

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Michael McLaren Supervisor

Your Department: Police

Leave Date: 05/19/19
Return Date: 05/24/19

Destination: Wichita, KS
Trip Purpose: Firearms Training

Per Diem: 61.00

Method of Travel: (check one)
City Vehicle: X

Travel Advance: 194.00
Air: _____

www.qsa.gov/portal/content/104878
use M&IE column

Personal Vehicle: _____

Other: _____ Explain: _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday			Category
Date	05/19/19	05/20/19	05/21/19	05/22/19	05/23/19	05/24/19			Totals
Allowable Lodging	109.84	109.84	109.84	109.84	109.84				549.20
Lodging paid w/ City VISA	109.84	109.84	109.84	109.84	109.84				549.20
Breakfast (20%)		12.20	12.20	12.20	12.20	12.20			61.00
Lunch (30%)		18.30	18.30	18.30	18.30	18.30			91.50
Dinner (50%)	30.50	30.50	30.50	30.50	30.50				152.50
Total Meals (w/per diem)	30.50	61.00	61.00	61.00	61.00	30.50			305.00
Fuel/Parking		37.95				40.18			78.13
Air Fare	26.00								
Toll/Shuttle Bus/Taxi									
Mileage (Enter as miles)									
Calculated mileage (x.58)									
Total Transportation		37.95				40.18			78.13
Transportation paid w/ City VISA		37.95				40.18			78.13
Registrations *See Below*	645.00								645.00
Registration paid w/ City VISA	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

300.50
106.50
MCM

If registration has been reported on previous expense statement leave blank

Advance Received (-): \$194.00
City Owes Employee: \$111.00
Employee Owes City: -ZERO-

If splitting between multiple Accounts please use box below

TOTAL \$	-

City Account Number: _____
City Account Number: _____

Travel Request Filled out: ES
 IO

I hereby certify that the travel indicated hereon was incurred in the discharge of official City of Lawrence business and that information shown is correct; that no part of the compensation claimed was of a non-City business nature.

Employee Signature: Michael J. McLaren
Supervisor Approval: _____
Dept. Head Approval: _____

Date: 5/30/2019
Date: 5-30-19
Date: _____
Date: _____
Date: _____

(Out of State Travel) City Manager: _____
(If Required) Mayor: _____
Approved by Accounts Payable: _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.

Comments:	
Please answer the following questions regarding your travel:	
How did this apply to your job?	I am the Range Master for the Lawrence Police Department and this course certifies me as a Patrol Rifle Instructor.
Would recommend attending again?	Yes, the Lawrence Police Department has used this course in the past.
How will this add value to the City of Lawrence?	Helps to maintain a quality firearms program for the Police Department.

2019 Travel Expense Statement

City of Lawrence, Kansas

Your Name: Amber Reynolds **Supervisor:** Mike Lawless **Your Department:** MSO

Leave Date: 05/08/19 **Destination:** Salina, Kansas
Return Date: 05/10/19 **Trip Purpose:** Attend Kansas APWA Spring Conference; Moc **Per Diem:** 55.00

Method of Travel: (check one) **Travel Advance:** www.gsa.gov/portal/content/104878
 City Vehicle: _____ *Air:* _____ use M&IE column
 Personal Vehicle: 308 *Other:* _____ *Explain:* _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.

Day of Week	Wednesday	Thursday	Friday						Category
Date	05/08/19	05/09/19	05/10/19						Totals
Allowable Lodging	119.50	119.50							239.00
Lodging paid w/ City VISA	119.50	119.50							239.00
Breakfast (20%)	-	11.00							11.00
Lunch (30%)	-	-	16.50						16.50
Dinner (50%)	27.50	-	-						27.50
Total Meals (w/per diem)	27.50	11.00	16.50	-	-	-	-	-	55.00
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	154.00		154.00						308.00
Calculated mileage (x.58)	89.32	-	89.32	-	-	-	-	-	178.64
Total Transportation	89.32	-	89.32	-	-	-	-	-	178.64
Transportation paid w/ City VISA									-
Registrations *See Below*	150.00								150.00
Registration paid w/ City VISA	150.00								150.00
Total Cost	386.32	130.50	105.82	-	-	-	-	-	622.64
City VISA Charges (Total)	269.50	119.50							389.00
Non-Visa Charge	116.82	11.00	105.82	-	-	-	-	-	233.64

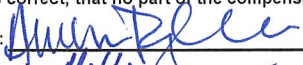

If registration has been reported on previous expense statement leave blank **Advance Received (-):** \$0.00
 City Owes Employee: \$233.64
 Employee Owes City: -ZERO-

If splitting between multiple Accounts please use box below

TOTAL \$		

City Account Number:]
 City Account Number:
 Travel Request Filled out: YES NO

I hereby certify that the travel indicated hereon was incurred in the discharge of official City of Lawrence business and that information shown is correct; that no part of the compensation claimed was of a non-City business nature.

