

Payee BIVENS GYNA M.
Vendor ID 6022830000-92424

Account #:

100090487
1/13/2014

Invoice	Description	Discount	Amount
EMP #602283/101113* ... EMP #602283/101113*	DRPA-14-00053049=0	\$0.00	\$100.00

Electronic Payment Notification

Total :

\$0.00

\$100.00

Electronic Payment Notification

BIVENS GYNA M.
1000 THROCKMORTON ST
ACH EMPLOYEE
FORT WORTH, TX 76012

VOID

Payee BIVENS GYNA M.
Vendor ID 6022830000-92424

Account #:

100090487
1/13/2014

Invoice	Description	Discount	Amount
EMP #602283/101113* ... EMP #602283/101113*	DRPA-14-00053049=0	\$0.00	\$100.00

Electronic Payment Notification

Total :

\$0.00

\$100.00

CITY OF FORT WORTH



TRAVEL EXPENSE STATEMENT

EMP# 602283

Employee Name: Gyna Bivens
Employee No.: 602283
Contact: Ethel Johnson
Phone: 817-392-6193
Travel From: October 8, 2013
To: October 11, 2013
FUND ACCOUNT: 531180
CENTER: 0029000
GG01

- A. Refer to A.R. C-10 for complete instructions
- B. Report must be submitted to Accounts Payable within ten days of completion of activity.
- C. A separate Travel Expense Statement must be submitted for each trip.
- D. Prepaid expenses are all voucher payables which have been paid separately.
- E. Balance due City must accompany this report.
- F. All expenses require documentation.

DATES	PURPOSE AND DESTINATION	TRANSPORTATION		Airfare	Parking & Toll	Reg. Fee	Room	Per diem	Tele. phone	Misc. see below	TOTAL EXPENSES
		Miles	Amt								
10/8-11/13	Attendance at 2013 TML Conference in Austin, TX										
10/11/13	Baggage Claim (receipt missing)									\$25.00	\$25.00
10/11/13	American Airline (Miscell. Taxes) (receipt missing)									\$75.00	\$75.00

*Explanation of Miscellaneous Expenses:

Total Expense	\$100.00
Less Advance	\$0.00
Less Prepaid Expenses	\$0.00
Less City Cr. Card Expenses	\$0.00
Balance Due City	\$0.00
Balance Due Employee	\$100.00

I hereby certify that this Travel Expense Statement is in accordance with the policies and procedures of the City of Fort Worth.

Employee Signature: *[Signature]*
Date: 1-7-14

Approving Supervisor Signature: *[Signature]*
Date: 1/7/14
Dept. Head/Approving Official Signature: _____
Date: _____

RECEIVED
 For Accounting Use Only
 JAN - 9 2014
 Accounts Payable
 FMS ACCOUNTING DIVISION

EMP# 602283/10/11/13*

December 27, 2013

TO: Accounts Payable

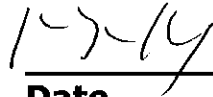
**FR: Ethel Johnson
Asst. to City Council**

**RE: Missing Receipt
Councilmember Gyna Bivens
Emp. # 602283**

Receipts missing for baggage claim on 10/11/13 in the amount of \$25.00 and another charge for \$75.00 on 10/11/13 for miscellaneous taxes for changing flight time.



Gyna Bivens



Date



CITY OF FORT WORTH

TRAVEL OR LOCAL MEETING AUTHORIZATION AND TRAVEL ADVANCE REQUEST

Employee Name: Councilmember Gyna Bivens Employee Number: 602283
To attend: 2013 TML Conference
Located in: Austin, Texas
For the purpose of: City Business

Departure Date: 8-Oct-13

Return Date: 10-Oct-13

Mode of Transportation: Plane

Rental Car Approval YES [] NO [x]

Will employee require a travel advance? YES [] NO [x]
Amount of advance

Advance Approval Signature:
Division/Department Head Date

Table with 2 columns: Category, Amount. Rows include Registration (\$370.00), Transportation (\$633.80), Lodging (\$807.16), Per Diem (\$0.00), Other, and Total Cost (\$1810.96).

