

2019 Travel Expense Statement City of Lawrence, Kansas

Your Department: Training and Development Services

Per Diem: -

use M&IE column

Explain: _____

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

Day of Week:	Thursday	Friday	Saturday						Category
Date:	09/19/19	09/20/19	09/21/19						Totals
Allowable Lodging	109.00	109.00							218.00
Lodging paid w/ City VISA									-
Breakfast (20%)	-	-	-						-
Lunch (30%)	-	-	-						-
Dinner (50%)	-	-	-						-
Total Meals (w/per diem)	-	-	-	-	-	-	-	-	-
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	300.00		300.00						600.00
Calculated mileage (x.58)	174.00	-	174.00	-	-	-	-	-	348.00
Total Transportation	174.00	-	174.00	-	-	-	-	-	348.00
Transportation paid w/ City VISA									-
Registrations *See Below*	100.00								100.00
Registration paid w/ City VISA									-
Total Cost	383.00	109.00	174.00	-	-	-	-	-	666.00
City VISA Charges (Total)	-	-	-	-	-	-	-	-	-
Non-Visa Charge	383.00	109.00	174.00	-	-	-	-	-	666.00

Employee Owes City	-ZERO-
--------------------	--------

If splitting between multiple Accounts please use box below

☒ YES

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.

Date: _____

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?	Historic preservation Historic Resouces Commission training.
Would recommend attending again?	Yes
How will this add value to the City of Lawrence?	This will allow Brenna Buchanan Young to make informed decisions for her role as a HRC member.

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Melinda Harger **Supervisor** Dave Wagner **Your Department:** MSO

Leave Date: 09/22/19
Return Date: 09/25/19

Destination: Chicago, IL
Trip Purpose: presentations at WEFTEC 2019

Per Diem:	76.00
-----------	-------

Method of Travel: (check one)

City Vehicle: X

Travel Advance:

Air: X

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

Personal Vehicle: X

Other:

Explain: dropped off at airport on Sunday morning, no parking

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					Category
Date	09/22/19	09/23/19	09/24/19	09/25/19					Totals
Allowable Lodging									-
Lodging paid w/ City VISA									-
Breakfast (20%)	15.20	15.20	15.20	15.20					60.80
Lunch (30%)	22.80	22.80	22.80	22.80					91.20
Dinner (50%)	38.00	38.00	38.00	38.00					152.00
Total Meals (w/per diem)	76.00	76.00	76.00	76.00	-	-	-	-	304.00
Fuel/Parking									-
Air Fare	270.96								270.96
Toll/Shuttle Bus/Taxi	43.55			41.92					85.47
Mileage (Enter as miles)	106.00								106.00
Calculated mileage (x.58)	61.48	-	-	-	-	-	-	-	61.48
Total Transportation	375.99	-	-	41.92	-	-	-	-	417.91
Transportation paid w/ City VISA	314.51			41.92					356.43
Registrations *See Below*	725.00								725.00
Registration paid w/ City VISA	725.00								725.00
Total Cost	1,176.99	76.00	76.00	117.92	-	-	-	-	1,446.91
City VISA Charges (Total)	1,039.51	-	-	41.92	-	-	-	-	1,081.43
Non-Visa Charge	137.48	76.00	76.00	76.00	-	-	-	-	365.48

If registration has been reported on previous expense statement leave blank

Advance Received (-):	\$152.00
-----------------------	----------

City Owes Employee:	\$213.48
---------------------	----------

Employee Owes City	-ZERO-
--------------------	--------

If splitting between multiple Accounts please use box below

501-7-7100-2022		\$ 721.91
501-7-7100-2030		\$ 725.00
TOTAL		\$ 1,446.91

City Account Number: 501-7-7100-2022

City Account Number: 501-7-7100-2030

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: Melinda K. Hargen

Date: 10/15/19

Supervisor Approval: [Signature]

Date: 10/17/10

Dept. Head Approval: John J. [Signature]

Date: 10/17/10

(Out of State Travel) City Manager: *Brian M. Lee*

Date: 10-18-19

(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?	Gave presentations on the Wakarusa WWTP project and MSO merger. Earned PDHs for my PE licensure. Met with vendors in the exhibit hall to see equipment first-hand.
Would recommend attending again?	Yes.
How will this add value to the City of Lawrence?	Exchanged knowledge with other utilities. Learned about new technology and industry innovations.

