2019 Travel Expense Statement City of Lawrence, Kansas

Return Date:	05/19/19		Destination:		Wichita, KS				
	05/24/19		Trip Purpose:	Firearms Training	g		Per Diem:		61.00
Met	hod of Travel: City Vehicle:	(check one)		vel Advance:	194.00		www.gsa.go use M&IE column	nt/104878	
Pe	rsonal Vehicle:		Other:	·	Explain:			·	
ach applicable receipts for motel/lodgi	ng expenses, pu	ıblic carrier tick	ets, personal auto	o mileage/gas/tol	lls, regist fees, e	etc.			
Day of Week	Sunday	Monday		Wednesday	Thursday	Friday			Category
Date Allowable Lodging Lodging paid w/ City VISA	05/19/19 109.84 109.84	05/20/19 109.84 109.84	05/21/19 109.84 109.84	05/22/19 109.84 109.84	05/23/19 109.84 109.84	05/24/19			Totals 549.20 549.20
Breakfast (20%)		12.20	12.20	12.20	12.20	12.20			61.00
Lunch (30%) Dinner (50%)	30.50	18.30 30.50	18.30 30.50	18.30 30.50	18.30 30.50	18.30	(* 1.		91.50 152.50
Total Meals (w/per diem)	90.50	61.00	61.00	61.00	61.00	(,30.50/		-	305.00
Fuel/Parking Air Fare	26.00	37.95				40.18			78.13
Toll/Shuttle Bus/Taxi	MAN								-
Mileage (Enter as miles) Calculated mileage (x.58)			-			-	•	-	-
Total Transportation Transportation paid w/ City VISA	-	37.95 37.95	-	-	-	40.18 40.18	-	-	78.13 78.13
Registrations *See Below* Registration paid w/ City VISA	645.00 645.00								645.00 645.00
Total Cost	785.34	208.79	170.84	170.84	170.84	70.68		-	1,577.33
City VISA Charges (Total)	754.84	147.79	109.84	109.84	109.84	40.18		•	1,272.33
Non-Visa Charge	30.50	61.00	61.00	61.00	61.00	30.50		-	305.00
gistration has been reported on		はいる					Advanc	e Received (-):	\$194.00
							City O		Advantage
							-	wes Employee:	\$111.00
	iple Accounts	olease use box	c below				-		Advantage
Tous expense statement leave blank*	iple Accounts	olease use box	c below			unt Number:	-	wes Employee:	\$111.00
ous expense statement leave blank*	iple Accounts	olease use box	c below			unt Number: unt Number:	-	wes Employee:	\$111.00
vious expense statement leave blank*	iple Accounts	olease use box	c below			unt Number:	Emplo	wes Employee: oyee Owes City	\$111.00
ous expense statement leave blank*	iple Accounts	olease use boo				unt Number:	-	wes Employee: oyee Owes City	\$111.00
ious expense statement leave blank* If splitting between mult		TOTAL	\$ -		City Acco	unt Number: Travel Requ	Emplo	wes Employee: oyee Owes City ores ores ores	\$111.00
If splitting between mult	that the travel i	TOTAL	\$ -	in the discharg	City Acco	unt Number: Travel Requ	Emplo Lest Filled out:	wes Employee: oyee Owes City ores ores ores	\$111.00
If splitting between mult If hereby certify to informations.	that the travel i	TOTAL ndicated herec correct; that n	\$ -	in the discharg npensation clai	City Acco	unt Number: Travel Requ	Emplo uest Filled out: ne business an	wes Employee: oyee Owes City ores ores ores	\$111.00
If splitting between mult If hereby certify to informations.	that the travel it	TOTAL ndicated herec correct; that n	\$ -	npensation clai	City Acco	Travel Requ	Emplo uest Filled out: ne business an ness nature.	wes Employee: oyee Owes City Figure 1: in the control of the co	\$111.00
If splitting between mult I hereby certify informa Employ	that the travel i tion shown is yee Signature:	ndicated herecorrect; that no	\$ -	npensation clai	City Acco	Travel Required of Lawrence on-City busing Date:	ee business anness nature.	wes Employee: oyee Owes City Fis io d that	\$111.00
If splitting between mult I hereby certify to informate Employ Superv	that the travel ition shown is yee Signature: isor Approval:	ndicated herecorrect; that n	s - on was incurred to part of the cor	mpensation clai	City Acco	Travel Required on City of Lawrence City busing Date: Date: Date:	e business anness nature.	wes Employee: oyee Owes City oyee Tes io	\$111.00