Table with 2 columns: Category, Value. Rows include Fund (GG01), Account (531180), and Center (29000).

I have reviewed Financial Directive No. 17 (FD 17), Travel Policy and Procedures, and I agree to abide by the City's policies and procedures related to travel. I agree that I will file a Travel Expense form within ten (10) working days after date of return. I understand that I will not be eligible for any further travel advances until I have filed all Travel Expense Statements related to advances over 30 days old.

Employee Signature: [Signature]
Employee Date: _____

Travel/Local Meeting Authorization Signatures:

Supervisor Signature: [Signature] Date: 9/25/13

Contact Person: [Signature] Phone Number: 6364

Division/Department Head Signature Date

Department

Payee BIVENS GYNA M.
Vendor ID 6022830000-92424

Account #:

100090040
1/2/2014

Invoice	Description	Discount	Amount
EMP #602283/101113 ...EMP #602283/101113	DRPA-14-00052368=0	\$0.00	\$41.50

Electronic Payment Notification

Total : \$0.00 \$41.50

Electronic Payment Notification

BIVENS GYNA M.
1000 THROCKMORTON ST
ACH EMPLOYEE
FORT WORTH, TX 76012

VOID

Payee BIVENS GYNA M.
Vendor ID 6022830000-92424

Account #:

100090040
1/2/2014

Invoice	Description	Discount	Amount
EMP #602283/101113 ...EMP #602283/101113	DRPA-14-00052368=0	\$0.00	\$41.50

Electronic Payment Notification

Total : \$0.00 \$41.50



CITY OF FORT WORTH TRAVEL OR LOCAL MEETING AUTHORIZATION AND TRAVEL ADVANCE REQUEST

Employee Name: Councilmember Gyna Bivens Employee Number: 602283
 To attend: 2013 TML Conference
 Located in: Austin, Texas
 For the purpose of: City Business

Departure Date: 8-Oct-13 Return Date: 10-Oct-13

Mode of Transportation: Plane Rental Car Approval YES NO

Will employee require a travel advance?
 YES NO

Amount of advance Advance Approval Signature: _____
 Division/Department Head Date

Estimated Cost	
Registration	\$370.00
Transportation	\$633.80
Lodging	\$807.16
Per Diem	\$0.00
Other	
Total Cost	\$1810.96

Financing	
Fund	GG01
Account	531180
Center	29000

I have reviewed Financial Directive No. 17 (FD 17) , Travel Policy and Procedures, and I agree to abide by the City's policies and procedures related to travel. I agree that I will file a Travel Expense form within **ten (10) working days** after date of return. I understand that I will not be eligible for any further travel advances until I have filed all Travel Expense Statements related to advances over 30 days old.

Gyna Bivens _____ _____
 Employee Date

Travel/Local Meeting Authorization Signatures:

J. L. *9/25/13*
 Supervisor Signature Date *Ethel Johnson* *6364*
 Contact Person Phone Number

Division/Department Head Signature Date Department

Johnson, Ethel

From: Daniels, Evonia
Sent: Monday, September 23, 2013 1:52 PM
To: Johnson, Ethel
Subject: FW: Confirmation for TML 101st Annual Conference on 10/08/2013 in Austin

*Thank You,
Evonia Daniels
Executive Secretary for
City Manager's Office
Office: 817-392-8476 or
817-392-7504
Fax: 817-392-6134*



From: Texas Municipal League [<mailto:database@tml.org>]
Sent: Wednesday, July 24, 2013 8:55 AM
To: Daniels, Evonia
Subject: Confirmation for TML 101st Annual Conference on 10/08/2013 in Austin

Thank you for registering with TML Online. Please keep this email for your records.

If you need to adjust your registration, please e-mail our Accounting Department at acct@tml.org or fax to TML Administrative Services, 512-231-7495.

