2017 Travel Request and Authorization City of Lawrence, Kansas

Employee Name	Karen Willey			Supervisor: Scott McCullough			Department:		•
Leave Date:	: 10/18/17					Destination:	S	alina, KS	
Return Date:	:10/20/17	_		Trip Purpose:		2017 Kansas	APA Conference		
i.				Per			rtal/content/104878		
	X				280		Cost of Travel Cost of Travel Cost of Travel Total Travel Cost:	\$	
	Taxi/Shuttle: Registration Cost: Accommodations: Cost of Meals: Estimated Cost:	\$ 150.00 \$ 274.00 \$ 71.40	No. of Nights No. of Meals	2 4	Single Room Rate	\$137,00			
		When filling out the Ac Account Number 001-1-1030-2030	Advance Requested:		\$ 645.20 \$ - \$ - \$ -				
		nces will be processed EST including an advanc		travel per Trave					
						5 3 5			
Employee Signature:				ROVAL OF REQU		Date: _			
Dept. Dir Approval: (over night out of state travel):		My				Date:	<u>9/11/17</u>		
travel): Mavor (If Reguired):						Date:			

2017 Travel Request and Authorization City of Lawrence, Kansas

Employee Name:		Jim Carpenter		Supervisor:	Scott McC	ullough	Department:	MANNING	X	
Leave Date:	10/19/17			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Destination:		Salina, KS		
Return Date:				Trip Purpose:		2017 Kansa	s APA Conference			
						4 5100				
				Par	Per Diem Rate:		ortal/content/104878			
	Per Diem Rate located: <u>www.gsa.gov/bortal/content/104878</u> use M&IE column									
	Method of Tra	avel: (Check all that apply)								
City Vehicle:										
	X				280		Cost of Travel Cost of Travel			
							Cost of Travel			
Specify other.				o.nor			Total Travel Cost:			
									Ti-	
	Taxi/Shuttle:	\$								
	Registration Cost:	\$ 130.00								
	Accommodations:		No. of Nights		Single Room Rate					
		\$ 10.20	No. of Meals	2						
	Estimated Cost:	\$ 140,20								
			Advance Requested: \$	160,00						
		When filling out the Ac	count Number split, please u	se the advance amo	unt to split.					
			M							
		Account Number			Amount					
		001-1-1030-2030			\$ 290,00					
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				9		Ir				
	~			TOTAL:	\$ 290.00					
			Total Cost:	290.00						
					_					
	No travel adva	nces will be processed	prior to 14 days before	travel per Travel	Policy, Each er	nplovee subm	nitting a			
	TRAVEL REQUE	ST including an advan	ce must submit a TRAV	EL EXPENSE ST	ATEMENT within	n a réasonable	e amount			
			Of time after return	i irom uip.						
			APPR	OVAL OF REQU	EST					
Employee Signature:						Date:				
Supervisor Approval:						Date:				
Supervisor Approvai.		nie i de				Duto.				
		er 11 11					-111-	2		
Dept. Dir Approval:	and	1 miles	\sim			Date:	9/11/11			
		V								
(over night out of state	ı									
travel):						Date:				
Mayor (If Required):						Date:				