If splitting between mult I hereby certify informa Employ Superv Dept. H	that the travel i tion shown is /ee Signature: isor Approval: ead Approval: City Manager:	ndicated herecorrect; that no	on was incurred to part of the cor	mpensation clai	City Acco	rravel Requestry of Lawrence (on-City busing Date: Date: Date: Date:	ee business anness nature.	wes Employee: pyee Owes City Fis No d that	\$111.00
If splitting between mult I hereby certify to informate Employ Superv	that the travel is tion shown is yee Signature: isor Approval: ead Approval: City Manager:	ndicated herecorrect; that n	s - on was incurred to part of the cor	mpensation clai	City Acco	Travel Required on City of Lawrence City busing Date: Date: Date:	e business anness nature.	wes Employee: oyee Owes City oyee Tes io	\$111.00
If splitting between mult I hereby certify informa Employ Superv Dept. H	that the travel in tion shown is yee Signature: isor Approval: ead Approval: City Manager: Mayor:	ndicated herecorrect; that no	s - on was incurred to part of the cor	mpensation clai	City Acco	rravel Requestry of Lawrence (on-City busined) Date: Date: Date: Date: Date: Date:	ee business anness nature.	wes Employee: oyee Owes City Fis io io d that	\$111.00
If splitting between mult I hereby certify informa Employ Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	that the travel in tion shown is yee Signature: isor Approval: ead Approval: City Manager: Mayor:	ndicated herecorrect; that no	s - on was incurred to part of the cor	mpensation clai	City Acco	rravel Requestry of Lawrence (on-City busined) Date: Date: Date: Date: Date: Date:	ee business anness nature.	wes Employee: oyee Owes City Fis io io d that	\$111.00
If splitting between mult I hereby certify information information in the supervision of	that the travel in tion shown is yee Signature: isor Approval: ead Approval: City Manager: Mayor: Mayor: bunts Payable:	ndicated herectorrect; that notel/lodging e	s - on was incurred to part of the cor	c carrier tickets,	City Acco	Travel Required on City busing Date: Date: Date: Date: Date: Date: Date: Date: Date:	ee business anness nature.	wes Employee: pyee Owes City Fis Fio d that 30-19	\$111.00
If splitting between mult I hereby certify to informate	that the travel in tion shown is yee Signature: isor Approval: ead Approval: City Manager: Mayor: Mayor: bunts Payable:	ndicated herectorrect; that notel/lodging e	son was incurred to part of the cor	c carrier tickets,	City Acco	Travel Required on City busing Date: Date: Date: Date: Date: Date: Date: Date: Date:	ee business anness nature.	wes Employee: pyee Owes City Fis Fio d that 30-19	\$111.00
If splitting between mult I hereby certify informa Employ Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	that the travel it ition shown is yee Signature: isor Approval: ead Approval: City Manager: Mayor: bunts Payable: e receipts for n	ndicated herecorrect; that notel/lodging entel/lodging ent	s - con was incurred to part of the cor sexpenses, public extended to part of the cor sexpenses, public extended to part the following of Lawrence Police	c carrier tickets,	ge of official Citimed was of a reconstruction, personal auto	Travel Required on City busing Date: Date: Date: Date: Date: Date: Date: Date: Date:	ee business anness nature.	wes Employee: pyee Owes City Fis Fio d that 30-19	\$111.00
If splitting between mult I hereby certify to informate	that the travel it ition shown is yee Signature: isor Approval: ead Approval: City Manager: Mayor: bunts Payable: e receipts for n	ndicated herecorrect; that notel/lodging entel/lodging ent	s - on was incurred to part of the cor	c carrier tickets,	ge of official Citimed was of a reconstruction, personal auto	Travel Required on City busing Date: Date: Date: Date: Date: Date: Date: Date: Date:	ee business anness nature.	wes Employee: pyee Owes City Fis Fio d that 30-19	\$111.00