Registrant ID:	34689	Order No:	75982
Registrant Name:	Gyna M. Bivens	Badge Name:	Gyna
Position:	City Councilmember	Phone Number:	(817) 392-8805
Company:	Fort Worth	Fax Number:	(817) 392-6187
	1000 Throckmorton St	Email:	
	Fort Worth, TX 76102-6312		

Event Title: TML 101st Annual Conference
Event Location: Austin
Event Date: 10/08/2013
Card Type: ES_MC
Card Number: XXXXXXXXXXXX2378
Charged by: Evonia Daniels

Qty	Session	Rate	Amount
1	Member Registration With Online Discount	275.00	275.00
1	Thursday Delegate Luncheon	35.00	35.00

1	Friday Delegates Luncheon	35.00	35.00
1	Friday Women in Government Breakfast	25.00	25.00
		Total:	\$370.00
		Payment:	\$370.00
		Balance:	\$0.00

Instructions: Thank you for registering for the TML Annual Conference. Cancellation Policy: If you are registered and cannot attend, we encourage you to send a substitute. If you cannot send a substitute, a \$75 cancellation fee will be assessed if written cancellation is e-mailed to acct@tml.org by September 4, 2013. No refunds will be honored after September 4, 2013. If you have any special dietary needs, please contact lonne@tml.org.

Thank you for your participation.

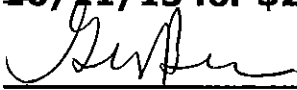
December 4, 2013

TO: Accounts Payable

**FR: Ethel Johnson
Asst. to City Council**

**RE: Missing Receipt
Councilmember Gyna Bivens
Emp. # 602283**

**Receipts missing for baggage claim checks on 10/08/13 and
~~10/11/13~~ for \$25.00 each.**



Gyna Bivens

12-10-13

Date



109 East 3rd Street, Suite 325
Fort Worth, TX 76102
Phone: (817) 333-2000
Toll-Free: (800) 433-5703



CITY OF FORT WORTH
MAYOR AND COUNCIL OFFICE
1000 THROCKMORTON ST
FORT WORTH TX 76102

PASSENGER INFORMATION

Company Name: CITY OF FORT WORTH
Date Issued: October 4, 2013
Agent: BECKY BECKWITH
First Name: GYNA M

Company Number: TSE0000073
Agency Confirmation: POBCGP
Invoice #: 8059322
Last Name: BIVENS

REMARKS

PLEASE CAREFULLY REVIEW THIS ITINERARY AND
PROMPTLY CALL TO REPORT ANY DISCREPANCIES.
DISPARITIES REPORTED 24HRS BEYOND DOCUMENT, FAX
OR E-MAIL DATE BECOME YOUR RESPONSIBILITY.

AIRLINE BAGGAGE FEES MAY APPLY
CHECK AIRLINE WEBSITE FOR UP TO DATE INFORMATION

FLIGHT

Tuesday October 8, 2013

Air Vendor: AMERICAN AIRLINES
From: DALLAS FT WORTH
To: AUSTIN
Seat:
Aircraft: MD-80
Operated By: AMERICAN AIRLINES

Flight Number: 1505

Departs: 02:10 PM

Arrives: 03:05 PM

Ticket Confirmation: POBCGP

Class of Service: ECONOMY

Flight Type: NON-STOP

BAGGAGE ALLOWANCES - BAGGAGE FEES MAY APPLY | FLIGHT TIME: 55MIN

AA

FLIGHT

Friday October 11, 2013

Air Vendor: AMERICAN AIRLINES
From: AUSTIN
To: DALLAS FT WORTH
Seat:
Aircraft: MD-80
Operated By: AMERICAN AIRLINES

Flight Number: 383

Departs: 06:10 PM

Arrives: 07:15 PM

Ticket Confirmation: POBCGP

Class of Service: ECONOMY

Flight Type: NON-STOP

BAGGAGE ALLOWANCES - BAGGAGE FEES MAY APPLY | FLIGHT TIME: 01HR 05MIN

AA

Miscellaneous

Friday October 11, 2013

Start Date: October 11, 2013
Description: INFO
SERVICE FEE - 35.00

Miscellaneous

Friday April 18, 2014

Start Date: April 18, 2014
Description: DALLAS FT WORTH
THANK YOU FOR CALLING TSE.....BECKY

INVOICE INFORMATION

Invoice #: 8059322
 Air Fare: \$ 200.00
 Exchanged Fare: \$ 200.00
 Total Air Fare: \$ 200.00
 Service Charge: \$ 35.00
 Total: \$ 235.00
 Total Payment: \$ 235.00
 Balance Due: \$ 0.00

