	Brenna Buch	nanan Young	Supervisor	Scott Mc	Cullough	You	ır Department:	inning and Deve	lopment Servi
Leave Date: Return Date:	09/19/19 09/21/19		Destination:		Dodge City, KS			Per Diem:	
Met	thod of Travel: City Vehicle:	(check one)	Tra	avel Advance:			www.gsa.go	ov/portal/conte	ent/104878
Pei	rsonal Vehicle:								
Attach applicable receipts for motel/lodgir	ng expenses, pı	ıblic carrier tick	ets, personal au	to mileage/gas/	tolls, regist fees	s, etc.			
Day of Week		Friday	Saturday						Category
Date Allowable Lodging Lodging paid w/ City VISA	09/19/19 109.00	09/20/19 109.00	09/21/19						Totals 218.00
Breakfast (20%) Lunch (30%) Dinner (50%) Total Meals (w/per diem)	-	- - - -	-		-	-	-		- - - -
Fuel/Parking Air Fare Toll/Shuttle Bus/Taxil Mileage (Enter as miles) Calculated mileage (x.58) Total Transportation Transportation paid w/ City VISA		-	300.00 174.00 174.00	-			-	-	- - 600.00 348.00 348.00
Registrations *See Below* Registration paid w/ City VISA	100.00								100.00
Total Cost		109.00	174.00			-			666.00
Non-Visa Charge		109.00	174.00				-		666.00
"If registration has been reported on previous expense statement leave blank" If splitting between multi	ciple Accounts						City Ov	e Received (-): ves Employee: yee Owes City	\$0.00 \$666.00 -ZERO-
		please use box	below	ī	City And	Mirron barr			-ZLKO-
		please use bo	x below		-	count Number:		030 2833	ZLIV
		please use box			-	count Number:		030 2833	ZLNO
l hereby certify t informa	that the travel in	TOTAL	\$ -		City Acc	Travel Requ	001 1 10 uest Filled out:	030 2833	22110
informa Employ	that the travel in ation shown is o	TOTAL ndicated here correct; that n	\$ -		City Acc	Travel Requirements of Lawrence non-City bate:	uest Filled out:	030 2833	ZLINO
informa Employ Supervi	that the travel in ation shown is o yee Signature:	TOTAL ndicated herecorrect; that n	\$ -		City Acc	Travel Requirements of Lawrence non-City bate:	uest Filled out:	030 2833 ☑rss ☐so	ZLINO
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Your Name:	Melinda l	Harger	Supervisor	Dave V	Vagner	You	r Department:	MS	0
		1000							
Leave Date:	09/22/19		Destination:		Chicago, IL		r	Bor Diami	76.00
Return Date:	09/25/19		Trip Purpose:	presentations a	T WEFTEC 2019	9	l.	Per Diem:	76.00
N.A - 41	T (alaadi aaa)	т.	Incompania	152.00	I	MANAN GEO GC	v/portal/conte	nt/10/878
Weti	hod of Travel: (ravel Advance:		ı		viportaliconte	111/1040/0
	City Vehicle:	X	. Air:	X			use M&IE column		
_									
Per	rsonal Vehicle: _	X	_ Other:		Explain:	dropped off	at airport on Su	unday morning, r	no parking
Attach applicable receipts for motel/lodgir	ig expenses, put	olic carrier tick	ets, personal au	ito mileage/gas/t	tolls, regist fees.	, etc.			

Day of Week	Sunday	Monday	Tuesday	Wednesday		1.00.0000000000000000000000000000000000			Category
Date	09/22/19	09/23/19	09/24/19	09/25/19		ļ I			Totals
Allowable Lodging					 	i		·	
Lodging paid w/ City VISA							and the forest particular of the		- chatranida (15,88)
D (000())	45.00	45.00	45.00	15.00	gill fill folkstadisk statisk som				60.90
Breakfast (20%)	15.20	15.20	15.20	15.20		ļ			60.80
Lunch (30%)	22.80	22.80	22.80	22.80	L				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		- Park to be Questionagger (1994)		ei espaisione espaisione espaisione espaisione espaisione espaisione espaisione espaisione espaisione espaision	304.00
Fuel/Deskins I	A PAGE PROPERTY		· 可以是1967年1962年1964年					See a see also managed and	A CONTRACTOR OF THE
Fuel/Parking	070.06			ļ					270.96
Air Fare	270.96			44.00		ļI			85.47
Toll/Shuttle Bus/Taxi	43.55			41.92				i	
Mileage (Enter as miles)	106.00			 	l			 	106.00
Calculated mileage (x.58)	61.48			44.00		•		-	61.48
Total Transportation	375.99	-	-	41.92		ļ	ļ		417.91
Transportation paid w/ City VISA	314.51			41.92					356.43
		\$1575 RES./CH			Transmission teachers				705.00
Registrations *See Below*	725.00						ļ	ļ	725.00
Registration paid w/ City VISA	725.00								725.00
			70.00	117.00			The safety of the same of the		4.40.04
Total Cost	1,176.99	76.00	76.00	117.92	-	-	-	-	1,446.91
									2 204 40
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							Advanc	e Received (-):	\$152.00
previous expense statement leave blank*									New Automobile
							City Ov	ves Employee:	\$213.48
							F	0 0	7500
100 No.			F - 1				Emplo	yee Owes City	-ZERÖ-
If splitting between mult	ple Accounts p	lease use bo		-	City Ac	Number	501-7-7	100-2022	1
501-7-7100-2022			\$ 721.91		City Acc	count Number:	501-1-1	100-2022	
501-7-7100-2030			\$ 725.00	_	City Ac	···· 4 Miremban	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	20	1
				1	City Acc	count Number:	507-7-7 100-20	30	
				1					1
				_	1	Terrol Dogs	Ellad aut	∰ ES	
		~~~	1	_	ļ	Travel Requ	uest Filled out:		
		TOTAL	_ \$ 1,446.91	_]				□ko	
							t	-1 414	
I hereby certify	hat the travei ir	idicated nere	on was incurre	d in the discha	irge of official c	Jity of Lawrence	Ce Dusiness an	a triat	
informa	ation shown is c	orrect; that n	io part of the co	ompensation ci	laimed was of a	a non-City busi	ness nature.	,	
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Employ	yee Signature: <u>"</u>	11 LEKU	nga x	· Muc	u	Date:	10/10	71.1	-
•		// ( .	Trace	0	7	Dete	10/12	-110	
Superv	isor Approval:	Lynn			-	Date:	1011	717	-
							•	lin	
		1/1/1.11A	$T_{\mathcal{A}}$	9 11		Data	·2/12		
Dept. H	lead Approval:	Jun	-Ball	ee_	_	Date:	10/17	<u> 119                                   </u>	•
·	• • • •	your	- Poll	ee_	-		10/17	719	•
·	lead Approval:	Bur	2 20:1	le .	_	Date:	_10/17 _10-18	-19	
(Out of State Travel)	City Manager:	Bur	2 20:1	le L	-	Date:	10/17	-19	
·	• • • •	Bur	2 701:1	le L	- -		10/13 10-18	-19	
(Out of State Travel) (If Required)	City Manager: _	Bur	- [28] 2 W: 1	<u>.                                    </u>	- - -	Date:		-19	· ·
(Out of State Travel)	City Manager: _	Bur	270:1	ee )	- - -	Date:		-19	· ·
(Out of State Travel)  (If Required)  Approved by Acco	City Manager:Mayor:	Bur	270:1		- - -	Date: Date: Date:		-19	-
(Out of State Travel) (If Required)	City Manager:Mayor:	But	expenses, publi	lic carrier ticker	- - - ts, personal au	Date: Date: Date:		-19 -19 es, etc.	-