2019 Travel Expense Statement City of Lawrence, Kansas

MSO

Per Diem:	\$55
-----------	------

use M&IE column

Explain:

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

Day of Week	Tuesday	Wednesday	Thursday						Category
Date	09/24/19	09/25/19	09/26/19						Totals
Allowable Lodging	94.00	94.00	14.99						202.99
Lodging paid w/ City VISA	94.00	94.00	49.99						237.99
Breakfast (20%)	-	11.00	11.00						22.00
Lunch (30%)	16.50	16.50	16.50						49.50
Dinner (50%)	27.50	27.50	-						55.00
Total Meals (w/per diem)	44.00	55.00	27.50	-	-	-	-	-	126.50
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi	1.25		1.25						2.50
Mileage (Enter as miles)	88.00		180.10						268.10
Calculated mileage (x.58)	51.04	-	104.46	-	-	-	-	-	155.50
Total Transportation	52.29	-	105.71	-	-	-	-	-	158.00
Transportation paid w/ City VISA	1.25		1.25						2.50
Registrations *See Below*									-
Registration paid w/ City VISA									-
Total Cost	190.29	149.00	148.20	-	-	-	-	-	487.49
City VISA Charges (Total)	95.25	94.00	51.24	-	-	-	-	-	240.49
Non-Visa Charge	95.04	55.00	96.96	-	-	-	-	-	247.00

Employee Owes City **-ZERO-**

If splitting between multiple Accounts please use box below

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.

Date: _____

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

Comments:	a field trip to Manhattan, KS on 09/26. I accidentally left my notes in Manhattan and drove back to retrieve them before driving back to Lawrence, KS.
Please answer the following questions regarding your travel:	
How did this apply to your job?	It was required safety training in order for me to be the lead HHW technician.
Would recommend attending again?	It was an enjoyable experience, but it would not be necessary for me to go again.
How will this add value to the City of Lawrence?	I am better trained on how to do my job more safely and effectively. This will have a positive effect on how well the facility runs and operates.

2019 Travel Expense Statement

City of Lawrence, Kansas

Your Name: Meagan Shipley **Supervisor** Casey Cooper **Your Department:** Police department

Leave Date: 09/24/19	Destination: Fort Worth, Texas	Per Diem: 70.00
Return Date: 09/27/19	Trip Purpose: Women of law enforcement	

Method of Travel: (check one) Travel Advance: ☐ www.gsa.gov/portal/content/104878
City Vehicle: ☒ X Air: _____ 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	Tuesday	Wednesday	Thursday	Friday					Category
Date	09/24/19	09/25/19	09/26/19	09/27/19					Totals
Allowable Lodging	513.30								513.30
Lodging paid w/ City VISA	513.30								513.30
Breakfast (20%)	14.00	14.00	14.00	14.00					56.00
Lunch (30%)	21.00	21.00	21.00	21.00					84.00
Dinner (50%)	35.00	35.00	35.00	35.00					140.00
Total Meals (w/per dlem)	70.00	70.00	70.00	70.00	-	-	-	-	280.00
Fuel/Parking	27.00	31.50	30.35	28.20					-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)									-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	-	-	-	-	-	-	-	-	-
Transportation paid w/ City VISA									-
Registrations *See Below*	150.00								150.00
Registration paid w/ City VISA	150.00								150.00
Total Cost	733.30	70.00	70.00	70.00	-	-	-	-	943.30
City VISA Charges (Total)	663.30	-	-	-	-	-	-	-	663.30
Non-VISA Charge	70.00	70.00	70.00	70.00	-	-	-	-	280.00

If registration has been reported on previous expense statement leave blank

Advance Received (-): \$0.00

City Owes Employee: \$280.00

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
☐ 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: L154/1313

Date: 11/11/19

Supervisor Approval: _____

Date: 2/1

Dept. Head Approval: _____

Date: 8/12/15

(Out of State Travel) City Manager: *[Signature]*

Date: 11/13/19

(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.

