

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

2017 Travel Request and Authorization City of Lawrence, Kansas

Employee Name: Jim Carpenter

Supervisor: Scott McCullough

Department: PLANNING

Leave Date: 10/19/17

Destination: Salina, KS

Return Date: _____

Trip Purpose: 2017 Kansas APA Conference

Per Diem Rate: \$ 51.00

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

Method of Travel: (Check all that apply)

City Vehicle: _____

Personal Vehicle: X

Air: _____

Specify other: _____

No. of Miles 280 @ \$.535 a mile

Airfare: _____

Other: _____

Cost of Travel \$ 149.80

Cost of Travel \$ -

Cost of Travel \$ -

Total Travel Cost: \$ 149.80

Taxi/Shuttle: \$ -

Registration Cost: \$ 130.00

Accommodations: _____

Cost of Meals: \$ 10.20

Estimated Cost: \$ 140.20

No. of Nights - Single Room Rate _____

No. of Meals 2

Advance Requested: \$ 160.00

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

Account Number
001-1-1030-2030

Amount
\$ <u>290.00</u>
\$ <u>-</u>
\$ <u>-</u>
\$ <u>-</u>

TOTAL: \$ 290.00

Total Cost: \$ 290.00

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: Scott McCullough

Date: 9/11/17

(over night out of state travel): _____

Date: _____

Mayor (If Required): _____

Date: _____

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