nonstop
 Chicago, IL (USA) (Midway Apt) 03/05/2018 7:15AM Orlando, FL (USA) (IntL. Apt) 03/05/2018 10:50AM
 Confirmation Number: WCIVKE

Flight Information
 Distance 991 miles
 No Seat Assigned

Emissions 426.1 lbs of CO2
 Cost 574.59 USD

Thursday March 08, 2018

MCO-Orlando, FL (USA) (I to MDW-Chicago, IL (USA) (M

Mar 08 Southwest 1033 Duration: 2 Hours 50 Minutes Nonstop
 Orlando, FL (USA) (IntL. Apt) 03/08/2018 9:45AM Chicago, IL (USA) (Midway Apt) 03/08/2018 11:35AM
 Confirmation Number: WCIVKE

Flight Information
 Distance 991 miles
 No Seat Assigned

Emissions 426.1 lbs of CO2

Expenses

Trip#: 1		Total Non-Per Diem Expenses:	933.00	Total Per Diem Expenses:	689.80
Date	Description	Category	Cost	Pay Method	Per Diem
02/15/2018	Travel Fee	TMCFEE	8.26	CBA	
Comment: OTRS Domestic-Intl w-Air-Rail					
02/15/2018	TDY Voucher Fee	TRNFEE	14.75	CBA	
03/05/2018	Airfare	COMCAR	574.59	CBA	
03/05/2018	Lodging	LODGE	161.10	OTHER THAN IBA OR CBA	*
03/05/2018	M&IE	M&IE	44.25	OTHER THAN IBA OR CBA	*
03/05/2018	Privately Owned Vehicle	MILES	65.40	OTHER THAN IBA OR CBA	
03/05/2018	Baggage Fees	MISC	50.00	OTHER THAN IBA OR CBA	
03/05/2018	Miscellaneous	MISC	5.00	OTHER THAN IBA OR CBA	
03/05/2018	Parking	MISC	50.00	OTHER THAN IBA OR CBA	
03/05/2018	Lodging Tax	TAX	25.00	OTHER THAN IBA OR CBA	
03/05/2018	Taxi	TAXI	20.00	OTHER THAN IBA OR CBA	
03/05/2018	Public Transportation	TRNSPT	10.00	OTHER THAN IBA OR CBA	
03/06/2018	Lodging	LODGE	161.10	OTHER THAN IBA OR CBA	*
03/06/2018	M&IE	M&IE	59.00	OTHER THAN IBA OR CBA	*
03/06/2018	Lodging Tax	TAX	25.00	OTHER THAN IBA OR CBA	
03/06/2018	Taxi	TAXI	20.00	OTHER THAN IBA OR CBA	
03/07/2018	Lodging	LODGE	161.10	OTHER THAN IBA OR CBA	*
03/07/2018	M&IE	M&IE	59.00	OTHER THAN IBA OR CBA	*
03/07/2018	Lodging Tax	TAX	25.00	OTHER THAN IBA OR CBA	
03/07/2018	Taxi	TAXI	20.00	OTHER THAN IBA OR CBA	
03/08/2018	M&IE	M&IE	44.25	OTHER THAN IBA OR CBA	*
03/08/2018	Taxi	TAXI	20.00	OTHER THAN IBA OR CBA	

Per Diem Allowances

Trip#: 1 Total Per Diem Allowances: 689.80

Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	B L D Conf%
03/05/2018	129.00/ 59.00	161.10	161.10	44.25	44.25	
03/06/2018	129.00/ 59.00	161.10	161.10	59.00	59.00	
03/07/2018	129.00/ 59.00	161.10	161.10	59.00	59.00	
03/08/2018	129.00/ 59.00	0.00	0.00	44.25	44.25	

Other Authorizations

Trip#: 1

Other Authorization	Remarks
ACTUAL EXPENSE	<p>Travel on an actual subsistence basis may be authorized when deemed warranted, or under unusual circumstances when the applicable maximum per diem rate is insufficient.</p>
OTHER PRIVATELY-OWNED VEHICLE	<p></p>
The contract carrier's flight schedule does not permit the traveler to schedule travel during normal working hours	<p></p>