PAYMENT HISTORY

Date	Form of Payment	Credit Card Number/Type	Amount
10/04/13	CREDIT CARD	XXXXXXXXXX7134	\$ 35.00
10/04/13	CREDIT CARD	XXXXXXXXXX7134	\$ 200.00
10/04/13	EXCHANGE	AA7305574850	\$ 200.00

GENERAL INFORMATION

SERVICE FEE XD0594969912
 AIR TICKET AA7309849089 BIVENS GYNA M
 EXCHANGE AA7305574850

REMARKS

- ***** TCI TOLL FREE TX USA 1-800-433-5703 *****
 - *** AGENCY CANCELLATION CHANGE FEE APPLIES *** -
 - ANY CHANGE TO ITINERARY MAY RESULT IN PRICE DIFF -
 - ATTN-PASSENGERS-MUST SHOW PHOTO I.D. AT AIRPORT. -
 - ALLOW AMPLE TIME AT AIRPORT FOR SECURITY CHECKS. -
 - TRAVEL INSURANCE RECOMMENDED FOR YOUR PROTECTION.-
 - FLIGHT TIMES SUBJECT TO CHANGE..PLEASE RECONFIRM.-
 - *FOR EMERGENCIES OUTSIDE OF TSE*S BUSINESS HOURS,
 - CALL TCI EMERGENCY HELP CENTER AT 1-800-483-2928
 - PLEASE NOTE A FEE WILL BE CHARGED FOR THIS SERVICE*

WE APPRECIATE YOUR BUSINESS
 VERIFIED BUSINESS TRAVEL PER /ETHEL JOHNSON

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109 East 3rd Street, Suite 325
Fort Worth, TX 76102
Phone: (817) 333-2000
Toll-Free: (800) 433-5703



CITY OF FORT WORTH
MAYOR AND COUNCIL OFFICE
1000 THROCKMORTON ST
FORT WORTH TX 76102

PASSENGER INFORMATION

Company Name: CITY OF FORT WORTH
Date Issued: September 17, 2013
Agent: BECKY BECKWITH
First Name: GYNA M

Company Number: TSE0000073
Agency Confirmation: POBCGP
Invoice #: 8058182
Last Name: BIVENS

REMARKS

PLEASE CAREFULLY REVIEW THIS ITINERARY AND PROMPTLY CALL TO REPORT ANY DISCREPANCIES. DISPARITIES REPORTED 24HRS BEYOND DOCUMENT, FAX OR E-MAIL DATE BECOME YOUR RESPONSIBILITY.

AIRLINE BAGGAGE FEES MAY APPLY
CHECK AIRLINE WEBSITE FOR UP TO DATE INFORMATION

FLIGHT

Tuesday October 8, 2013

Air Vendor: AMERICAN AIRLINES
From: DALLAS FT WORTH
To: AUSTIN
Seat:
Aircraft: MD-80
Operated By: AMERICAN AIRLINES

Flight Number: 2230
Departs: 10:50 AM
Arrives: 11:50 AM
Ticket Confirmation: POBCGP
Class of Service: ECONOMY
Flight Type: NON-STOP

BAGGAGE ALLOWANCES - BAGGAGE FEES MAY APPLY | FLIGHT TIME: 01HR 00MIN



FLIGHT

Thursday October 10, 2013

Air Vendor: AMERICAN AIRLINES
From: AUSTIN
To: DALLAS FT WORTH
Seat:
Aircraft: MD-80
Operated By: AMERICAN AIRLINES

Flight Number: 1136
Departs: 06:40 PM
Arrives: 07:50 PM
Ticket Confirmation: POBCGP
Class of Service: ECONOMY
Flight Type: NON-STOP

BAGGAGE ALLOWANCES - BAGGAGE FEES MAY APPLY | FLIGHT TIME: 01HR 10MIN



Miscellaneous

Thursday October 10, 2013

Start Date: October 10, 2013
Description: DALLAS FT WORTH
AGENCY SERVICE FEE 35.00