<p>Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.</p>	
Comments:	
<p><i>Please answer the following questions regarding your travel:</i></p>	
How did this apply to your job?	<p>I attended training on leadership, health and wellness in policing, tactical medical treatment, and debriefing after an officer involved shooting. All training can be able to my job every day as a police officer especially if there was a major incident.</p>
Would recommend attending again?	<p>Yes.</p>
How will this add value to the City of Lawrence?	<p>The conference is focused on women in policing and helped make connections with up and coming women in law enforcement from the region. Also the conference has multiple options for break out sessions which cover all topics in policing. The conference empowers women to be leaders and encourages them.</p>

2019 Travel Expense Statement City of Lawrence, Kansas

LDCFM

Per Diem:	
-----------	--

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

Explain: _____

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

Day of Week	Saturday	Sunday							Category
Date	09/21/19	09/22/19							Totals
Allowable Lodging	152.32								152.32
Lodging paid w/ City VISA	152.32								152.32
Breakfast (20%)	-	-							-
Lunch (30%)	-	-							-
Dinner (50%)	-	-							-
Total Meals (w/per diem)	-	-	-	-	-	-	-	-	-
Fuel/Parking		10.00							10.00
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)									-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	-	10.00	-	-	-	-	-	-	10.00
Transportation paid w/ City VISA									-
Registrations	90.43								90.43
Registration paid w/ City VISA									-
Total Cost	242.75	10.00	-	-	-	-	-	-	252.75
City VISA Charges (Total)	152.32	-	-	-	-	-	-	-	152.32
Non-Visa Charge	90.43	10.00	-	-	-	-	-	-	100.43

Employee Owes City	-ZERO-
--------------------	--------

If splitting between multiple Accounts please use box below

[illegible]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.

Date: _____

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

I plan on sharing knowledge gained during scenarios and hands on training with my assigned station personnel so that it may be practiced and utilized during firefighting operations.

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Aaron Bailey **Supervisor** Scott McCullough **Your Department:** Training and Development Services

Leave Date: 09/19/19
Return Date: 09/21/19

Destination: Dodge City, KS
Trip Purpose: State Historic Preservation Conference

Per Diem:	-
-----------	---

Method of Travel: (check one)

City Vehicle: _____

Travel Advance:

Air: _____

www.gsa.gov/portal/content/104878

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	Thursday	Friday	Saturday						Category
Date	09/19/19	09/20/19	09/21/19						Totals
Allowable Lodging	109.00	109.00							218.00
Lodging paid w/ City VISA									-
Breakfast (20%)	-	-	-						-
Lunch (30%)	-	-	-						-
Dinner (50%)	-	-	-						-
Total Meals (w/per diem)	-	-	-	-	-	-	-	-	-
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	300.00		300.00						600.00
Calculated mileage (x.58)	174.00	-	174.00	-	-	-	-	-	348.00
Total Transportation	174.00	-	174.00	-	-	-	-	-	348.00
Transportation paid w/ City VISA									-
Registrations *See Below*									-
Registration paid w/ City VISA									-
Total Cost	283.00	109.00	174.00	-	-	-	-	-	566.00
City VISA Charges (Total)	-	-	-	-	-	-	-	-	-
Non-Visa Charge	283.00	109.00	174.00	-	-	-	-	-	566.00

If registration has been reported on previous expense statement leave blank

Advance Received (-):	\$0.00
-----------------------	--------

City Owes Employee:	\$566.00
---------------------	----------

Employee Owes City	-ZERO-
--------------------	--------

If splitting between multiple Accounts please use box below

[illegible]

City Account Number: 001 1 1030 2833

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: _____

Supervisor Approval: _____

Date: _____

Dept. Head Approval: 

Date: 10/14/19

(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:	
Please answer the following questions regarding your travel:	
How did this apply to your job?	Historic preservation Historic Resources Commission training.
Would recommend attending again?	Yes
How will this add value to the City of Lawrence?	This will allow Aaron Bailey to make informed decisions for his role as a HRC member.

