Your Name:	Jessica M	ortinger	Supervisor	Scott McC	ullough	Your	Department:	PD	S
Leave Date: Return Date:	04/12/19 04/16/19		Destination: Trip Purpose: N		n Francisco, CA		ı	Per Diem:	76.00
Met	hod of Travel: ( City Vehicle:			vel Advance:	342.00	u	www.gsa.go	ov/portal/conte	ent/104878
Per	rsonal Vehicle:		Other:		Explain:				
ch applicable receipts for motel/lodgin	ng expenses, pul	olic carrier tick	ets, personal auto	mileage/gas/to	olls, regist fees, e	etc.			
Day of Week Date Allowable Lodging Lodging paid w/ City VISA	Friday 04/12/19 324.88 324.88	Saturday 04/13/19 324.88 324.88	Sunday 04/14/19 324.88 324.88	Monday 04/15/19 324.88 324.88	Tuesday 04/16/19				Totals 1,299.52 1,299.52
Breakfast (20%) Lunch (30%) Dinner (50%) Total Meals (w/per diem)	38.00 38.00	15.20 22.80 38.00 76.00	15.20 22.80 38.00 76.00	15.20 22.80 38.00 76.00	15.20 22.80 38.00 <b>76.00</b>				91.20 190.00 342.00
Fuel/Parking Air Fare Toll/Shuttle Bus/Taxi Mileage (Enter as miles)	266.60 30.93				37.50 30.00				37.50 296.60 30.93
Calculated mileage (x.58) Total Transportation Transportation paid w/ City VISA	297.53 286.60	-	-	-	67.50 67.50	-	•		365.03 354.10
Registrations *See Below* Registration paid w/ City VISA	785.00 785.00								785.00 785.00
Total Cost	1,445.41	400.88	400.88	400.88	143.50	-	-	-	2,791.55
City VISA Charges (Total)	1,396.48	324.88	324.88	324.88	67.50				2,438.62
Non-Visa Charge	48.93	76.00	76.00	76.00	76.00	Mark Market		e Received (-):	352.93 \$342.00
If splitting between mult 001-1-1030-2030 :1-1-1030-2030 :1-1-1030-2030 :1-1-1030-2030	PL19TP PL19TP PL19TP PL19TP PL19TP		x below \$ 68.40 \$ 273.60 \$ 489.91 \$ 1,959.64	[		ount Number: [e		030-2030 0 ☑es	1 697- 1641-1-10
informa	that the travel in ation shown is o	ndicated here	on was incurred no part of the con	in the dischar	ge of official Cit imed was of a r	ty of Lawrence non-City busin Date:	ess nature.	d that	20%- - 601-1-10 - proso
Superv	risor Approval:	Any	muy			Date:	4/18	119	proso
(Out of State Travel)	City Manager:	000	Mar	d for	m	Date:	4/19	119	PL19
(If Required)	Mayor:					Date:	- '		
Approved by Acc		CAN CE PRE	expenses, public	carrior Nobel	narennel auto	Date:	folls regist fo	es etc	- Carrier
Attach applicable Comments:	e receipts for n	iotei/loaging	expenses, public	Carrier (ICKO)	personal auto	Zimeage/gas//	one, regist le		
How did this apply to your job?	transportation p	Planning is a d	er the following of diverse field and the region. The sessions required to ma	ne Lawrence Do	ouglas County Mi oportunities to se	PO has varying e the transporta	roles in condu ation planning	ucting mulitmoda work from acros	al ss the country.
Vould recommend attending again?	planning issues benefit.	from transpor	lanning Association to housing t	to equity. The se	ession content is	diverse and th	e exposure to	planning best pr	ractices is a
How will this add value to the City of Lawrence?	Planning is the help staff facilit	heart of the co ate meaningfu	ommunity. Continu I planning process	uing to track the ses that address	best practices a s regional transp	nd leading exar ortation goals in	nples of succe n Transportation	essful multimoda on 2040.	al planning will

4	Your Name:	Bobbie J.	Walthall	Supervisor	Diane St	oddard	You	r Department:	CM	0
	Leave Date:	04/09/19		Destination: Trip Purpose:		Sarden City, KS ce	e grande talle		Per Diem:	55.00
	_	od of Travel:	(check one)		avel Advance:	-		www.gsa.go	ov/portal/conte	ent/104878
	Pers					Explain:				
Attach applicab	le receipts for motel/lodging	g expenses, pu	blic carrier tick	kets, personal au	to mileage/gas/t	olls, regist fees	, etc.			