(Out of State Travel)  (If Required)  Approved by Acco	City Manager:Mayor:	Della Service	expenses, publi	lic carrier ticker	- - - ts, personal au	Date: Date: Date:		-19 -19 es, etc.	-
(Out of State Travel)  (If Required)  Approved by Acco	City Manager:  Mayor:  punts Payable:  e receipts for m					Date: Date: Date: rto mileage/gas		-19 es, etc.	-
(Out of State Travel)  (If Required)  Approved by Acco	Mayor:	Please answ	er the following	a auestions rea	garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		-
(Out of State Travel)  (If Required)  Approved by Acco	Mayor:	Please answ	er the following		garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:	Mayor:	Please answe	er the following akarusa WWTP	a auestions rea	garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentati	Please answe	er the following akarusa WWTP	a auestions rea	garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentati	Please answe	er the following akarusa WWTP	a auestions rea	garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentati	Please answe	er the following akarusa WWTP	a auestions rea	garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:  How did this apply to your job?	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentatinall to see equip	Please answe	er the following akarusa WWTP	a auestions rea	garding vour tra	Date: Date: Date: to mileage/gas	:/tolls, regist fe		in the exhibit
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(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:  How did this apply to your job?	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentatinall to see equip  Yes.	Please answing ions on the Warn first-harn	er the following akarusa WWTP nd.	g questions reg	garding your tra O merger. Earn	Date: Date: rto mileage/gas avel: ed PDHs for my	regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:  How did this apply to your job?  Would recommend attending again?	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentatinall to see equip  Yes.	Please answing ions on the Warning principle in the Warning in the	er the following akarusa WWTP nd.	a auestions rea	garding your tra O merger. Earn	Date: Date: rto mileage/gas avel: ed PDHs for my	regist fe		in the exhibit
(Out of State Travel)  (If Required)  Approved by Acco  Attach applicable  Comments:  How did this apply to your job?	City Manager:  Mayor:  punts Payable:  e receipts for m  Gave presentatinall to see equip  Yes.	Please answing ions on the Warning principle in the Warning in the	er the following akarusa WWTP nd.	g questions reg	garding your tra O merger. Earn	Date: Date: rto mileage/gas avel: ed PDHs for my	regist fe		in the exhibit

	Mennua	a Harger	Supervisor	Dave \	Nagner	You	r Department:	MS	0
Lanca Data	00/25/40		Destinations	-	t. Lauderdale, F	-1			
Leave Date: Return Date:	09/25/19		Destination:	e-Builder confe				Per Diem:	66.00
Return Date.	09/21/19		mp Fulpose.	e-Dander Come	rence - Lievate	2013	,	r er Diem.	00.00
Me	thod of Travel:	(check one)	Т	ravel Advance:	T -	I	www.gsa.go	v/portal/conte	ent/104878
		<u>` x ′</u>		X		ı	use M&IE column		
			-		•				
Pe	rsonal Vehicle:	·	Other:		Explain:	one-way fl	ight, WEFTEC t	ravel included fl	ight to FL
Attach applicable receipts for motel/lodgi	ng expenses, pı	ublic carrier tick	ets, personal au	uto mileage/gas/	tolls, regist fees	s, etc.			
Day of Week	Wednesday	Thursday	Friday		Talastas and an area	Paragram and the			Category
Date	09/25/19	09/26/19							Totals
Allowable Lodging		258.77							258.77
Lodging paid w/ City VISA		258.77							258.77
Breakfast (20%)			13.20						13.20
Lunch (30%) Dinner (50%)		33.00		<b> </b>		-			33.00
Total Meals (w/per diem)	_	33.00	13.20	-	•	-	_	_	46.20
	35.55			140001400445065	acijanikaki (24)	PRESIDENCE.		KONSON YORKANY.	0.5720-6371/200-637
Fuel/Parking									<b>×</b>
Air Fare	15.05		130.98						130.98
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)	17.85		26.11	ļ					43.96
Calculated mileage (x.58)					F17 1,7 12(1)	CONTRACTOR IN		10 0 02 12 1 <b>2</b> 12 1	
Total Transportation		-	157.09	-	-	•	-	-	174.94
Transportation paid w/ City VISA			157.09						174.94
Registrations *See Below*	300.00								300.00 300.00
Registration paid w/ City VISA	300.00	NORTH TREATMENT	Carry Vines Service			aran et elektronis elektronis	1889 B.	sya i goda na sa	300.00
Total Cost	317.85	291.77	170.29	-	_	-	-	-	779.91
City VISA Charges (Total)	317.85	258.77	157.09	•	-	-	-	•	733.71
		22.22	40.00						40.00
Non-Visa Charge		33.00	13.20					· Service de los estes l'inter	46.20
*If registration has been reported on	territories solicinas se sia	to government of the second of some second second in	e despectation asset the property of a	92/ a 1 a c beta a Navia 18 a a 41	Saud Sanda Saud Control Control	2012-13120-11111111111111111111111111111	Advanc	e Received (-):	\$0.00
previous expense statement leave blank*									102442343
							City Ov	ves Employee:	\$46.20
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If splitting between mult	iple Accounts	please use bo	x below	•			Linpio	yee Owes only	LLINO
501-7-7100-2022			\$ 479.91	7	City Ac	count Number:	501-7-7	100-2022	
501-7-7100-2030			\$ 300.00	]					•
		1		1	City Ac	count Number:	501-7-7100-20	30	
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						Travel Regi	est Filled out:	Ŋŧs	
		TOTAL	. \$ 779.91	1		Travel Requ	uest Filled out:	⊡ko	
		TOTAL	. \$ 779.91			Travel Requ	uest Filled out:		
				<del></del>				□¥o	
I hereby certify		indicated here	on was incurre	ed in the discha		City of Lawrence	e business an	□¥o	
		indicated here	on was incurre	ed in the discha			e business an	□lio	
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Information Emplo Superv Dept. H (Out of State Travel) (If Required) Approved by Accomments:	yee Signature: visor Approval: dead Approval: City Manager: Mayor: bounts Payable: e receipts for re	indicated here correct; that n	expenses, pub	d in the discharge ompensation of the discharge of the di	laimed was of a	City of Lawrence a non-City busi Date: Date: Date: Date: Date:	te business an ness nature.  (0/15  10/17  10/17  10-18-	□ ko  d that  //G  //G  //G  //G  //G  //G  //G  /	heduling,