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name:	Amber F	Reynolds	Supervisor	Mike I	awless	You	r Department:	MS	80
Leave Deter	05/08/40		Destination:		Salina, Kansas				
Leave Date: Return Date:	05/08/19 05/10/19				APWA Spring C	Conference; Mod		Per Diem:	55.00
Met	hod of Travel: City Vehicle:	(check one)		ravel Advance:			www.gsa.guuse M&IE column	ov/portal/cont	ent/104878
Pe	rsonal Vehicle:	308	Other:		Explain:				
Attach applicable receipts for motel/lodgi	ng expenses, pu	ublic carrier tick	ets, personal au	ito mileage/gas					
Day of Week	Wednesday	Thursday	Friday					02-03/07/2003	Category
Date Allowable Lodging	05/08/19 119.50	05/09/19 119.50	05/10/19			789.79 Nobel			Totals 239.00
Allowable Lodging Lodging paid w/ City VISA	119.50	119.50							239.00
Breakfast (20%)		11.00							11.00
Lunch (30%) Dinner (50%)	- 27.50	-	16.50						16.50 27.50
Total Meals (w/per diem)	27.50	11.00	16.50	<u> </u>					55.00
Fuel/Parking		分表的基本的				3.63603.035		Assessment to	**************************************
Air Fare Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	154.00		154.00						308.00
Calculated mileage (x.58) Total Transportation	89.32 89.32	-	89.32 89.32	-	•		·	-	178.64 178.64
Transportation paid w/ City VISA	00.02		00.02						
Registrations *See Below*	150.00		A STATE OF THE STA						150.00
Registration paid w/ City VISA	150.00					C 382-301-32-8849320			150.00
Total Cost	386.32	130.50	105.82	-	-		-	-	622.64
City VISA Charges (Total)	269.50	119.50							389.00
			Barrier Spanier				STROPES TO		STEEN STEEN
Non-Visa Charge	116.82	11.00	105.82						233.64
If registration has been reported on previous expense statement leave blank							Advanc	e Received (-):	\$0.00
							City Ov	ves Employee:	\$233.64
							Emplo	yee Owes City	-ZERO-
If splitting between mult	iple Accounts	please use bo	x below	1	City Acc	ount Number:	001-3-3	010-: 2030	1
				1	-				, 1
				1	City Acc	ount Number:			1
				1		Travel Regu	est Filled out:	• YES	
		TOTAL	. \$ -	1				o NO	
I hereby certify					irge of official C laimed was of a			d that	
	tion snown is	Milla	DO 1	A ~	iaiiiicu was oi a		clust	2.52	
Employ	yee Signature:	IMMY,	The state of the s		-	Date:	3/17	1.0	•
Superv	isor Approval:	<u> </u>	h		-	Date:	5/17	119	
Dept. H	ead Approval:	-VV			_	Date:	((` `	
(Out of State Travel)	City Manager:				_	Date:			
(If Required)	Mayor:				_	Date:		·	
Approved by Acco	ounts Payable:				_	Date:			
Attach applicable	e receipts for n	notel/lodging e	expenses, publ	ic carrier ticke	ts, personal aut	to mileage/gas/	tolls, regist fe	es, etc.	
Comments:									
	Amining and Living				parding your tra		lous City and S	tata ranrecentat	lyon on MS /
How did this apply to your job?					nagement. Mode				IVES OIT IVIS4
	Yes					*			
Would recommend attending again?									
How will this add value to the City of Lawrence?					as on cost of ser ses and services.		g City services	against other co	omparable

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name:	Jeff S	imons	Supervisor	Natalie F	odriguez	You	ır Department:	MS	SO
	CALL COMPANY								
Leave Date:	05/30/19		Destination:		Manhattan, KS				
Return Date:		•		ArcGIS Pro Tra			.	Per Diem:	-
					9				
Me	thod of Travel:	(check one)	Ti	ravel Advance:	-		www.gsa.go	ov/portal/cont	ent/104878
	City Vehicle:		Air:				use M&IE column		
_									
Pe	ersonal Vehicle:	X	Other:		Explain:				
Attach applicable receipts for metal/ladeir		alia aawiay tialoo							
Attach applicable receipts for motel/lodgin	ig expenses, pur	olic carrier ticke	is, personal auto	mileage/gas/tol	is, regist tees, e	ic.			