	Day of Week		Tuesday 04/09/19	Wednesday 04/10/19	Thursday 04/11/19	Friday 04/12/19				Category Totals
Lo	Allowable Lodging dging paid w/ City VISA		04/03/10	90.10	90.10 90.10					180.20 180.20
	Breakfast (20%)			11.00 16.50						11.00 16.50
	Lunch (30%) Dinner (50%)		27.50		-					27.50 55.00
	otal Meals (w/per diem)	A SERVICE	27.50	27.50		NA PERSONAL PROPERTY.	BENEFI		AMERICAN	
	Fuel/Parking Air Fare									-
	Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									
	alculated mileage (x.58)	-	-	-	-	-	•	•		
Transpor	Total Transportation tation paid w/ City VISA									
	Registrations *See Below*		150.00		SPANIES SAN					150.00
	ration paid w/ City VISA		150.00					SHEET HERE		150.00
	Total Cost	-	177.50	117.60	90.10				-	385.20
C	ity VISA Charges (Total)		150.00	90.10	90.10				-	330.20
	Non-Visa Charge	- ·	27.50	27.50				-		55.00
*16 1 1 1 1 1 1 1-	as been reported on	<b>ENSIGN</b>						Advanc	ce Received (-):	\$0.00
	e statement leave blank*							City O	wes Employee:	\$55.00
									oyee Owes City	STATE OF THE STATE OF
	If splitting between multi	ple Accounts	please use bo	x below						
						City Acc	count Number:	001.1.1	020.2040	
						City Acc	count Number:			
							Travel Peg	uest Filled out	☑ YES	]
			TOTAL	L \$ -			Travel Keq	uest rilled out	. □ NO	
	I hereby certify t	hat the travel	indicated here	eon was incurre	d in the discha	rge of official (	City of Lawren	ce business ar	nd that	
			how	WWIN	NIGHT	10/08	Date	nulle	119	
	Employ	ee Signature:	1, OAL	11 reggs	Jano	4000		17/1/4	//	•
	Supervi	sor Approval	16 0	1-11			Date	HI	11/10	-
	Dept. H	ead Approval	wy	Dur			Date	-1/1	4/1/	-
(	Out of State Travel)	City Manager					Date	:		-
	(If Required)	Mayor					Date	:	7	_
	Approved by Acco	ounts Payable					Date	:		-
	Attach applicable	e receipts for	motel/lodging	expenses, pub	lic carrier ticke	ts, personal au	ito mileage/ga:	s/tolls, regist fe	ees, etc.	
,	Comments:			conf. in Dodge						y conf.
			Please answ	ver the following	a auestions red	arding your tr	avel:			
How did t	his apply to your job?	and discussed	the embezzle ong" was very	ment scandel, the informative. Net	e effects it had o	on the community	ty, and the warr	ning signs to loo	k for. The sessi	on on "You are
Would reco	mmend attending again?	Yes.								
How will thi	s add value to the City of Lawrence?	By investing i	n professional	growth and conti	nuing education	of current empl	oyees.			

Return Date:	04/03/19		Destination: Trip Purpose: R	esearch on Busi	Ames, IA ness Park Devel	opment		Per Diem:	55.0
-	nod of Travel:	(check one)	Trav	el Advance:	-		www.gsa.gov/	portal/conte	nt/104878
Dom		Х			Explain:	us	e ware country		
h applicable receipts for motel/lodging	sonal Vehicle:					c.	A		
Day of Week		Wednesday	Thursday						Categor
Date Allowable Lodging Lodging paid w/ City VISA		04/03/19 105.28 105.28	04/04/19						105. 105.
Breakfast (20%) Lunch (30%) Dinner (50%)									
Total Meals (w/per diem) Fuel/Parking	MINUTES.	42.70	29.27	-	S. SHIPPER				71
Air Fare Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									
Calculated mileage (x.58)  Total Transportation  Transportation paid w/ City VISA		42.70 42.70	29.27 29.27		Decrease of the last		-		71 71
Registrations *See Below* Registration paid w/ City VISA									
Total Cost	-	147.98	29.27	-	- 1	-		-	177
City VISA Charges (Total)		147.98		-		-	-		177
Non-Visa Charge		-		Marin Marin				Received (-):	\$0.00
ii opiittiig activetii		please use bo	x below			-		0.0000	
		please use bo	ox below			unt Number:[ unt Number:[	001.1.102	0.2022	
		TOTA		[		unt Number:	est Filled out:	0.2022 ☑ YES	
informa Emplo Superv	that the travel	indicated here correct: that		in the dischar mpensation cla	City Acco	unt Number:	est Filled out:	☑ YES	
Emplo Superv  Dept. F  (Out of State Travel)  (If Required)  Approved by Acce	that the travel ation shown is yee Signature visor Approval Head Approval City Manager Mayor ounts Payable	TOTAl indicated her correct: that	eon was incurred in part of the co	Mule Male	ge of official Citimed was of a r	ty of Lawrence to on-City busin Date: Date: Date: Date: Date: Date: Date:	e business and less nature.	22 YES	
Emplois Superv  Dept. F  (Out of State Travel)  (If Required)  Approved by Acco	that the travel ation shown is yee Signature visor Approval Head Approval City Manager Mayor ounts Payable	TOTAl indicated her correct: that	L \$ -	C carrier ticket	ge of official Citimed was of a r	ty of Lawrence to on-City busin Date: Date: Date: Date: Date: Date: Date:	e business and less nature.	22 YES	
Emplo Superv Dept. F (Out of State Travel) (If Required)	that the travel ation shown is byee Signature visor Approval City Manager Mayor ounts Payable le receipts for Working on e	indicated here correct; that:  motel/lodging  Please ansi conomic development how the	eon was incurred no part of the con was incurred and part of the con was incurred and part of the con part of	c carrier ticket.  All meals we questions regiling was State University.	ge of official Citimed was of a result of the control of the contr	ty of Lawrence to on-City busin Date: Date: Date: Date: Date: to mileage/gas/ withe host.  rel: was highly rele ether on its res	est Filled out:  be business and ess nature.  4-9-  tolls, regist feet	that    9	oose fo the
Emploisured Supervioler (Out of State Travel)  (If Required)  Approved by Accomments:	that the travel ation shown is byee Signature visor Approval Head Approval City Manager Mayor ounts Payable lie receipts for was to learn a shared about This will likely	indicated here correct; that:  motel/lodging  Please ansi conomic development how the	eon was incurred no part of the column part of the column part of the column part of the column part of the following opment is one of nocity of Ames and I hips between the column part of the column part	c carrier ticket.  All meals we questions regiling was State University.	ge of official Citimed was of a result of the company of the compa	ty of Lawrence to on-City busin Date: Date: Date: Date: Date: to mileage/gas/ withe host.  rel: was highly rele ether on its res	est Filled out:	that    9	oose fo the

Your Name:	Britt Crum-Ca	illo	Supervisor	Diane 3	,oudulu		n Department.		