Information Emplo Superv Dept. H (Out of State Travel) (If Required) Approved by Accomments:	ation shown is yee Signature: visor Approval: lead Approval: City Manager: Mayor: bunts Payable: le receipts for r	indicated here correct; that n	expenses, pub	d in the discharge ompensation of the discharge of the di	laimed was of a	City of Lawrence a non-City busi Date: Date: Date: Date: Date:	te business an ness nature.  (0/15  10/17  10/17  10-18-	□ ko  d that  //G  //G  //G  //G  //G  //G  //G  /	heduling,
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Information Emploids Superviolet Provided How did this apply to your job?	ation shown is yee Signature: visor Approval: Head Approval: City Manager: Mayor: bunts Payable: Pereceipts for r	motel/lodging of Please answer in Edity's implemental planning, a	expenses, puber the following nentation of e-Bind Tips & Tricks	d in the discharge ompensation of the discharge of the di	laimed was of a	City of Lawrence a non-City busing pate: Date: Date: Date: Date: Date: pate: germent. The continuation of	te business an ness nature.  (0/15  10/17  10/17  10-18-	□ ko  d that  //G  //G  //G  //G  //G  //G  //G  /	heduling,
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Your Name	<u>Erik</u>	Settle	Supervisor	Aveer	n Noori	You	ur Department:	MS	30
Leave Date Return Date			Destination: Trip Purpose:		Junction City, KS	3	. ,	Per Diem:	\$55
		-							description of the second
Me	ethod of Travel: City Vehicle:	(check one)	Tr Air:	avel Advance:			www.gsa.gc use M&IE column	v/portal/conte	ent/104878
P	ersonal Vehicle:								
Attach applicable receipts for motel/lodg			-						
Day of Week		Wednesday	Thursday	J - J - J - J - J - J - J - J - J - J -	,				The second of
Date	09/24/19	09/25/19	09/26/19						Category Totals
Allowable Lodging Lodging paid w/ City VISA		94.00 94.00	14.99 49.99						202.99 237.99
Breakfast (20%) Lunch (30%)		11.00 16.50	11.00 16.50						22.00 49.50
Dinner (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						2.50
Mileage (Enter as miles)			180.10						268.10
Calculated mileage (x.58) Total Transportation			104.46 105.71	-	-	-	-	-	155.50 158.00
Transportation paid w/ City VISA			1.25	710 7010 24 37 45 34					2.50
Registrations *See Below*									
Registration paid w/ City VISA									2
Total Cost	190.29	149.00	148.20	-			-		487.49
City MC & Observed (Table)									
City VISA Charges (Total)	95.25	94.00	51.24	-	-		~	-	240.49
Non-Visa Charge	95.04	55.00	96.96	_	-		-	-	247.00
*If registration has been reported on previous							Advance	Received (-):	\$0.00
expense statement leave blank*	1						City Ow	es Employee:	\$247.00
If splitting between mult	tiple Accounts	please use box	below					es Employee.	
If splitting between mult	tiple Accounts	please use box	below		City Acc	ount Number:		ee Owes City	
If splitting between mult	tiple Accounts	please use box	below			ount Number:	Employ	ee Owes City	
If splitting between mult	tiple Accounts	please use box	below				Employ	/ee Owes City	
If splitting between muli	tiple Accounts					ount Number:	Employ	ree Owes City	
If splitting between mult	tiple Accounts	please use box TOTAL				ount Number:	<b>Employ</b> 502-3-35	/ee Owes City	
		TOTAL	\$ -		City Acc	Travel Requ	Employ 502-3-35 nest Filled out:	vee Owes City  15-2022  ✓ YES  □ NO	
I hereby certify	that the travel i	TOTAL	\$ -		City Acc	Travel Requity of Lawrence	Employ 502-3-35	vee Owes City  15-2022  ✓ YES  □ NO	
l hereby certify informa	that the travel i	TOTAL indicated herec correct; that no	\$ -		City Acc	Travel Requity of Lawrence	Employ 502-3-35  lest Filled out: business and less nature.	vee Owes City 15-2022  Ves No	
l hereby certify informa	that the travel i	TOTAL indicated herec correct; that no	\$ - on was incurred o part of the cor		City Acc	Travel Requity of Lawrence	Employ 502-3-35  est Filled out: business and less nature.	vee Owes City 15-2022  ✓ YES  ☐ NO  that	
I hereby certify inform Emplo	that the travel i	TOTAL ndicated herec correct; that no	\$ -		City Acc	Travel Requity of Lawrence	Employ 502-3-35  lest Filled out: business and less nature.	vee Owes City 15-2022  ✓ YES  ☐ NO  that	
I hereby certify informa Emplo Superv	that the travel i ation shown is yee Signature:	TOTAL indicated herec correct; that no	\$ - on was incurred o part of the cor		City Acc	Travel Requity of Lawrence	Employ 502-3-35  lest Filled out: business and less nature. 10/23/ 10/23/	vee Owes City 15-2022  ✓ YES  ☐ NO  that 2019	
I hereby certify informa Emplo Superv	that the travel i ation shown is yee Signature: visor Approval:	TOTAL indicated herec correct; that no	\$ - on was incurred o part of the cor		City Acc	Travel Requity of Lawrencenon-City busin	Employ 502-3-35  lest Filled out: business and less nature. 10/23/ 10/23/	vee Owes City 15-2022  ✓ YES  ☐ NO  that 2019	
I hereby certify inform: Emplo Superv Dept. I	that the travel i ation shown is yee Signature: visor Approval:	TOTAL Indicated herecorrect; that no	\$ - on was incurred o part of the cor		City Acc	Travel Requity of Lawrence non-City busin Date: Date:	Employ 502-3-35  lest Filled out: business and less nature. 10/23/	vee Owes City 15-2022  ves  No  that 2019	
I hereby certify information in the control of the certify information in the certify information in the certify information in the certific information in the certific information in the certific in the certific information in the certific i	that the travel is ation shown is yee Signature: visor Approval: lead Approval: City Manager:	ndicated herecorrect; that no	\$ - on was incurred o part of the cor		City Acc	Travel Requity of Lawrence non-City busin Date: Date: Date:	Employ 502-3-35  est Filled out:  business and less nature.  10/23/ 10/23/	Yee Owes City  15-2022   ✓ YES  ☐ NO  that  2019  2019	
