

2017 Travel Request and Authorization City of Lawrence, Kansas

Employee Name: Patrick Kelly (Planning Commissioner)

Supervisor: Scott McCullough

Department: PLANNING

Leave Date: 05/05/17

Destination: New York City

Return Date: 05/09/17

Trip Purpose: 2017 National Planning Conference

Per Diem Rate: \$ 74.00

Per Diem Rate located: www.gsa.gov/portal/content/104878
use M&IE column

Method of Travel: (Check all that apply)

City Vehicle: ☐

Personal Vehicle: ☐

Air: ☒ **X**

Specify other: _____

No. of Miles _____ @ \$535 a mile

Airfare \$400.00

Other _____

Cost of Travel \$ -

Cost of Travel \$ 400.00

Cost of Travel \$ -

Total Travel Cost: \$ 400.00

Taxi/Shuttle: \$ 200.00

Registration Cost: \$ 835.00

Accommodations: \$ 1,360.00

Cost of Meals: \$ 333.00

Estimated Cost: \$ 2,728.00

No. of Nights 4 Single Room Rate \$340.00

No. of Meals 13

Advance Requested: \$ 333.00

When filling out the Account Number split, please use the advance amount to split.

Account Number	Amount
001-1-1030-2030	\$ 3,128.00
	\$ -
	\$ -
	\$ -

TOTAL: \$ 3,128.00

Total Cost: \$ 3,128.00

No travel advances will be processed prior to 14 days before travel per Travel Policy. Each employee submitting a TRAVEL REQUEST including an advance must submit a TRAVEL EXPENSE STATEMENT within a reasonable amount of time after return from trip.

APPROVAL OF REQUEST

Employee Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____

Dept. Dir Approval: _____

Date: _____

(over night out of state travel): _____

Date: _____

Mayor (If Required): _____

Date: _____

NOTE: NO OVER NIGHT OUT-OF-STATE TRAVEL IS TO BE MADE WITHOUT CITY MANAGER'S PRIOR APPROVAL