Leave Date: Return Date:	04/03/19 04/04/19		Destination: Trip Purpose:	Research on B	Ames, IA usiness Park De	evelopment		Per Diem:	55.00
	od of Travel: (che			avel Advance:		1	www.gsa.go	ov/portal/conte	ent/104878
Pers	onal Vehicle:								
ttach applicable receipts for motel/lodging	expenses, public	carrier ticke	ets, personal au	to mileage/gas/	tolls, regist fees	s, etc.			
Day of Week	We	dnesday	Thursday						Category
Date Allowable Lodging		04/03/19 105.28	04/04/19						105.28
Lodging paid w/ City VISA		105.28	NAME AND DESCRIPTION OF THE PERSON OF THE PE	PARTICIPANT OF THE PARTICIPANT O	T. 22.2-20.000	SOLD BURNER		THE RESERVE	105.28
Breakfast (20%)									
Lunch (30%) Dinner (50%)									-
Total Meals (w/per diem)		-		THE RESERVE TO SERVE	DESCRIPTION OF		ON O SETAI	TO SECURE	CHARLES BOOK
Fuel/Parking									-
Air Fare Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)  Calculated mileage (x.58)	-				-			-	-
Total Transportation		-			-				-
Transportation paid w/ City VISA	THE RESERVE OF THE PERSON NAMED IN	-		SERVICE SERVIC				MCHRONIA.	
Registrations *See Below*									
Registration paid w/ City VISA	NAME OF TAXABLE	-			A SECTION AND A			SECTION SECTION	405.00
Total Cost		105.28		-	-				105.2
City VISA Charges (Total)	-	105.28						-	105.2
Non-Visa Charge		-			-			-	
registration has been reported on	MAL DIRECTOR		DZ SZEMANIES	ESSENCE OF STREET			Advand	e Received (-):	\$0.00
If splitting between multip						count Number		020.2022	]
				1		TI Pas	aat Fillad out	☑ YES	1
		TOTAL	\$ -	-		Travel Rec	quest Filled out	□ NO	
informat Employ Supervi Dept. He	nat the travel indiction shown is cornee Signature: sor Approval: ead Approval: City Manager: Mayor:	OSA C	no part of the c	ed in the dischompensation of	laimed was of	City of Lawrer a non-City bus Date Date Date	: 4-8- :: 4-8- :: 4/9/	19 19	-
	• -				-	Date			
Approved by Acco								ees etc	
	receipts for mote	el/lodging	expenses, pul				is/tolls, regist i	503, 010.	
Comments:	D/	2222 2224	or the followin	All meals g questions re	were provided	by the host.			
How did this apply to your job?	Provided insight, in research business	nformation	and data on co	mmunity econor	nic developmen	nt efforts in estal	blishing and runn	ning a successfu	I innovation
Would recommend attending again?	Yes								
How will this add value to the City of Lawrence?	Increases underst	anding of h	ow to expand e	conomic develo	pment efforts fo	or growing high-	tech and bio-tec	n jobs.	

Your Name:	Steven Mar	quarut	Supervisor	Lyle Sch					
Leave Date: Return Date:	04/08/19		Destination:		Denver, CO			Per Diem:	76.0
Metho	od of Travel: (c			vel Advance:	446.80		www.gsa.go	v/portal/conte	ent/10487
	onal Vehicle:		_		Explain:				
n applicable receipts for motel/lodging	_			o mileage/gas/to	lls, regist fees, e	tc.			
Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday			20.000000000000000000000000000000000000	Categor
Date	04/08/19	04/09/19 103.01	04/10/19	04/11/19 103.01	04/12/19	89.4000000000000000000000000000000000000	cm+2550 625135528		Totals 412.
Allowable Lodging Lodging paid w/ City VISA	103.01	103.01		103.01					412.
Breakfast (20%)		15.20	15.20	15.20	15.20				60.