Employee Signature:  **Date:** 5/17/2019
Supervisor Approval:  **Date:** 5/17/19
Dept. Head Approval: _____ **Date:** _____
 (Out of State Travel) **City Manager:** _____ **Date:** _____
 (If Required) **Mayor:** _____ **Date:** _____
Approved by Accounts Payable: _____ **Date:** _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.	
Comments:	
<i>Please answer the following questions regarding your travel:</i>	
How did this apply to your job?	American Public Works Association Kansas Chapter conference. Met with and listened to various City and State representatives on MS4 permitting, recycling, pavement management, and project management. Moderated a session on asset management.
Would recommend attending again?	Yes
How will this add value to the City of Lawrence?	Understanding of upcoming state and federal regulations, ideas on cost of services, calibrating City services against other comparable communities, exposing other communities to our City processes and services.

2019 Travel Expense Statement

City of Lawrence, Kansas

Your Name: Maureen Brady Supervisor Porter Arneill Your Department: City Manager's Office

Leave Date: 05/29/19 Destination: Wichita, Kan.
 Return Date: 05/31/19 Trip Purpose: KAPIO Conference Per Diem: 61.00

Method of Travel: (check one) City Vehicle: _____ Travel Advance: - www.gsa.gov/portal/content/104878
 Air: _____ use M&IE column
 Personal Vehicle: X Other: _____ Explain: _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.

Day of Week	Wednesday	Thursday	Friday							Category
Date	05/29/19	05/30/19	05/31/19							Totals
Allowable Lodging	122.07	122.07								244.14
Lodging paid w/ City VISA										-
Breakfast (20%)	N/A	N/A	N/A							-
Lunch (30%)	N/A	N/A	N/A							-
Dinner (50%)	30.50	30.50	N/A							61.00
Total Meals (w/per diem)	30.50	30.50	-	-	-	-	-	-	-	61.00
Fuel/Parking										-
Air Fare										-
Toll/Shuttle Bus/Taxi										-
Mileage (Enter as miles)	175.00		175.00							350.00
Calculated mileage (x.58)	101.50	-	101.50	-	-	-	-	-	-	203.00
Total Transportation	101.50	-	101.50	-	-	-	-	-	-	203.00
Transportation paid w/ City VISA										-
Registrations *See Below*	160.00									160.00
Registration paid w/ City VISA										-
Total Cost	414.07	152.57	101.50	-	-	-	-	-	-	668.14
City VISA Charges (Total)	-	-	-	-	-	-	-	-	-	-
Non-Visa Charge	414.07	152.57	101.50	-	-	-	-	-	-	668.14

If registration has been reported on previous expense statement leave blank

Advance Received (-): \$0.00
 City Owes Employee: \$668.14
 Employee Owes City: -ZERO-

If splitting between multiple Accounts please use box below

TOTAL \$		

City Account Number: 001.1.1025.2040

City Account Number: _____

Travel Request Filled out: YES
 NO

I hereby certify that the travel indicated hereon was incurred in the discharge of official City of Lawrence business and that information shown is correct; that no part of the compensation claimed was of a non-City business nature.

Employee Signature: [Signature]

Date: 6/14/2019

Supervisor Approval: [Signature]

Date: 6/17/2019

Dept. Head Approval: [Signature]

Date: 6/18/19

(Out of State Travel) City Manager: _____

Date: _____

(If Required) Mayor: _____

Date: _____

Approved by Accounts Payable: _____

Date: _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.

Comments:	<u>Receipts attached for dinner #1 (Braum's), dinner #2 (River City Brewery), hotel and conference registration</u>
	<u>Please answer the following questions regarding your travel:</u>
How did this apply to your job?	<u>The KAPIO Conference is for Public Information Officers throughout Kansas to learn best practices and new skills from each other. I gained knowledge on social media and crisis communications and learned from a variety of speakers, including video experts and a representative from Facebook, among others.</u>
Would recommend attending again?	<u>I would! The sessions were very informative and tailored to local government.</u>
How will this add value to the City of Lawrence?	<u>Our communications will continue to stay on the cutting-edge so that we can communicate in ways that are most beneficial to our residents. Additionally, we furthered relationships with other PIOs near us, which is helpful during crisis situations in case we need extra hands on deck.</u>