I hereby certify informs Emplo Superv Dept. F (Out of State Travel) (If Required)	that the travel i ation shown is yee Signature: visor Approval: dead Approval: City Manager: Mayor:	TOTAL Indicated herecorrect; that no	s - on was incurred to part of the core Erik Settle  Aveen Noori	npensation cla	City Acc	Travel Requity of Lawrence non-City busin Date: Date: Date: Date: Date: Date: Date: Date:	Employ 502-3-35  nest Filled out: business and less nature. 10/23/	vee Owes City 15-2022  □ YES □ NO  that 2019 2019	
I hereby certify information i	that the travel is ation shown is yee Signature: visor Approval: lead Approval: City Manager:  Mayor: Mayor: punts Payable: e receipts for n	ndicated herectorrect; that no	s - on was incurred to part of the core Erik Settle Aveen Noori	carrier tickets	City Acc rge of official C aimed was of a s, personal auto otes in Manhatt	ity of Lawrence non-City busin Date: Date: Date: Date: Date: Date:	Employ 502-3-35  lest Filled out:  business and less nature.  10/23/ 10/23/ // 0	vee Owes City 15-2022  Ves No  that 2019 2019	-ZERO-
I hereby certify information i	that the travel is ation shown is yee Signature: risor Approval: dead Approval: City Manager:  Mayor: Mayor: Dunts Payable: e receipts for not a field trip to Martin at the street of t	notel/lodging e	s - on was incurred to part of the core Erik Settle Aveen Noori  Expenses, public on 09/26. I accide to the following of the core of the c	carrier tickets	ge of official C aimed was of a	ity of Lawrence non-City busin Date: Date: Date: Date: Date: Date:	Employ 502-3-35  lest Filled out:  business and less nature.  10/23/ 10/23/ // 0	vee Owes City 15-2022  Ves No  that 2019 2019	-ZERO-
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I hereby certify information i	that the travel is ation shown is yee Signature: risor Approval: dead Approval: City Manager:  Mayor: Mayor: Dunts Payable: e receipts for not a field trip to Martin at the street of t	notel/lodging e	s - on was incurred to part of the core Erik Settle Aveen Noori  Expenses, public on 09/26. I accide to the following of the core of the c	carrier tickets	ge of official C aimed was of a	ity of Lawrence non-City busin Date: Date: Date: Date: Date: Date:	Employ 502-3-35  lest Filled out:  business and less nature.  10/23/ 10/23/ // 0	vee Owes City 15-2022  Ves No  that 2019 2019	-ZERO-
I hereby certify information i	that the travel i ation shown is yee Signature: risor Approval: dead Approval: Mayor: Mayor: Dunts Payable: e receipts for not a field trip to Mayor.	ndicated herecorrect; that no	s - on was incurred to part of the core Erik Settle Aveen Noori  Expenses, public on 09/26. I accide to the following of the core of the c	carrier tickets	rge of official C aimed was of a s, personal auto otes in Manhatt arding your trav	Travel Requiity of Lawrence non-City busin Date: Date: Date: Date: Date: Date: Date: Date:	Employ 502-3-35  lest Filled out:  business and less nature.  10/23/ 10/23/ // 0	vee Owes City 15-2022  Ves No  that 2019 2019	-ZERO-
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I hereby certify informs Emplo Superv Dept. H (Out of State Travel) (If Required) Approved by Acco Attach applicable Comments: How did this apply to your job?	that the travel i ation shown is yee Signature: risor Approval: dead Approval: Mayor: Mayor: Dunts Payable: e receipts for not a field trip to Mayor.	ndicated herecorrect; that no	s - on was incurred to part of the core Erik Settle  Aveen Noori  Expenses, public on 09/26. I accide to the following on order for me to	carrier tickets	rge of official C aimed was of a s, personal auto otes in Manhatt arding your trav	Travel Requiity of Lawrence non-City busin Date: Date: Date: Date: Date: Date: Date: Date:	Employ 502-3-35  lest Filled out:  business and less nature.  10/23/ 10/23/ // 0	vee Owes City 15-2022  Ves No  that 2019 2019	-ZERO-
I hereby certify informs Emplo Superv Dept. H (Out of State Travel) (If Required) Approved by Acco Attach applicable Comments: How did this apply to your job?	that the travel is ation shown is yee Signature: risor Approval: dead Approval: Mayor: Mayor: bunts Payable: e receipts for not a field trip to Mayor. It was an enjoyate that was an enjoyate that the travel is th	ndicated herecorrect; that no	s - on was incurred to part of the core Erik Settle  Aveen Noori  Expenses, public on 09/26. I accide to the following on order for me to	carrier tickets ently left my manager to the lead Hi-	rge of official Caimed was of a second was of	Travel Requity of Lawrence non-City busin Date:	Employ 502-3-35  nest Filled out: business and less nature. 10/23/ 10/23/ //O ~	ree Owes City  15-2022  □ YES □ NO  that  2019  2019  2 3 ~ / 9  6, etc.  them before d	-ZERO-

Your Name	; Meagar	n Shipley	Supervisor	Casey	Cooper	Yo	ur Department:	Police d	eparlment	1
Leave Date Return Date			Destination; Trip Purpose:	Women of law	Fort Worth, Tex	as		Per Diem	70.00	i I
. · · M	ethod of Travel: Cily Vehicle:	(check one)		ravel Advance:		]	www.gsa.ge	ov/portal/con	tent/104878	i
F	Personal Vehicle:					, ř	rise weit: column			
Altach applicable receipts for motel/lod	ging expenses, p	ublic carrier tick	tels, personal au	ılo mileage/gas/						
Day.of.Wee Dat Allowable Lodging Lodging paid w/ City VIS/	e 09/24/19 513,30	Wednesday 09/25/19	Thursday 09/26/19				MEN'N CLEAN		Category, "Totals 513.30 513.30	
Breakfast (20% Lunch (30% Dinner (60% Total Meals (w/per diem	) 21.00 ) 35.00	14,00 21,00 35,00 70,00	14.00 21,00 35.00 70,00	14.00 21.00 35,00 70.00		-			56,00 84.00 140.00 280,00	
Fuel/Parking Air Fare Toll/Shuttle Bus/Tax Mileage (Enter as miles		<b>3</b> 1.50	30.3	Z8,∓0					2	
Galculated in lleage (x;68 Total Transportation Transportation paid w/ City VISA	1 124			14, 11 20 20 11 11 11 11 11 11 11 11 11 11 11 11 11	(3) 5 †(7) <b>[22</b> ] ₩3	177. 1° 4. − 1° 2	1	2. (1. ) - (2. ) (2. ) (3. ) (3. ) H		•
Registrations *See Below Registration paid w/ City VISA Total Cos	150.00	70,00	70,00	70.00		£	E.		150,00 150,00	1030
City VISA Charges (Total Non-Visa Charge	663,30	70.00	70.00	70.00	P. C. S.		-		663,30 <del>200,00</del>	371. 397.