Lunch (30%)	22.80 38.00	22.80 38.00	22.80 38.00	22.80 38.00	22.80				114 152
Dinner (50%) Total Meals (w/per diem)	60.80	76.00		76.00	38.00	-	E VICE SERVICES	-	326
Fuel/Parking	38.62	38.90	15.71	43.41	35.06				171
Air Fare									
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)					CONTROL OF THE PROPERTY IN CONTROL OF THE PROPER	ene Althrida 🖢 🖘		100 and 100 an	
Calculated mileage (x.58)  Total Transportation	38.62	38.90	15.71	43.41	35.06	•			171
Transportation paid w/ City VISA	30.02	00.00				VALUE DE SALVE	MARION A ISSUES		
Registrations Registration paid w/ City VISA									
Total Cost	202.43	217.91	194.72	222.42	73.06	-	-	-	910
		103.01		103.01			-	-	412
City VISA Charges (Total)	103.01	103.01	103.01	100:01	CONTRACTOR OF THE PARTY OF THE	STATE OF THE STATE	SERVICE		400
			04.74	440 44	72.06	STORING STORY STORY STORY			498
Non-Visa Charge	99.42	114.90	91.71	119.41	73.06	-	City Ov	e Received (-): ves Employee:	\$446.8
Non-Visa Charge				119.41		- ount Number:	Advance City Ov Emplo	e Received (-):	\$446.8
				119.41	City Acco	ount Number:	Advance City Ov Emplo	e Received (-): ves Employee: yee Owes City	\$446.8 \$51.7
				119.41	City Acco		Advance City Ov Emplo	e Received (-): wes Employee: yee Owes City 220-2022	\$446.8
		lease use bo	ox below	119.41	City Acco	ount Number:	Advance City Ov Emplo	e Received (-): ves Employee yee Owes City 220-2022	\$446.8
			ox below	119.41	City Acco	ount Number:	Advance City Ov Emplo 001-2-22	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multi	ple Accounts p	TOTA	DX below	I in the dischar	City Acco	Travel Requ	Advance City Ow Emplo 001-2-22	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multi	ple Accounts p	TOTA	ox below	I in the dischar	City Acco	Travel Requ	Advance City Ow Emplo 001-2-22	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multiple of the spl	ple Accounts p	TOTA	DX below	I in the dischar	City Acco	Travel Requ	Advance City Ow Emplo 001-2-22  uest Filled out:	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multiple of the spl	ple Accounts p	TOTA	DX below	I in the dischar	City Acco	Travel Requestry of Lawrence	Advance City Ow Emplo 001-2-22	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multiple of the spl	hat the travel intion shown is cree Signature:	TOTA	DX below	I in the dischar	City Acco	ty of Lawrencenon-City busing	Advance City Ow Emplo 001-2-22  uest Filled out:	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multiple of the spl	ple Accounts p	TOTA	DX below	I in the dischar	City Acco	ty of Lawrencenon-City busing Date:	Advance City Ow Emplo 001-2-22  uest Filled out: ce business an iness nature.	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multiple of the spl	hat the travel intion shown is cree Signature:	TOTA	DX below	I in the dischar	City Acco	ty of Lawrencenon-City busing	Advance City Ow Emplo 001-2-22  uest Filled out: ce business an iness nature.	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
If splitting between multiple of the spl	hat the travel intion shown is over Signature:	TOTA	DX below	I in the dischar	City Acco	ty of Lawrencenon-City busing Date:	Advance City Ow Emplo 001-2-22  uest Filled out:	e Received (-): ves Employee: yee Owes City 220-2022	\$446.8
I hereby certify to informate Employ Supervitory Dept. He (Out of State Travel)  (If Required)  Approved by According to the service of the s	hat the travel intion shown is of the Signature: sor Approval: ead Approval: City Manager: Mayor:	TOTAl	eon was incurred no part of the co	d in the dischar mpensation cla	City Acco	ty of Lawrence non-City busing Date: Date: Date: Date: Date:	Advance City Ow Emplo 001-2-22  uest Filled out:	e Received (-):  ves Employee: yee Owes City 220-2022  Pres Iko  d that  2019  119	\$446.8 \$51.7
If splitting between multiplication of the splitting between multiplication of the splitting of the splittin	hat the travel intion shown is of the Signature: sor Approval: ead Approval: City Manager: Mayor:	TOTAl	eon was incurred no part of the co	d in the dischar mpensation cla	City Acco	ty of Lawrence non-City busing Date: Date: Date: Date: Date:	Advance City Ow Emplo 001-2-22  uest Filled out:	e Received (-):  ves Employee: yee Owes City 220-2022  Pres Iko  d that  2019  119	\$446.8 \$51.7
I hereby certify to informate Employ Supervitory Dept. He (Out of State Travel)  (If Required)  Approved by According to the service of the s	hat the travel intion shown is of the Signature: sor Approval: ead Approval: City Manager: Mayor:	TOTAl dicated hereorrect; that	eon was incurred no part of the co	d in the dischar mpensation cla	City According of a limed was of a l	ty of Lawrennon-City busing Date: Da	Advance City Ow Emplo 001-2-22  uest Filled out:	e Received (-):  ves Employee: yee Owes City 220-2022  Pres Iko  d that  2019  119	\$446.8
