

2019 Travel Request and Authorization City of Lawrence, Kansas

Employee Name: Rob Sands (Planning Commissioner)

Supervisor: Scott McCullough

Department: PLANNING

Leave Date: 04/12/19

Destination: San Francisco, CA

Return Date: 04/16/19

Trip Purpose: 2019 National American Planning Association (APA) Conference

Per Diem Rate: \$ 76.00

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: X

No. of Miles 114 @ \$.58 a mile

Cost of Travel \$ 62.13

Air: X

Airfare \$360.00

Cost of Travel \$ 360.00

Specify other: _____

Other _____

Cost of Travel \$ -

Total Travel Cost:	\$ 422.13
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Taxi/Shuttle: \$	100.00
Registration Cost: \$	835.00
Accommodations: \$	1,500.00
Cost of Meals: \$	342.00
Estimated Cost: \$	2,777.00

No. of Nights 4 Single Room Rate \$375.00
No. of Meals 13

Advance Requested:	\$ 342.00
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When filling out the Account Number split, please use the advance amount to split.

Account Number	Amount
001-1-1030-2030	\$ 3,199.13
	\$ -
	\$ -
	\$ -

TOTAL: \$ 3,199.13

Total Cost:	\$ 3,199.13
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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