registration has been reported on Evious expense statement leave blanks,	]					*	107	Received (-): es Employee:		371.8 397.8
If splitting between mul	Ilple Accounts p	lease use box	below		City Acc	ount Number;		ree Owes City	-ZERÖ-	
						ount Number:	OF REAL ASSAULT		]	
		TOTAL	\$ -		•	Travel Requ	est Filled out;	∐ko		
I hereby certify	that the travel li	idlested horse	n was linevered	م تحماد مالات ما ا	£ - £D-1-1 C	Ma. 12 & 1 & 1 & 1 & 1 & 1 & 1	a Kina Kasanin tan		ı	
intorma	ation snown is c	orrect; that no	part of the cor	mpensation cla	ilmed was of a	non-City busi	ness nature.			
	yee Signature: _	W.M	081	124/3/3			11/11/			
	visor Approval: _ lead Approval:	130 17 V	- AR			Date:	18/12/	1		
(Out of State Travel)	City Manager:	Uller	1	D100		Date; Date;	11/1	3/19		
(If Required)	Mayor:		<del></del>	*		Date:		7/11	•	
Approved by Acco	ounts Payable:					Date:				
Attach applicabl	e recelpts for m	otel//odging ex	rpenses, public	oamler tiokets	, personal aut	o mileage/gas/	tolls, regist fee	s, etc.	10.00	
Comments;	<u> </u>	Please answer	the following	questions rega	ydlna voce tvo	wol		<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>	
How did this apply to your Job?	I attended training shooting, All training	ig on leadership	p, health and we	Ilness in policin	g. tactical medi	cal treatment, a	nd debriefing aft s a major incider	er an officer in it.	volved	
Would recommend attending again?	Yes.		(							
How will this add value to the City of Lawrence?	The conference region, Also the	conterence has	multiple options	g and helped miss for break out s	aké connections sessions which	s with up and co cover all topics	ming women in in policing. The	law enforcement conference emp	nt from the powers	

Your Name:	Mike An	grisano	Supervisor	Captain A	Andy Flory	You	ur Department:	LDC	FM
Leave Date:	09/21/19		Destination:	Wichi	ta Fire Training	Center		Assistance and the second	
Return Date:				Lectures and H			: I	Per Diem:	
Met	thod of Travel: ( City Vehicle:			ravel Advance:		l	WWW.gsa.go	ov/portal/conte	ent/104878
Pe	ersonal Vehicle:						use man comm.		
Attach applicable receipts for motel/lodging	ng expenses, pu	blic carrier tick	ets, personal au	ito mileage/gas/					
Day of Week	Saturday 09/21/19	Sunday 09/22/19							Category
Allowable Lodging Lodging paid w/ City VISA	152.32	USIZZI IV							Totals 152.32 152.32
Breakfast (20%)				Secretary and the second	Assessment of the second	220000000000000000000000000000000000000			
Lunch (30%) Dinner (50%)	-	-							
Total Meals (w/per diem)	A		-	-	-		-	-	
Fuel/Parking Air Fare		10.00							10.00
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									
Calculated mileage (x.58)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-	-	•	•			-	-
Total Transportation Transportation paid w/ City VISA	-	10.00	-	•	-	-	-		10.00
Registrations Registration paid w/ City VISA									90.43
Total Cost	242.75	10.00	-	-					252.75
City VISA Charges (Total)	152.32		-	-					152.32
Non-Visa Charge		10.00						PURRELEGI	100.43
(A) (A) (B) (C) (B) (C) (B)	00.75	10.00				S. P. C.		- e Received (-):	\$0.00
If splitting between multi	iple Accounts p	lease use box	t below		City Acc	count Number:	Employ	ves Employee: yee Owes City	\$100.43 -ZERO-
					City Acc	ount Number:			
				_	× .	Travel Requ	est Filled out:	∐⁴ES	
		TOTAL	\$ -			•		□ko	
Employ	that the travel in ttion shown is c yee Signature: _ isor Approval: _	orrect; that no						l that	
Dept. H	ead Approval:	Shew	CH			Date:	9/26	//9	
	City Manager:						, .	, , ,	
(If Required)	_					Date:			
	→ Mayor: _					Date:			
Approved by Acco	_					Date:			
Attach applicable Comments:	receipts for me	otel/lodging e	kpenses, public	c carrier tickets	s, personal auto	o mileage/gas/	tolls, regist fee	s, etc.	dheatha <u>a</u>
	1	Please answei	r the following	questions rega	erdina vour trav	vol.			
How did this apply to your job?	This conference	provided valua	able training mat	terial and real w	orld structure fire	e scenarios.			
Would recommend attending again?	Yes, this confere					•			
How will this add value to the City of Lawrence?	I plan on sharing and utilized durir	knowledge ga	ined during scereperations.	narios and hand	s on training wit	h my assigned	station personne	el so that it may	be practiced

		Bailey	Supervisor	Scott Mo	Cullough	You	ır Department:	anning and Deve	lopment Servi
Leave Date: Return Date:	09/19/19 09/21/19		Destination:		Dodge City, KS			Per Diem:	_
Med	hod of Travel:	(check one)	Tr: Air	avel Advance:		Î	www.gsa.go	ov/portal/conte	ent/104878
Pe	rsonal Vehicle:								
Attach applicable receipts for motel/lodgi				to mileage/gas/	tolls, regist fees	, etc.			