I hereby certify to informate Employ Supervitory Dept. He (Out of State Travel)  (If Required)  Approved by Accomments:	hat the travel intion shown is of the Signature: sor Approval: ead Approval: Mayor: Mayor: punts Payable:	TOTAL Midicated hereorrect; that	eon was incurred no part of the co	d in the discharmpensation classifications reg	City Acco	Travel Requirements of Lawrence Date:  Date:	Advance City Ow Emplo 001-2-2:  uest Filled out: ce business an iness nature.  1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/	e Received (-):  ves Employee: yee Owes City 220-2022  Pres  Jko  d that  2019  119  119  119  119  119  119  11	\$446.8 \$51.70 -ZERO
I hereby certify to informate the information of th	hat the travel intion shown is of the Signature: sor Approval: ead Approval: Mayor: Mayor: punts Payable:	TOTAL Midicated hereorrect; that	eon was incurred no part of the co	d in the discharmpensation classifications reg	City Acco	Travel Requirements of Lawrence Date:  Date:	Advance City Ow Emplo 001-2-2:  uest Filled out: ce business an iness nature.  1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/	e Received (-):  ves Employee: yee Owes City 220-2022  Pres  Jko  d that  2019  119  119  119  119  119  119  11	\$446.8 \$51.70 -ZERO
I hereby certify to informate Employ Supervitory Dept. He (Out of State Travel)  (If Required)  Approved by Accomments:	hat the travel intion shown is or ee Signature: sor Approval: ead Approval: Mayor: hunts Payable: preceipts for m	TOTAL  dicated hereorrect; that  sortel/lodging  Please answ Air Supplied  m Scott respir	eon was incurred no part of the co	d in the dischar mpensation classic carrier ticket questions reg. 3 Technician Classic includes hand	City According to the control of the	ty of Lawrennon-City busing Date: Date: Date: Date: Date: Date: Date: Certification a on how to proposed.	Advance City Ow Emplo 001-2-22  uest Filled out: ce business an ness nature.  1 / 2 / 4 / 2 / 2	e Received (-):  ves Employee: yee Owes City 220-2022  Pres  Jko  d that  2019  119  119  119  119  119  119  11	\$446.8 \$51.70 -ZERO
I hereby certify to informate the information of th	hat the travel intion shown is or ee Signature: sor Approval: ead Approval: Mayor: hunts Payable: preceipts for m	TOTAL  dicated hereorrect; that  sortel/lodging  Please answ Air Supplied  m Scott respir	eon was incurred no part of the co	d in the dischar mpensation classic carrier ticket questions reg. 3 Technician Classic includes hand	City According to the control of the	ty of Lawrennon-City busing Date: Date: Date: Date: Date: Date: Date: Certification a on how to proposed.	Advance City Ow Emplo 001-2-22  uest Filled out: ce business an ness nature.  1 / 2 / 4 / 2 / 2	e Received (-):  ves Employee: yee Owes City 220-2022  Pres  Jko  d that  2019  119  119  119  119  119  119  11	\$446.8 \$51.70 -ZERO
I hereby certify the information of the information	hat the travel intion shown is or ee Signature: sor Approval: ead Approval: Mayor: hunts Payable: preceipts for m	TOTAL  dicated hereorrect; that  sortel/lodging  Please answ Air Supplied  m Scott respir	eon was incurred no part of the co	d in the dischar mpensation classic carrier ticket questions reg. 3 Technician Classic includes hand	City According to the control of the	ty of Lawrennon-City busing Date: Date: Date: Date: Date: Date: Date: Certification a on how to proposed.	Advance City Ow Emplo 001-2-22  uest Filled out: ce business an ness nature.  1 / 2 / 4 / 2 / 2	e Received (-):  ves Employee: yee Owes City 220-2022  Pres  Jko  d that  2019  119  119  119  119  119  119  11	\$446.8 \$51.70 -ZERO
I hereby certify to informate the information of th	hat the travel intion shown is of the Signature: sor Approval: ead Approval: Mayor: bunts Payable: preceipts for mayor: Approval: Approv	TOTAL dicated hereorrect; that sometime of the content of the cont	eon was incurred no part of the co	d in the discharmpensation classic carrier tickets a questions reg. 3 Technician Classic includes hand the part of	City According According to the Accordin	Travel Requirement of Lawrence Date:	Advance City Ow Emplo 001-2-22  uest Filled out: ce business an ness nature.  1/2/ //// //// //// //// //// //// //	e Received (-):  ves Employee:  yee Owes City  220-2022  TES  INO  d that  2019  119  119  119  119  119  119  11	\$51.70 -ZERO

Your Name:	Casey Too	may	Supervisor V	on Mar	kus .	Your	Department:		
Leave Date: Return Date:	04/15/19		Destination:		ouquerque, NM RE annual mee	ting		Per Diem:	55.00
-	nod of Travel: (c		Tra	vel Advance:	164.50		www.gsa.gov	/portal/conter	nt/104878
Per	City Vehicle:		Other:	Х	Explain:				
ach applicable receipts for motel/lodgin	sonal Vehicle:			o mileage/gas/to	_	etc.			
Day of Week	Monday	Tuesday	Wednesday	Thursday					Category
Date Allowable Lodging	04/15/19 201.33	04/16/19 201.33	04/17/19 201.34	04/18/19					Totals 604.0
Lodging paid w/ City VISA	201.33	201.33	201.34				THE RESIDENT	-	604.0
Breakfast (20%) Lunch (30%)				07.50					110.0
Dinner (50%) Total Meals (w/per diem)	27.50 27.50	27.50 27.50	27.50 27.50	27.50 27.50			-	-	110.0
Fuel/Parking	444.04			30.00 30.00					30.0 441.3
Air Fare Toll/Shuttle Bus/Taxi	411.31 13.85			16.82					30.0 98.0
Mileage (Enter as miles) Calculated mileage (x.58)	49.30 28.59		-	49.30 28.59	•	-	•	-	57. 559.