Account Summary for the Selected Trip

Org: SAT-FRG	Label: FRG R-TECH TRAVEL FCAcct Code: NONE000-000-J8-650496272-0702000000000000-SOBIJCLSS- J8	1,622.80
Expense Category: COMCAR	Fiscal Year: 2018	Amount: 574.59
Expense Category: LODGE	Fiscal Year: 2018	Amount: 483.30
Expense Category: M&IE	Fiscal Year: 2018	Amount: 206.50
Expense Category: MILES	Fiscal Year: 2018	Amount: 65.40
Expense Category: MISC	Fiscal Year: 2018	Amount: 105.00
Expense Category: TAX	Fiscal Year: 2018	Amount: 75.00
Expense Category: TAXI	Fiscal Year: 2018	Amount: 80.00
Expense Category: TMCFEE	Fiscal Year: 2018	Amount: 8.26
Expense Category: TRNFEE	Fiscal Year: 2018	Amount: 14.75
Expense Category: TRNSPT	Fiscal Year: 2018	Amount: 10.00
Total:		1,622.80

Payment Detail Information

OrganizationLabel	Accounting String	Payment Method	Amount
SAT-FRG FRG R-TECH TRAVEL FC J8	NONE000-000-J8-650496272-0702000000000000-SOBIJCLSS-000000-08	CBA	597.60
SAT-FRG FRG R-TECH TRAVEL FC J8	NONE000-000-J8-650496272-0702000000000000-SOBIJCLSS-000000-08	OTHER THAN IBA OR CBA	1,025.20

Totals by Label

SAT-FRG FRG R-TECH TRAVEL FC J8	NONE000-000-J8-650496272-0702000000000000-SOBIJCLSS-000000-08	1,622.80
Total		1,622.80

Totals by Payment Method

CBA Total	597.60
OTHER THAN IBA OR CBA Total	1,025.20

Attachments

Attachments Exist

Receipt Checklist

Date	Description	Cost
03/05/18	AIR	\$574.59
03/05/18	Lodging	\$161.10
03/05/18	IPOC	\$65.40
03/05/18	Baggage Fees	\$50.00
03/05/18	Miscellaneous	\$5.00
03/05/18	Parking	\$50.00

03/05/18	CAB	\$20.00
03/05/18	MTRO	\$10.00
03/06/18	Lodging	\$161.10
03/06/18	CAB	\$20.00
03/07/18	Lodging	\$161.10
03/07/18	CAB	\$20.00
03/08/18	CAB	\$20.00

Audits

Audit Name	Result	Reason
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Document History 02/26/2018 Authorization: DOC460243

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STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	02/15/2018	11:11AMEST	LINDSEY, LYNN	
RESERVATIONS UPDATED	02/15/2018	11:19AMEST	LYNN LINDSEY	
RESERVATIONS UPDATED	02/15/2018	11:26AMEST	BRIAN HELMOLD	
SUBMITTED	02/16/2018	4:31AMEST	LINDSEY, LYNN	
ACTUALS AUTHORIZED	02/16/2018	5:06AMEST	Merritt, Julie Renee	
CBA AUTHORIZED	02/16/2018	5:10AMEST	Merritt, Julie Renee	
AUTHORIZED	02/16/2018	6:48AMEST	HART, DAVIS Bradley	
REVIEWED	02/16/2018	10:11AMEST	CAESAR, TIESHIA D	
FUND CERTIFIED	02/16/2018	10:44AMEST	CONKLIN, JAMES Edward	
PENDING	02/16/2018	10:44AMEST	SYSUTILITY	
COMPLETED	02/16/2018	4:05PMEST	User, EAI	

I certify that the electronic signatures listed above are valid and on file

SIGNED DATE

Document Signatures

Traveler/Preparer Name: _____

Traveler/Preparer Signature: _____

Date: _____

Approver Name: _____

Approver Signature: _____

Date: _____