Day of Week	Thursday	Friday	Saturday						Category
Date Allowable Lodging Lodging paid w/ City VISA	09/19/19 109.00	09/20/19 109.00	09/21/19 						Totals 218.00
Breakfast (20%)	3.1								
Lunch (30%) Dinner (50%)	-	-							-
Total Meals (w/per diem)			- 1		-			-	
Fuel/Parking									(M)
Air Fare Toll/Shuttle Bus/Taxi									
Mileage (Enter as miles)	300.00		300.00						600.00
Calculated mileage (x.58) Total Transportation	174.00 174.00		174.00   174.00		-			-	348.00 348.00
Transportation paid w/ City VISA	174.00		174.00						340.00
Registrations *See Below* Registration paid w/ City VISA									
Total Cost	283.00	109.00	174.00		-			-	566.00
City VISA Charges (Total)									10 10 10 10
Non-Visa Charge	283.00	109.00	174.00					-	566.00
*If registration has been reported on		31		4.7			Advanc	e Received (-):	\$0.00
previous expense statement leave blank*									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							25 G	ves Employee:	\$566.00
If splitting between mult	inle Accounts	nlease use ho	v helow				Emplo	yee Owes City	-ZERO-
n spitting between man	ipic Accounts	picase ase box	L		City Acc	ount Number:	001 1 10	030 2833	
					City Acc	ount Number:			
					Oity Acc				
					Oily Acc		uest Filled out:	☑tes	
		TOTAL	\$ -		Oily Acc			☑fES	
I hereby certify	that the travel i	ndicated here	on was incurred	d in the discha	rge of official C	Travel Requ	uest Filled out:	□luo .	
informa	tion shown is	ndicated here correct; that n		d in the discha	rge of official C	Travel Requ City of Lawrence non-City busi	uest Filled out: ce business an	□luo .	
informa	that the travel i tion shown is yee Signature:	ndicated here correct; that n	on was incurred	I in the discha mpensation cl	rge of official C	Travel Requ	uest Filled out: ce business an	□luo .	
informa Emplo	tion shown is	ndicated here correct; that n	on was incurred	d in the discha mpensation cl	rge of official C	Travel Requ City of Lawrence non-City busi	uest Filled out: se business anness nature.	_io	
informa Emplo Superv	ition shown is yee Signature:	ndicated herecorrect; that n	on was incurred	d in the discha	rge of official C	Travel Requ City of Lawrence non-City busi Date:	ee business and ness nature.	_io	
informa Emplo Superv Dept. F	ition shown is yee Signature: isor Approval:	ndicated herecorrect; that n	on was incurred	d in the discha mpensation cl	rge of official C	Travel Requ City of Lawrence non-City busi Date:	ee business anness nature.	_io	
informa Emplo Superv Dept. F	tion shown is yee Signature: isor Approval: lead Approval:	ndicated hereccorrect; that n	on was incurred	mpensation cl	rge of official C	Travel Requestion of Lawrence non-City busing Date:	te business and ness nature.	□io d that	
informa Emplo Superv Dept. H	vee Signature: isor Approval: lead Approval: City Manager: Mayor:	ndicated herecorrect; that n	on was incurred to part of the co	mpensation cl	rge of official C	Travel Requirements of Lawrence non-City busing the Date:  Date:  Date:	tee business and ness nature.	□io d that	
informa Emplo Superv  Dept. F  (Out of State Travel)  (If Required)	vee Signature: isor Approval: lead Approval: City Manager: Mayor:	ndicated hereccorrect; that n	on was incurred to part of the co	mpensation cl	rge of official C aimed was of a	City of Lawrence non-City businon-City businon-City businon-City bate:  Date:  Date:  Date:  Date:  Date:	te business and ness nature.	□lio d that	
informa Emplo Superv  Dept. H  (Out of State Travel)  (If Required)  Approved by Acco	vee Signature: isor Approval: lead Approval: City Manager: Mayor:	ndicated hereccorrect; that n	on was incurred to part of the co	mpensation cl	rge of official C aimed was of a	City of Lawrence non-City businon-City businon-City businon-City bate:  Date:  Date:  Date:  Date:  Date:	te business and ness nature.	□lio d that	
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informa Emplo Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	vee Signature: isor Approval: lead Approval: City Manager: Mayor: bunts Payable:	ndicated herecorrect; that n	on was incurred on part of the control of the contr	c carrier ticket	rge of official ( aimed was of a	Travel Requirements of Lawrence Date: Date: Date: Date: Date: Date: Date:	te business and ness nature.	□lio d that	

Your Name:	Kathryn	Beseth	Supervisor	Doug (	Green	You	ır Department:	LDC	:FM
	20/04/40		D 1141	The state of the s	'A"-1-'1- KO				
Leave Date: Return Date:	09/21/19 09/22/19		Destination: Trip Purpose:		Wichita, KS		. 1	Per Diem:	-
Met	hod of Travel: City Vehicle:	(check one)		ravel Advance:			www.gsa.go	ov/portal/conte	ent/104878
Per		X			Explain:				
Attach applicable receipts for motel/lodgir			_			, etc.			
Day of Week									Category Totals
Allowable Lodging  Lodging paid w/ City VISA	153.13 <b>153.13</b>								153.13 153.13
	-512 A A C A	人生的技术							
Breakfast (20%) Lunch (30%)									
Dinner (50%) Total Meals (w/per diem)		-	-	-				-	-
Fuel/Parking	<b>********</b>	A SECTION AND ADDRESS OF THE PARTY OF THE PA			S. Francisco		是多数		-
Air Fare Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)									-
Calculated mileage (x.58)  Total Transportation	-	-	-	-	-	-	-		-
Transportation paid w/ City VISA		Maria Car							
Registrations Registration paid w/ City VISA	90.43								90.43
	243.56								243.56
Total Cost								N. C. C.	