Total Transportation Transportation paid w/ City VISA	453.75 425.16	•	5.00	105.41 76.82					506.
Registrations *See Below* Registration paid w/ City VISA	128.49 128.49								128.4 128.4
Total Cost	811.07	228.83	228.84	132.91			-		1,401.
City VISA Charges (Total)	754.98	201.33	206.34	76.82					1,239.
Non-Visa Charge	56.09	27.50	22.50	56.09			-		162.
If splitting between multi	pie Accounts p	0000 000 00				ount Number:[ ount Number:[	001-1-102	20-2022	
				1				≅ YES	
		TOTAL	\$ -			Travel Requ	est Filled out:	D NO	
Employ Superv	yee Signature: _ isor Approval: _ lead Approval: _	dicated here	oon was incurred to part of the co	d in the dischal	ge of official C aimed was of a	Date: Date:	e business and ness nature.	119 -19	
(Out of State Travel)	City Manager:	Jum	PVI. Y	Vlash	,	Date:	9-04	11	
(If Required)	→ Mayor:					Date:			
Approved by Acco		otel/lodging	evnenses nubl	ic carrier ticket	s. personal aut		tolls, regist fee	s, etc.	
Comments:			60 charges for c						1/17.
		Please answ	er the following	questions req	arding your tra	vel:			
How did this apply to your job?	promotional pro improvements,	cesses, admi	uld be a goal in a inistrative policies ighborhood, com	, compensation munity served, e	, etc.) or externa etc.). This training	al (i.e. level of se ng provided an o	ervice delivery, lo execellent introd	uction to the role	e governm
Vould recommend attending again?	Absolutely and and I think the o	l would encou organziation s	urage others to at should also consid	der obtaining sin	nilar training for a	additional staff.			
How will this add value to the City of Lawrence?	community in a	more fair and	s of racial equity, d equitable way. dies and practices	As we consider	how we do the v focus of GARE	work of the City, is racial equity,	it is important to the training also	touched on other	penetits a

Leave Date: _ Return Date:	04/09/19		Destination:	Do leart of America	odge City, KS	nnual educatio	1	Per Diem:	55.00
_	od of Travel:	(check one)		vel Advance:	-		www.gsa.go	v/portal/conte	ent/10487
		X	Air: _				use M&IE column		
					Explain: _				
h applicable receipts for motel/lodgin	g expenses, po				ls, regist fees,	etc.			Cotonon
Day of Week Date	Tuesday 04/09/19	<b>Wednesday</b> 04/10/19	Thursday 04/11/19	04/12/19	2.00				Categor Totals
Allowable Lodging Lodging paid w/ City VISA	133.92 133.92	133.92 133.92	133.92 133.92						401. 401.
Breakfast (20%)		11.00	11.00	11.00					33.
Lunch (30%) Dinner (50%) Total Meals (w/per diem)	27.50 <b>27.50</b>	27.50 38.50	11.00	16.50 27.50					16. 55. 104.
THE RESERVE OF THE PROPERTY OF THE PARTY OF		MOSE DE LA COMP		23.60					49
Fuel/Parking Air Fare	25.72								-
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)				1.25					.1.
Calculated mileage (x.58)  Total Transportation	25.72			24.85	-			•	50.
Transportation paid w/ City VISA	25.72	- 1		24.85				NAME OF A PERSON NAMED OF THE PERSON NAMED OF	50.
Registrations *See Below* Registration paid w/ City VISA	175.00 175.00								175. 175.
Total Cost	362.14	172.42	144.92	52.35				-	731.
City VISA Charges (Total)	334.64	133.92	133,92	24.85		-			627.