Miscellaneous

Friday April 18, 2014

Start Date: April 18, 2014
Description: DALLAS FT WORTH
THANK YOU FOR CALLING TSE.....BECKY

Blue Van
1-800-258-3826

INVOICE INFORMATION

Invoice #: 8058182
 Air Fare: \$ 363.80
 Total Air Fare: \$ 363.80
 Service Charge: \$ 35.00
 Total: \$ 398.80
 Total Payment: \$ 398.80
 Balance Due: \$ 0.00

PAYMENT HISTORY

Date	Form of Payment	Credit Card Number/Type	Amount
09/17/13	CREDIT CARD	XXXXXXXXXXXX7134	\$ 35.00
09/17/13	CREDIT CARD	XXXXXXXXXXXX7134	\$ 363.80

GENERAL INFORMATION

SERVICE FEE XD0594332136
 AIR TICKET AA7305574850 BIVENS GYNA M

REMARKS

***** TCI TOLL FREE TX USA 1-800-433-5703 *****
 - *** AGENCY CANCELLATION CHANGE FEE APPLIES *** -
 - ANY CHANGE TO ITINERARY MAY RESULT IN PRICE DIFF -
 - ATTN-PASSENGERS-MUST SHOW PHOTO I.D. AT AIRPORT. -
 - ALLOW AMPLE TIME AT AIRPORT FOR SECURITY CHECKS. -
 - TRAVEL INSURANCE RECOMMENDED FOR YOUR PROTECTION.-
 - FLIGHT TIMES SUBJECT TO CHANGE..PLEASE RECONFIRM.-
 - *FOR EMERGENCIES OUTSIDE OF TSE*S BUSINESS HOURS,
 - CALL TCI EMERGENCY HELP CENTER AT 1-800-483-2928
 - PLEASE NOTE A FEE WILL BE CHARGED FOR THIS SERVICE*

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 VERIFIED BUSINESS TRAVEL PER /ETHEL JOHNSON

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HILTON AUSTIN
 500 EAST 4TH STREET
 AUSTIN, TX 78701
 United States of America
 TELEPHONE 512-482-8000 • FAX 512-469-0078
 Reservations
 www.hilton.com or 1 800 HILTONS

BIVENS, GYNA

 1821 RUTHERFORD LANE
 SUITE 400
 AUSTIN TX 78754
 UNITED STATES OF AMERICA

Room No: 2044/K1
 Arrival Date: 10/8/2013 4:17:00 PM
 Departure Date: 10/11/2013 2:22:00 PM
 Adult/Child: 1/0
 Cashier ID: JSCH/JASON
 Room Rate: 210.00
 AL:
 HH #
 VAT #
 Folio No/Che 1315835 B

Confirmation Number: 3539996681

HILTON AUSTIN 11/2/2013 7:37:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/8/2013	*FINN & PORTER RESTAURANT	LINTR	7983770	\$26.92		
10/8/2013	CITY OCCUPANCY TAX	ALMOH	7984662	\$16.92		
10/8/2013	STATE OCCUPANCY TAX	ALMOH	7984662	\$11.28		
10/9/2013	CITY OCCUPANCY TAX	MHALL	7984662		(\$16.92)	
10/9/2013	STATE OCCUPANCY TAX	MHALL	7984662		(\$11.28)	
10/9/2013	10/08/13 GUEST ROOM	MHALL	7985834	\$210.00		
10/9/2013	CITY OCCUPANCY TAX	MHALL	7985834	\$18.90		
10/9/2013	STATE OCCUPANCY TAX	MHALL	7985834	\$12.60		
10/9/2013	*JAVA JIVE	LINTR	7986282	\$9.50		
10/9/2013	*JAVA JIVE	LINTR	7986472	\$12.15		
10/9/2013	GUEST ROOM	BPETER	7987397	\$210.00		
10/9/2013	CITY OCCUPANCY TAX	BPETER	7987397	\$18.90		
10/9/2013	STATE OCCUPANCY TAX	BPETER	7987397	\$12.60		
10/10/2013	GUEST ROOM	BPETER	7989705	\$210.00		
10/10/2013	CITY OCCUPANCY TAX	BPETER	7989705	\$18.90		
10/10/2013	STATE OCCUPANCY TAX	BPETER	7989705	\$12.60		
10/11/2013	*ROOM SERVICE	LINTR	7990576	\$34.09		