City VISA Charges (Total)	153.13	•	•						153.13
	90.43	-	-	-	-		-		90.43
Non-Visa Charge	30,43			Transaction of	224 34 34 34 34				
Non-Visa Charge	90.43		1 m 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12.23.65			Advanc	e Received (-):	\$0.00
Non-Visa Charge	30,43							e Received (-): wes Employee:	\$0.00 \$90.43
			- Lalani				City Ov		\$90.43
Non-Visa Charge		please use bo	x below		City Acc	ount Number:	City Ov Emplo	wes Employee:	\$90.43
		please use bo	x below		-	count Number:	City Ov Emplo	wes Employee:	\$90.43
		please use bo	x below		-		City Ov Emplo	wes Employee:	\$90.43
					-	ount Number:	City Ov Emplo	wes Employee: oyee Owes City	\$90.43
		please use bo			-	ount Number:	City Ov	wes Employee:	\$90.43
	iple Accounts	TOTAL	- \$ -	d in the discha	City Acc	ount Number: Travel Requ	City Ov Emplo	wes Employee: oyee Owes City  Tes	\$90.43
If splitting between multi	iple Accounts	TOTAL	eon was incurre	ed in the discha	City Acc	Travel Requ	City Ov Emplo uest Filled out:	wes Employee: oyee Owes City  Tes	\$90.43
If splitting between multi I hereby certify t informa	that the travel	TOTAL	eon was incurre	ompensation cla	City Acc	Travel Requirity of Lawrence	City Ov Emplo Lest Filled out:	wes Employee: oyee Owes City  Tes	\$90.43
If splitting between multi I hereby certify to informa Employ	that the travel	TOTAL indicated here correct; that n	eon was incurre	ompensation cla	City Acc	Travel Requirity of Lawrence	Emplo  Lest Filled out:  De business and ness nature.  9/25	wes Employee:  oyee Owes City  □res □ro	\$90.43
If splitting between multi I hereby certify t informa Employ Supervi	that the travel tition shown is	TOTAL indicated here correct; that n	eon was incurre	ompensation cla	City Acc	Travel Requestry of Lawrence non-City busi	Lest Filled out:	wes Employee:  oyee Owes City  □res □ro	\$90.43
If splitting between multi I hereby certify to informa Employ Supervi Dept. H	that the travel ition shown is yee Signature: isor Approval:	TOTAL indicated here correct; that n	eon was incurrent of the co	ompensation cla	City Acc	Travel Required to the control of Lawrence non-City busing the control of the con	Emplo  Lest Filled out:  Le business anness nature.  9/25	wes Employee:  oyee Owes City  □res □ro	\$90.43
If splitting between multi-	that the travel ition shown is yee Signature: isor Approval: lead Approval:	TOTAL indicated here correct; that n	eon was incurre no part of the co Kathryn Beseth	ompensation cla	City Acc	Travel Requirements  Of Lawrence non-City busing Date:  Date:  Date:  Date:	city Ov Emplo  Lest Filled out:  Les business and the season nature.  9/25	wes Employee:  pyee Owes City  FES  Dio  d that	\$90.43 -ZERO-
If splitting between multi-	that the travel tition shown is yee Signature: isor Approval: lead Approval: City Manager:	TOTAL indicated here correct; that n	eon was incurrent part of the co	ompensation cla	City Acc	Travel Requestion of Lawrence non-City busing the Date: Date: Date: Date: Date: Date:	Emplo  Lest Filled out:  Le business anness nature.  9/25	wes Employee:  oyee Owes City  ☐res ☐loo  d that	\$90.43 -ZERO-
If splitting between multi-  I hereby certify to informate Employ Supervice Dept. Hold (Out of State Travel)  (If Required)  Approved by According to the specific process of	that the travel in the travel	TOTAL indicated here correct; that n	eon was incurre no part of the co Kathryn Beseth	ompensation cla	City Acc	Travel Requests  Of Lawrence non-City busing the Date:	city Ov Emplo  Lest Filled out:  Lest business anness nature.  9/25	wes Employee: eyee Owes City  FES  FOO  do that	\$90.43 -ZERO-
If splitting between multi-	that the travel in the travel	TOTAL indicated here correct; that n	eon was incurre no part of the co Kathryn Beseth	ompensation cla	City Acc	Travel Requests  Of Lawrence non-City busing the Date:	city Ov Emplo  Lest Filled out:  Lest business anness nature.  9/25	wes Employee: eyee Owes City  FES  FOO  do that	\$90.43 -ZERO-
If splitting between multi- I hereby certify to informa Employ Supervice Dept. H  (Out of State Travel) (If Required) Approved by Accounts:	that the travel ition shown is yee Signature: isor Approval: City Manager:  Mayor: bunts Payable: e receipts for r	TOTAL indicated here correct; that n	eon was incurred to part of the co	ic carrier ticket	City Acc	Travel Requested From Number:  Output City of Lawrence non-City busing the Date:	city Ov Emplo  Lest Filled out:  Lest business anness nature.  9/25	wes Employee:  oyee Owes City  FES  Dio  d that  6/2019	\$90.43 -ZERO-
If splitting between multi- I hereby certify to informa Employ Supervice Dept. H  (Out of State Travel) (If Required) Approved by Accounts:	that the travel tition shown is yee Signature: isor Approval: lead Approval: Mayor: Mayor: bunts Payable: e receipts for requirely and eff	TOTAL indicated here correct; that n  motel/lodging in  Please answ as hands on tra ficiently search	expenses, publicating for Search a structure that is	ic carrier ticket  q questions reg. & Rescue techn	City Acc  rge of official C almed was of a	Travel Requirement of Lawrence non-City busing the Date:	city Ov Emplo  Lest Filled out:  Lest business anness nature.  9/25  4/20  Atolis, regist feeting for the most, so the most and so the most, so the most and so the most, so the most and so the most and so the most, so the most and s	wes Employee:  Pyee Owes City  Pres  Pro  Ro  Ro  Ro  Ro  Ro  Ro  Ro  Ro  Ro	\$90.43  -ZERO-
I hereby certify to informa Employ Supervit Dept. H  (Out of State Travel) (If Required) Approved by Accomments:	that the travel tition shown is yee Signature: isor Approval: lead Approval: Mayor: Mayor: bunts Payable: e receipts for requirely and eff	TOTAL indicated here correct; that n  motel/lodging in  Please answ as hands on tra ficiently search	expenses, publicating for Search a structure that is	lic carrier ticket  g questions regions regions on fire is one of	City Acc  rge of official C almed was of a	Travel Requirement of Lawrence non-City busing the Date:	city Ov Emplo  Lest Filled out:  Lest business anness nature.  9/25  4/20  Atolis, regist feeting for the most, so the most and so the most, so the most and so the most, so the most and so the most and so the most, so the most and s	wes Employee:  Pyee Owes City  Pres  Pro  Ro  Ro  Ro  Ro  Ro  Ro  Ro  Ro  Ro	\$90.43  -ZERO-
I hereby certify to informa Employ Supervit Dept. H  (Out of State Travel) (If Required) Approved by Accomments:  How did this apply to your job?	that the travel ition shown is yee Signature: isor Approval: City Manager:  Mayor: Dunts Payable: e receipts for requickly and eff The training did Yes, 100%.	TOTAL indicated here correct; that n  motel/lodging  Please answ. as hands on tra ficiently search rectly affected n	expenses, publicer the following sining for Search a structure that i my skill set and s	lic carrier ticket  q questions regulations on fire is one of strengthened my	City Acc	Travel Requirement of non-City busing Date:	city Ov Emplo  Lest Filled out:  Lest business and the season nature.  9/25  9/26  //tolls, regist feature for the most, by in low visibility.	wes Employee:  Pyee Owes City  Pres  Pro  Ro  Ro  Ro  Ro  Ro  Ro  Ro  Ro  Ro	\$90.43  -ZERO-

Your Name:	Cody Briggs	Supervisor	Nick	Simon	You	ur Department:	Fire M	ledical
			STEP HEVE SHIP	智力表於於	Editor Day		ALCONOMIC STATES	
Leave Date:		Destination:		Hutchison KS				
Return Date:	09/27/19	Trip Purpose:	Law Enforcem	ent Training			Per Diem:	-
Me	thod of Travel: (check one	.) T	ravel Advance:	•	ı	MANAY GES GO	ov/portal/cont	ont/10/1979
1110	City Vehicle: Yes		iavei Auvailce.			use M&IE column		<u>eni/104070</u>
			,	•				
Pe	ersonal Vehicle:	Other:		Explain:				
Attach applicable receipts for motel/lodg	ing expenses, public carrier	tickets, personal au	ıto mileage/gas	tolls regist fees	etc			
			gg, gue,	tono, regiot reco	, 0.0.			