Day of Week	Thursday	Salvisaknikk	AND POST DISPLACES		Essential establish	are established by the	British was blessed		Category
Date									Totals
Allowable Lodging									-
Lodging paid w/ City VISA		Sparrer Services				- 10 C 27 S C 27			-
Breakfast (20%)									
Lunch (30%)									
Dinner (50%)									
Total Meals (w/per diem)	-	-	-	-	-	-	-	-	-
	STEEL STORY								
Fuel/Parking									-
Air Fare Toll/Shuttle Bus/Taxl									-
Mileage (Enter as miles)	169.60								169.60
Calculated mileage (x.58)							Editorial Castell		98.37
Total Transportation	98.37	-	-	-	-	-	-	-	98.37
Transportation paid w/ City VISA									-
Pagistrations (See Releast	550 SEX.								respectation of the second
Registrations *See Below* Registration paid w/ City VISA	ļ		 						-
riegistration paid w only view									
Total Cost	98.37	-	-	-	-	-	-	-	98.37
City VISA Charges (Total)	-	-	-	-	-	-	-	-	-
Non-Visa Charge	98.37		ACCUMENTATION OF			-		-	00.27
Non-visa charge	90.57		O STATE OF A STATE	ARIAN ELECTRICAL	VAR SUSSE	100 Sept 11 10 Sept 5			98.37
*If registration has been reported on previous							Advanc	e Received (-):	\$0.00
expense statement leave blank*									
							City Ow	ves Employee:	\$98.37
							Emplo	yee Owes City	-ZERO-
If splitting between mult	iple Accounts	please use box	below				p.io	,000 0 1100 0 11,	
					City Acc	ount Number:	001-3-30	040-2030	
					City Acc	ount Number:			1
				۱ ۱					1
						Travel Regu	est Filled out:	✓ YES	
		TOTAL	\$ -					□ NO	
									•
I haraby partify	that the travel	ndinated house	!	ومام ما الم			- 1		
I hereby certify	that the traver i							i tnat	
lillorilla	ation shown is	7 /	2	in perisation cia	illileu was oi a	-			
Emplo	yee Signature:	PKK	MB	never	•	Date:	6-4-1	9	
		1111/2	1/1/	1			41	10	•
Superv	visor Approval:	1.11111	1. Kpc	Circle.		Date:	6-6	,-19	•
Dent H	lead Approval:	MALL.	Toro	3	1	Date:	10/10	12019	
Бери п	icau Approvai.	TANAV.	1			Date.	ce / le /	00.	•
(Out of State Travel)	City Manager:		. 0			Date:			
		***************************************							•
(If Required)	→ Mayor:		WHITE STATE OF THE			Date:	E		
Approved by Acco	nunte Bayablar					Deter			
Approved by Acco	Julius Payable.					Date:			•
Attach applicab	le receipts for r	notel/lodging e	xpenses, publ	ic carrier tickets	s, personal auto	o mileage/gas/	tolls, regist fee	s. etc.	
Comments:									
Comments.						THE STREET STATES OF THE STREET, STATES OF THE STATES OF T			
				questions rega					
				oftware for GIS v			. It is important t	that we, as Anal	ysts, be
How did this apply to your job?	trained well end	ough ahead of til	me so that we c	an assist other e	nd-users proficie	ently.			
A STATE OF THE RESIDENCE OF THE PARTY OF THE									
	Yes, so long as	the employee h	nas had previous	s experience usi	ng, or has had p	revious training	with, ArcGIS Pr	O.	
Would recommend attending again?	, , , , ,	, , , , , , , , , , , , , , , , , , , ,							
Today recommend attending again?	1								
	A a Ab - · · ·			analista (a		A010 F		10/	
How will this add value to the City of				onsible for trainii Iar software, so t					
Lawrence?	and maintain th			iai suitware, su i	nai we can irain	otriers, trouble	shoot any issues	s, develop new a	applications,
5I 5	dia mamamam	o data tiro oity t	ourionly owns.						