BIVENS, GYNA
 1821 RUTHERFORD LANE
 SUITE 400
 AUSTIN TX 78754
 UNITED STATES OF AMERICA

Room No: 2044/K1
 Arrival Date: 10/8/2013 4:17:00 PM
 Departure Date: 10/11/2013 2:22:00 PM
 Adult/Child: 1/0
 Cashier ID: JSCH/JASON
 Room Rate: 210.00
 AL:
 HH #
 VAT #
 Folio No/Che 1315835 B

Confirmation Number: 3539996681

HILTON AUSTIN 11/2/2013 7:37:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/11/2013	MC *7134	AMCCULL EN	7991190		(\$807.16)	
BALANCE						\$0.00

CITY OF AUSTIN REQUIRES THAT AN ADDITL TX OF 2% BE IMPOSED ON EACH HOTEL CHARGE FOR THE PURPOSE OF FINANCING A VENUE PROJECT.
 THANK YOU FOR CHOOSING THE HILTON AUSTIN

CREDIT CARD DETAIL

APPR CODE	051649	MERCHANT ID	000100682400
CARD NUMBER	MC *7134	EXP DATE	07/15
TRANSACTION ID	7991190	TRANS TYPE	Sale

PASSENGER TICKET AND BAGGAGE CHECK
 SUBJECT TO CONDITIONS OF CONTRACT



PASSENGER RECEIPT 1

ISS. AGENT ID: 11OCT13 45102105
 DATE OF ISSUE: 11 OCT 13 45102105
 PLACE OF ISSUE: AUSTIN

NAME OF PASSENGER (NOT TRANSFERABLE): **BIVENS/GYNA M**
 CARR: **AUS 45G** FARE BASIS: **AUSTIN** TOUR CODE:
 CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
 REVALIDATION
PSGR TICKET 000000000000

FARE CALCULATION: **25.00**
 CHECKED BAGGAGE FEE
 ISSUED IN EXCHANGE FOR: **25.00**

PNR CODE: **POBCGP/AA**
 CONU TKT. NO.

American Airlines
 REFUNDABLE ONLY WITH
 US RELATED FLIGHT CPN
 RETAIN THIS RECEIPT
 THROUGHOUT YOUR
 JOURNEY
 FOR CONDITIONS OF
 CONTRACT - SEE
 PASSENGER TICKET AND
 BAGGAGE CHECK

FARE: **25.00**
 TAX/FEE/CHARGE: **NA**
 TAX/FEE/CHARGE: **NA**
 TAX/FEE/CHARGE: **NA**
 TOTAL: **25.00**

FORM OF PAYMENT: **EP AXXXXXXXXXXXX2018 582327**
 STOCK CONTROL NUMBER TX: **00118368167215**
 COUPON AIRLINE FORM SERIAL NO.: **001 0289286798 0**

NOT VALID FOR TRAVEL
 ADDITIONAL SEAT INFORMATION
 BAGGAGE ID NR:
 COUPON AIRLINE FORM SERIAL NO. CK

SuperShuttle

Call (512) 258-3826 Option 3, at
least one day in advance for return
reservations

PASSENGER RECEIPT

10/8/2013 3:22:19PM

CONF#:

ADULT: 1

CHILD: 0

bivens, ms

Hilton Austin

AUSTIN

78701

FARE:	\$ 15.00
SERVICE CHARGE:	\$ 1.50
DRIVER FEES:	\$ 0.00
COMPANY FEES:	\$ 0.00
DISCOUNT:	\$ 0.00
TIP:	\$ 0.00
COMP/GIFT CERT:	\$ 0.00
TOTAL DUE:	<u>\$ 16.50</u>

PAYMENT TYPE: CC

TOTAL PAID: \$ 16.50

CHANGE DUE: \$ 0.00

THIS IS A RECEIPT
NOT VALID FOR TRANSPORTATION

OPTIVER GRATIITY NOT INCLUDED IN FARE