Your Name: Kathryn Beseth **Supervisor** Doug Green **Your Department:** LDCFM

Per Diem:	-
-----------	---

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

Explain: _____

[illegible]

Advance Received (-):	\$0.00
City Owes Employee:	\$90.43
Employee Owes City	-ZERO-

		TOTAL \$ -	

City Account Number:

Travel Request Filled out: ☐ YES ☒ NO

Date: _____

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?	The training was hands on training for Search & Rescue techniques. This is one of the most important aspects of firefighting. Being able to quickly and efficiently search a structure that is on fire is one of the skills the public relies on us for the most, whether they realize it or not. The training directly affected my skill set and strengthened my ability to search a home quickly in low visibility.
Would recommend attending again?	Yes, 100%.
How will this add value to the City of Lawrence?	By improving your firefighter's skill sets, you're improving the outcomes of unfortunate circumstances, such as a home on fire. The skills I learned will help in any future searches I complete, which may lead to resuces of victims who may be trapped.

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Cody Briggs **Supervisor** Nick Simon **Your Department:** Fire Medical

Leave Date: 09/15/19
Return Date: 09/27/19

Destination: Hutchison KS
Trip Purpose: Law Enforcement Training

Per Diem:	-
-----------	---

Method of Travel: (check one)
City Vehicle: ☒ Yes

Travel Advance:

Air:

www.gsa.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.

[illegible]

Advance Received (-):	\$0.00
-----------------------	--------

City Owes Employee: **\$91.01**

Employee Owes City	-ZERO-
--------------------	--------

If splitting between multiple Accounts please use box below

[illegible]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: VIA EMAIL

Date: 10/2/2019

Supervisor Approval: [Signature]

Date: 10/10/2019

Dept. Head Approval: Shan Giff

Date: 10/10/2019

(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:	
Please answer the following questions regarding your travel:	
How did this apply to your job?	Required for Fire Investigator Level 2.
Would recommend attending again?	Yes
How will this add value to the City of Lawrence?	This add value to the city by allowing me to function as designee of the fire chief to investigate fires.

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Maggie Mahoney **Supervisor** Amber Reynolds **Your Department:** MSO

Leave Date: 09/22/19
Return Date: 09/27/19

Destination: Hollywood, FL
Trip Purpose: Ebuilder certification and conference

Per Diem:	66.00
-----------	-------

Method of Travel: (check one)

City Vehicle: X

Travel Advance:

Air: X

www.gsa.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	09/22/19	09/23/19	09/24/19	09/25/19	09/26/19	09/27/19			Totals
Allowable Lodging	258.77	258.77	258.77	258.77	258.77				1,293.85
Lodging paid w/ City VISA	258.77	258.77	258.77	258.77	258.77				1,293.85
Breakfast (20%)						13.20			13.20
Lunch (30%)	19.80								19.80
Dinner (50%)	33.00	33.00		33.00	33.00				132.00
Total Meals (w/per diem)	52.80	33.00	-	33.00	33.00	13.20	-	-	165.00
Fuel/Parking									-
Air Fare	165.24					165.24			330.48
Toll/Shuttle Bus/Taxi	54.69								54.69
Mileage (Enter as miles)									-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	219.93	-	-	-	-	165.24	-	-	385.17
Transportation paid w/ City VISA	219.93					165.24			385.17
Registrations *See Below*									-
Registration paid w/ City VISA									-
Total Cost	531.50	291.77	258.77	291.77	291.77	178.44	-	-	1,844.02
City VISA Charges (Total)	478.70	258.77	258.77	258.77	258.77	165.24	-	-	1,679.02
Non-Visa Charge	52.80	33.00	-	33.00	33.00	13.20	-	-	165.00

If registration has been reported on previous expense statement leave blank

Advance Received (-):	\$0.00
-----------------------	--------

City Owes Employee:	\$165.00
---------------------	----------

Employee Owes City -ZERO-

If splitting between multiple Accounts please use box below

[illegible]

City Account Number: 501-7-7100-2022

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: Wendy Maloney

Date: 11-7-19

Supervisor Approval: *[Signature]*

Date: 10/9/19

Dept. Head Approval: 

Date: 10/9/19

(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.

Reason approval: receipts for hotel/housing 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?	In my position as Management Analyst, Budget and Finance, with MSO I am responsible for tracking and reporting project costs for the City. I completed two certifications classes for Business Intelligence and Advanced Business Intelligence to create reports and dashboards in the software. The reporting tools will be used for City staff (project managers, Finance), City Commission and the citizens.
Would recommend attending again?	I recommend attending eBuilder trainings and this conference to learn new skills and tips from other users and bring those back to share with City users and staff.
How will this add value to the City of Lawrence?	The connections and skills I learned at this certification and conference will allow the City to utilize the reporting capabilities of the software to better track and communicate project metrics with internal staff, the City Commission and the public.