rev. 03/02/10 kl

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name:	Mauree	en Brady	Supervisor	Porter	r Arneill	You	ur Department:	City Manag	er's Office
Leave Date:			Destination:		Wichita, Kan.				21.00
Return Date:			5 5	KAPIO Confere				Per Diem:	61.00
Met	thod of Travel: City Vehicle:	(check one)		ravel Advance:		l	www.gsa.go use M&IE column	v/portal/conte	<u>ent/104878</u>
Pe	ersonal Vehicle:	x	Other:		Explain:				
Attach applicable receipts for motel/lodgin	ng expenses, pı	ublic carrier tick	tets, personal at	uto mileage/gas/	/tolls, regist fees	s, etc.			
Day of Week		Thursday	Friday						Category
Date Allowable Lodging	05/29/19 122.07	05/30/19 122.07	05/31/19						Totals 244.14
Lodging paid w/ City VISA	HER WALL			10/2013/201				J. 4	Sony ben
Breakfast (20%) Lunch (30%)		N/A N/A	N/A N/A						-
Dinner (50%) Total Meals (w/per diem)	30.50	30.50 30.50		_					61.00 61.00
Fuel/Parking		RMS				ASSESSED FOR	A CONTRACTOR		FINE
Air Fare									-
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)	175.00	1	175.00						350.00
Calculated mileage (x.58) Total Transportation	101.50 101.50		101.50 101.50						203.00
Transportation paid w/ City VISA									-
Registrations *See Below*	160,00		APPLICATION OF THE PERSON OF T					Electron to be	160.00
Registration paid w/ City VISA					System Section	Anthropic conference			
Total Cost	414.07	152.57	101.50						668.14
City VISA Charges (Total)			-		(- 0)	: = :	-	: <u>*</u> :	-
Non-Visa Charge	414.07	152.57	101.50		-		-	-	668.14
*If registration has been reported on	And the second		Call Parks				Advance	Received (-):	\$0.00
previous expense statement leave blank*	i						City Ow	es Employee:	\$668.14
<u> </u>							1000 AND	ee Owes City	-ZERO-
If splitting between multi	Iple Accounts	please use bo	x below	•	City Acc	Number	Q01-1-10		
				}				25.2040	
				1	City Acc	count Number:			
						Travel Regu	uest Filled out:	☑res	
		TOTAL	\$ -	<u> </u>			1001111111	□ko	
				WC 8 0 00			5 2	sreg 129	
I hereby certify t informa	that the travel in	ndicated hered correct; that n	on was incurred to part of the co	d in the discha ompensation cl	rge of official C aimed was of a	City of Lawrence non-City busi	e business and ness nature.	that	
	yee Signature:	1 1	M			Date:	1 - /11/	2019	
	visor Approval:	111	on Ill	X	**	Date:	1/101	2019	
•		(On a	1000	to a day	· ^		611	8/19	
	lead Approval:		we o	10 Unch	u	Date:	<u> </u>	3/1/	
(Out of State Travel)	City Manager:					Date:			
(If Required)	→ Mayor:				=	Date:			
Approved by Acco	ounts Payable:				•	Date:			
Attach applicable	e receipts for n	notel/lodging e	expenses, publ	ic carrier ticket	ts, personal aut	to mileage/gas.	/tolls, regist fee	s, etc.	
Comments:	Red						otel and confere	ence registration	on
	The KAPIO Co	inference is for I	er the following Public Information	on Officers throu	ughout Kansas to	o learn best pra	ctices and new s	kills from each	other. I
How did this apply to your job?			nedia and crisis on the crisis of the critical of th		and learned fro	m a variety of s	speakers, includir	ng video experts	and a
	I would! The se	essions were ve	ery informative a	and tailored to lo	cal government.				
Would recommend attending again?									
How will this add value to the City of	Our communica Additionally, w	ations will conti e furthered rela	nue to stay on the	he cutting-edge : ther PIOs near u	so that we can o	communicate in ful during crisis	ways that are mo	ost beneficial to e we need extra	our residents. hands on