Non-Visa Charge	27.50		11.00	27.50					104
de la companya de la				NAMES OF BRIDE			<b>表示</b>		
							City Ov	ee Received (-): wes Employee: oyee Owes City	\$104.5
	ple Accounts	please use bo	x below		City Acc	ount Number:	City Ov	wes Employee:	\$104.5
ous expense statement leave blank*	iple Accounts	please use bo	x below			ount Number:	City Ov Emplo	wes Employee:	\$104.5
ous expense statement leave blank*	iple Accounts	please use bo	x below	Г		ount Number:	City Ov Emplo	wes Employee: oyee Owes City 034-2030	\$104.5
ous expense statement leave blank*	iple Accounts	please use bo		[		ount Number:	City Ov Emplo	wes Employee: oyee Owes City 034-2030	\$104.5
If splitting between multi	that the travel	TOTAL	s -	i in the discharg	City Acc	Travel Requirements	City Ov Emplo 001-1-1	wes Employee: oyee Owes City 034-2030  ☐res ☐re	\$104.5
If splitting between multi	that the travel tion shown is yee Signature	TOTAL indicated here a correct; that r	s -	in the discharg	City Acc	Travel Requirements	City Ov Emplo 001-1-1	wes Employee: oyee Owes City 034-2030  PES  No d that	\$104.5
If splitting between multi-	that the travel tition shown is yee Signature isor Approval	TOTAL indicated here correct; that response	s -	i in the discharg	City Acc	Travel Requirements of Lawrence non-City busing Date:	ce business an ness nature.	wes Employee: oyee Owes City 034-2030  PES  No d that	\$104.5
If splitting between multi-	that the travel tion shown is yee Signature	indicated here correct; that r	s -	i in the discharg	City Acc	Travel Requirements of Lawrence non-City busings	City Ov Emplo 001-1-1	wes Employee: oyee Owes City 034-2030  PES  No d that	\$104.5
If splitting between multi-	that the travel tion shown is yee Signature isor Approval	indicated here correct; that r	s -	propensation clai	City Acc	Travel Requirement of Lawrence non-City busing Date:	ce business an ness nature.	wes Employee: oyee Owes City 034-2030  PES  No d that	\$104.5i
If splitting between multi-  I hereby certify to informate Employ Supervolution  Cout of State Travel  (If Required)  Approved by Accounts	that the travel tition shown is yee Signature isor Approval lead Approval City Manager Mayor bunts Payable	indicated here a correct; that r	on was incurred to part of the co	propensation clai	City Acc	Travel Requirement of Lawrence non-City busing Date:	City Ov Emplo 001-1-1  uest Filled out: ce business an ness nature. 4/15  4/16	wes Employee: oyee Owes City 034-2030  PES No dd that	\$104.5 -ZERO
If splitting between multi-  I hereby certify to information in the supervector of the su	that the travel tition shown is yee Signature isor Approval lead Approval City Manager Mayor bunts Payable	indicated here a correct; that r	on was incurred to part of the co	propensation clai	City Acc	Travel Requirement of Lawrence and City of Lawrence and City busing the Date:	City Ov Emplo 001-1-1  uest Filled out: ce business an ness nature. 4/15  4/16	wes Employee: oyee Owes City 034-2030  PES No dd that	\$104.5 -ZERO
If splitting between multi-  I hereby certify to informate Employ Supervolution Dept. How (Out of State Travel) (If Required) Approved by Accounts	that the travel tition shown is yee Signature isor Approval lead Approval City Manager Mayor bunts Payable	indicated here correct; that r :	on was incurred to part of the co	c carrier tickets	ge of official Comed was of a	Travel Requirement of Lawrence and City of Lawrence and City busing the Date:	City Ov Emplo 001-1-1  uest Filled out: ce business an ness nature. 4/15  4/16	wes Employee: oyee Owes City 034-2030  PES No dd that	\$104.5
I hereby certify to informate Employ Superv Dept. How (Out of State Travel)  (If Required)  Approved by Account Attach applicable	that the travel tition shown is yee Signature isor Approval lead Approval City Manager Mayor bunts Payable e receipts for  Continuing ec International I drainage und	TOTAL  indicated here correct; that r  motel/lodging  Please answ. lucation provided Residential Code r the 2018 Inte	expenses, publication and covering topics of (from 2012 and mational Resider	c carrier tickets, questions regal related to assem 2015 editions) re tital Code. Provid	ge of official Comed was of a personal autority occupanciel elated to buildies networking	Travel Requirement of Lawrence and City of Lawrence and City busing the Date:	City Ov Emplo 001-1-1  uest Filled out: ce business anness nature.  4/15  4/16	wes Employee: oyee Owes City 034-2030  This is i	\$104.5
If splitting between multi- I hereby certify to informa Employ Superv Dept. H  (Out of State Travel) (If Required) Approved by Accountable Comments:	that the travel tition shown is yee Signature isor Approval lead Approval City Manager Mayor bunts Payable e receipts for  Continuing ec International i drainage undo	TOTAL  indicated here correct; that r  motel/lodging  Please answ lucation provided action industry re	expenses, publication and covering topics of (from 2012 and mational Resider	c carrier tickets, questions regal related to assem 2015 editions) re tial Code. Provid	ge of official Comed was of a personal autority occupanciel elated to buildies networking	Travel Requirement of Lawrence and City of Lawrence and City busing the Date:	City Ov Emplo 001-1-1  uest Filled out: ce business anness nature.  4/15  4/16	wes Employee: oyee Owes City 034-2030  This is i	\$104.5
I hereby certify to informa Employ Superv Dept. H  (Out of State Travel) (If Required) Approved by Accounts:  How did this apply to your job?	that the travel tition shown is yee Signature isor Approval lead Approval City Manager Mayor bunts Payable e receipts for Continuing ed International drainage undother construit Yes. This is a	TOTAL  indicated here correct; that re c	expenses, publicational Resider presentatives thruducational opportunities.	c carrier tickets, questions regal related to assem 2015 editions) re tial Code. Provid	personal aurantiple of official of med was of a personal aurantiple occupanciple oc	Travel Requirements of Lawrence non-City busing the Date: Da	City On Emplo 001-1-1  uest Filled out: ce business an ness nature. 4/15 4/16 4/16 4/16 4/16 4/16 4/16 4/16 4/16	wes Employee: oyee Owes City 034-2030  PES  NO dd that 6/2019  // 9  // 9  ces, etc.  codes, transition plumbing), and officials, ICC off	\$104.5 -ZERO

	Rob	Sands	Supervisor	Scott McC	Cullough	You	ır Department:	Planning & D	ev Services
Leave Date:	04/12/19		Destination:		ın Francisco, CA			Par Diam.	76 110
Return Date:	04/16/19			2019 National A		g Assen Conf		Per Diem:	76.00
Me	thod of Travel: City Vehicle:	(check one)		avel Advance: X	342.00		use M&IE column	ov/portal/conte	ent/104878
Pe	rsonal Vehicle:	Х	Other:		Explain:		Personal vehicle	to/from airport	
Attach applicable receipts for motel/lodgi	ng expenses, p	ublic carrier tick	ets, personal au	to mileage/gas/to	olls, regist fees,	etc.			