2019 Travel Expense Statement City of Lawrence, Kansas

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

Leave Date: 09/06/19
Return Date: 09/11/19

Destination: Seattle, WA
Trip Purpose: Attend American Public Works Association national conference

Per Diem:	76.00
-----------	-------

Method of Travel: (check one)

Travel Advance: -

www.gsa.gov/portal/content/104878

City Vehicle: _____

Air: X

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	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday			Category
Date	09/06/19	09/07/19	09/08/19	09/09/19	09/10/19	09/11/19			Totals
Allowable Lodging	-	261.72	261.72	261.72	261.72				1,046.88
Lodging paid w/ City VISA		266.72	266.72	266.72	266.72				1,066.88
Breakfast (20%)	15.20	15.20	15.20	15.20	15.20	15.20			91.20
Lunch (30%)	22.80	22.80	-	-	-	22.80			68.40
Dinner (50%)	38.00	38.00	38.00	38.00	38.00	38.00			228.00
Total Meals (w/per diem)	76.00	76.00	53.20	53.20	53.20	76.00	-	-	387.60
Fuel/Parking									-
Air Fare	441.98								441.98
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	-		-						-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	441.98	-	-	-	-	-	-	-	441.98
Transportation paid w/ City VISA	441.98								441.98
Registrations *See Below*	829.00								829.00
Registration paid w/ City VISA	829.00								829.00
Total Cost	1,346.98	337.72	314.92	314.92	314.92	76.00	-	-	2,705.46
City VISA Charges (Total)	1,270.98	266.72	266.72	266.72	266.72	-	-	-	2,337.86
Non-Visa Charge	76.00	71.00	48.20	48.20	48.20	76.00	-	-	367.60

If registration has been reported on previous expense statement leave blank

Advance Received (-):	\$0.00
-----------------------	--------

City Owes Employee:	\$367.60
---------------------	----------

Employee Owes City	-ZERO-
--------------------	--------

If splitting between multiple Accounts please use box below

502-3-3515-2030		\$ 750.00
001-3-3010-2023		\$ 750.00
501-3-7100-2030		\$ 1,205.46
TOTAL		\$ 2,705.46

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: [Signature]

Date: 9/26/2019

Supervisor Approval:

Date: 9/26/19

Dept. Head Approval: _____

Date: 9/26/05

(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.

<p><i>Attach applicable receipts for reimbursing expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.</i></p>	
Comments:	
<p><i>Please answer the following questions regarding your travel:</i></p>	
How did this apply to your job?	<p>American Public Works Association national conference includes content on all aspects of infrastructure operations, management, and governance. Attended workshops with topics such as government affairs, governance, asset management, pavement management, sidewalk replacement programs, smart cities, technology, waste management, sustainability, and social infrastructure equity . Met with and listened to various national SMEs on a variety of topics.</p>
Would recommend attending again?	<p>Yes</p>
How will this add value to the City of Lawrence?	<p>Calibrating City services against other comparable communities, understanding lessons learned on similar infrastructure issues, gather ideas on successful program and project management, opportunities to improve effectiveness with our City services and operations.</p>

2019 Travel Expense Statement City of Lawrence, Kansas

Your Department: Planning and Development

Per Diem:	61.00
-----------	-------

use M&IE column

Explain:

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

Day of Week	Monday	Tuesday	Wednesday	Thursday					Category
Date	09/16/19	09/17/19	09/18/19	09/19/19					Totals
Allowable Lodging	144.79	144.79	144.79						434.37
Lodging paid w/ City VISA	144.79	144.79	144.79						434.37
Breakfast (20%)		15.67	15.67	15.67					47.00
Lunch (30%)	17.67	17.67	17.67	17.67					70.67
Dinner (50%)	27.67	27.67	27.67						83.00
Total Meals (w/per diem)	45.33	61.00	61.00	33.33	-	-	-	-	200.67
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	162.00			162.00					324.00
Calculated mileage (x.58)	93.96	-	-	93.96	-	-	-	-	187.92
Total Transportation	93.96	-	-	93.96	-	-	-	-	187.92
Transportation paid w/ City VISA									-
Registrations *See Below*	315.00								315.00
Registration paid w/ City VISA	315.00								315.00
Total Cost	599.08	205.79	205.79	127.29	-	-	-	-	1,137.96
City VISA Charges (Total)	459.79	144.79	144.79	-	-	-	-	-	749.37
Non-Visa Charge	139.29	61.00	61.00	127.29	-	-	-	-	388.59
If registration has been reported on previous expense statement leave blank								Advance Received (-):	\$213.50
								City Owes Employee:	\$175.09
								Employee Owes City	-ZERO-

If splitting between multiple Accounts please use box below

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.

Date: _____

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

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.	
Comments:	Conference registration paid for with VISA of Danelle Walters
Please answer the following questions regarding your travel:	
How did this apply to your job?	The Kansas Housing Conference had multiple sessions in 2.5 days that detailed different aspects of housing in Kansas, including what other communities are doing, different housing programs available to communities and groups, and measuring community impact. As the Housing Administrator for the City, it was a good opportunity to learn about the Kansas Housing "community."
Would recommend attending again?	Yes. It was a well attended conference with high quality sessions.
How will this add value to the City of Lawrence?	I was able to meet with some KHRC staff on projects in the City (Penn Street Lofts and Bert Nash Center), attend sessions about programs/projects that could be implemented in Lawrence (Land Banking, Supportive Housing Developments, Community Reinvestment Act, ADUs), and get clarification/further information on programs and projects in Lawrence (Opportunity Zones, CDBG, and Landlord Tenant Act)

Your Name: Matthew Veatch **Supervisor** Scott McCullough **Your Department:** Inning and Development Services

Per Diem: -

www.gsa.gov/portal/content/104878

use M&IE column

Explain: _____

Day of Week	Thursday	Friday	Saturday						Category
Date	09/19/19	09/20/19	09/21/19						Totals
Allowable Lodging	109.00	109.00							218.00
Lodging paid w/ City VISA									-
Breakfast (20%)	-	-	-						-
Lunch (30%)	-	-	-						-
Dinner (50%)	-	-	-						-
Total Meals (w/per diem)	-	-	-	-	-	-	-	-	-
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	300.00		300.00						600.00
Calculated mileage (x.58)	174.00	-	174.00	-	-	-	-	-	348.00
Total Transportation	174.00	-	174.00	-	-	-	-	-	348.00
Transportation paid w/ City VISA									-
Registrations *See Below*									-
Registration paid w/ City VISA									-
Total Cost	283.00	109.00	174.00	-	-	-	-	-	566.00
City VISA Charges (Total)	-	-	-	-	-	-	-	-	-
Non-Visa Charge	283.00	109.00	174.00	-	-	-	-	-	566.00

Employee Owes City	-ZERO-
--------------------	--------

Travel Request Filled out: ☒ YES

Date: _____

Veatch_Travel Expense Statement 2019.xls 10/15/2019
rev. 03/02/10 kl

Your Name: Enrico Villegas **Supervisor:** Amber Reynolds, Melinda Hargreaves **Your Department:** MSO

Leave Date:	09/22/19	Destination:	Hollywood, FL	
Return Date:	09/27/19	Trip Purpose:	Training conference for e-Builder	Per Diem: 66.00

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

If registration has been reported on previous expense statement leave blank	Advance Received (-):	\$0.00
	City Owes Employee:	\$165.00
	Employee Owes City	-ZERO-

Travel Request Filled out: ☒ YES
☐ NO

Date: 10/31/19

Date: 10/31/19

Date: 10/31/19

Date: 11-7-19

Date: _____

Date: _____

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 an e-Builder administrator for the City, specifically for CMED. This training gave me valuable insight into project management capabilities when using the system along with tips and tricks for troubleshooting for when issues come up.
Would recommend attending again?	Yes I would.
How will this add value to the City of Lawrence?	The City will benefit by having another e-Builder administrator capable of assisting on projects, providing reports and dashboards, troubleshooting issues and general administrative help.