Day of Week	Friday 04/12/19	Saturday 04/13/19	Sunday 04/14/19	Monday 04/15/19	Tuesday 04/16/19				Category Totals
Allowable Lodging Lodging paid w/ City VISA	355.29	355.29	355.29	355.29	01/10/10				1,421.16
Breakfast (20%)		15.20		15.20	15.20				76.00
Lunch (30%) Dinner (50%)		22.80 38.00	22.80 38.00	22.80 <b>38.00</b>	22.80				114.00 152.00
Total Meals (w/per diem)		76.00	76.00	76.00	38.00				342.00
Fuel/Parking Air Fare	218.00				218.00				436.00
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)					50.20 58.70				50.20 117.40
Calculated mileage (x.58)	34.05		•		34.05		·		68.09
Total Transportation Transportation paid w/ City VISA	252.05	-	-	-	302.25		-	-	554.29
Registrations *See Below* Registration paid w/ City VISA	785.00 785.00				Ī				785.00 785.00
Total Cost	1,468.34	431.29	431,29	431.29	340.25		<u> </u>		3,102.45
City VISA Charges (Total)	785.00			-	-		(4)		785.00
Non-Visa Charge	683.34	431.29	431.29	431.29	340.25				2,317.45
*If registration has been reported on							Advance	e Received (-):	\$342.00
previous expense statement leave blank*	9						City Ow	es Employee:	\$1,975.45
							Employ	yee Owes City	-ZERO-
If splitting between mult	iple Accounts	nlasea uea hay	c halow						
		piease use box	I Delow	Ē	City Acco	unt Number:	001-1-10	30-2030	
		prease use no	Delow	ĝi ĉ	-	ount Number:		030-2030	
		please use box	Below		-	ount Number: ount Number:		030-2030	
•		please use box	Below	ſ	-	ount Number:		030-2030 ☑ YES	
		TOTAL		[	-	ount Number:			
I hereby certify	that the travel	TOTAL	\$ -	d in the dischar	City Acco	Travel Requ	uest Filled out:	☑ YES	
informa	ation shown is	TOTAL	\$ -	d in the dischar mpensation cla	City Acco	Travel Requesty of Lawrence	uest Filled out:	☑ YES	
informa Emplo	ation shown is yee Signature:	TOTAL	\$ -	d in the dischar mpensation cla	City Acco	Travel Requity of Lawrence	uest Filled out: ce business and ness nature.	☑ YES	
informa Emplo Superv	ation shown is yee Signature: risor Approval:	TOTAL	\$ -	d in the dischar mpensation cla	City Acco	Travel Requestry of Lawrence One-City busing Date:	uest Filled out: ce business and ness nature.	☑ YES	
informa Emplo Superv	ation shown is yee Signature:	TOTAL	\$ -	d in the dischar mpensation cla	City Acco	Travel Requity of Lawrence	uest Filled out: ce business and ness nature.	☑ YES	
informa Emplo Superv	ation shown is yee Signature: risor Approval:	TOTAL	\$ -	d in the dischar mpensation cla	City Acco	Travel Requestry of Lawrence One-City busing Date:	uest Filled out: ce business and ness nature.	☑ YES	
informa Emplo Superv Dept. F	ation shown is yee Signature: risor Approval: lead Approval;	TOTAL	\$ -	d in the dischar mpensation cla	City Acco	ty of Lawrence Travel Required ty of Lawrence Travel Required ty of Lawrence Date:	uest Filled out: ce business and ness nature.	☑ YES	
informs Emplo Superv  Dept. H  (Out of State Travel)  (If Required)  Approved by Acco	wee Signature: sisor Approval: lead Approval: City Manager: Mayor: bunts Payable:	TOTAL indicated herecorrect; that n	on was incurred o part of the co	mpensation cla	ge of official Ci	ty of Lawrence non-City busi Date: Date: Date: Date:	se business and ness nature.  5-2-1 5/2/19 5/17	e YES no d that	
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informs Emplo Superv  Dept. H  (Out of State Travel)  (If Required)  Approved by Acco	wee Signature: sisor Approval: lead Approval: City Manager: Mayor: bunts Payable:	TOTAL indicated herecorrect; that n	on was incurred or part of the co	mpensation cla	ge of official Ci imed was of a i	ty of Lawrence non-City busi Date: Date: Date: Date: Date:	se business and ness nature.  5-2-1 5/2/19 5/17	e YES no d that	
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informa Emplo Superv Dept. F (Out of State Travel) (If Required) Approved by Acco	city Manager: Mayor: Perceipts for a Conference wa Planning Comi	TOTAL indicated herecorrect; that n  Available to the correct of t	on was incurred opart of the co	mpensation cla	ge of official Ci imed was of a i	ty of Lawrence non-City busing Date:	te business and ness nature.  5-2-1 5/2/19  5/17  5/19  Atolls, regist feeting topics that	a YES no d that	educational to