Day of Week		PERSONAL PROPERTY.	<b>经</b> 经验。但将2000年		<b>200</b> 0年1月1日 1905年	A DOMESTICAL PROPERTY.	"是在这里等100	Category
Allowable Lodging								Totals
Lodging paid w/ City VISA								•
Breakfast (20%)		Para Manager	A STATE OF THE SECOND		31/2 (2010)	the state of the s	<b>可能体验性等的原则</b>	ALC: NO.
Lunch (30%)								-
Dinner (50%)								
Total Meals (w/per diem)		Committee of the second	-		-		-	An area
Fuel/Parking	91.01					and the second		91.01
Air Fare Toll/Shuttle Bus/Taxi								-
Mileage (Enter as miles)								
Calculated mileage (x.58)			Factor (50) 400					•
Total Transportation Transportation paid w/ City VISA	91.01 -	-	-	-	-		•	91.01
Transportation paid w City VISA	San Marian Company	description of the last		to a de la constitución de la co	A. 1. A. 1. S. 1.			Salah Salah K
Registrations	630.00							630.00
Registration paid w/ City VISA	630.00		A Company of the Comp				Consultation of the last	630.00
Total Cost	721.01 -	-	-	-	-	-	-	721.01
	<b>对于自己的</b> 对于是		<b>阿里里里</b>	国际特别知识	<b>医罗德特</b>	Sec. 8-48-12 - 15-44	<b>建筑建筑区域地区</b>	
City VISA Charges (Total)	630.00 -		THE REAL PROPERTY.	ESCLING ACCORD	-			630.00
Non-Visa Charge	91.01 -	-		-	-			91.01
等。100年的1968年100年末日末 年	就到EXPERIENTED PROPERTY	是一种的	<b>美国科技</b>			<b>以外的</b>	经的数据	1950年,群战
						Advance	e Received (-):	\$0.00
						City Ow	es Employee:	\$91.01
						Emula	vaa Owaa City	7500
If splitting between mult	iple Accounts please use	box below				Embio	yee Owes City	-ZERO-
				City Acc	ount Number:			
				City Acc	ount Number:			
					ount Humbor.	2		
					Travel Bass	and Filled and	□¹ES	
	TOT	AL \$ -			iravei Requ	est Filled out:	□ko	
			'					
I horoby cortify	that the travel indicated he	waan waa Inawee	d in the disches		14			
informa	ition shown is correct; tha	t no part of the co	mpensation cla	aimed was of a	non-City busin	e pusiness and ness nature.	tnat	
		EMAIL	•					
Emplo	yee Signature: UiA	EMAIL			Date:	10/2/2	2019	
Superv	isor Approval:				Date:	10/1	0/2019	
Dont H	ead Approval:	CA				in la	12010	
	ead Approval.				Date:	10//0	3/00(7	
(Out of State Travel)	City Manager:				Date:			
(If Required)	Mayor:				Date			
	•				Date:			
Approved by Acco	ounts Payable:				Date:			
Attach applicable	e receipts for motel/lodgin	a expenses nubli	c carrier ticket	s nersonal aut	n mileane/nas	talle regiet for	e oto	
Comments:	,	Jane Street, public	- Jan Honel	, porsonar aut	- //moage/gas/	.ono, regist iee:	J, 610.	
	Disease	wandle follows						
	Please ans Required for Fire Investigate	wer the following or Level 2.	questions rega	araing your trav	/el:			,
How did this apply to your job?	,							
and apply to your job?								
	Yes							
Would recommend attending again?								
	This add value to the city by	allowing me to fun	cition as design	ee of the fire chi	ief to investigate	e fires.		
How will this add value to the City of			·		<b>J</b>	1		
Lawrence?								Ţ.

Your Name:	Maggie M	anoney	Supervisor	Amber F	keynoias	You	r Department:	MS	0
							are and the state of		
Leave Date:	00/00/40		Deathartion		Hallianna d. Fl				
Return Date:			Destination:	Ebuilder certific	Hollywood, FL	***************************************		D. Di	20.00
Return Date:	09/27/19		rrip Purpose:	Edulider certific	ation and confe	rence	l.	Per Diem:	66.00
860	About of Tuescals (	alaada aaa)	77.		**************************************				
ivie	thod of Travel: (			ravel Advance:	*			v/portal/conte	ent/1048/8
	City Vehicle:		- AIT:	X			use M&IE column		
_									
Pe	ersonal Vehicle: _		Other:	-	Explain:	*********************		*******************	***********************
Attach applicable receipts for motel/lodge	ing expenses, put	olic carrier tick	ets, personal au	ito mileage/gas/f	tolls, regist fees,	, etc.			
	<del></del>			<del></del>		***************************************		***************************************	***************************************
Day of Week	Assessment of the latest of th	Monday	Tuesday	Wednesday	Thursday	Friday			Category
Date	09/22/19	09/23/19		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
D1-f/ (000/)						10.00			STATE OF THE STATE
Breakfast (20%)	10.00					13.20			13.20
Lunch (30%)	19.80	22.20		20.00	20.00				19.80
Dinner (50%)	33.00	33.00		33.00	33.00	40.00			132.00
Total Meals (w/per diem)	52.80	33.00	-	33.00	33.00	13.20	-	-	165.00
Fuel/Parking			PAYMENT RESERVED TO			NAME OF TAXABLE			
Air Fare	165.24	_				165.04			220.40
Toll/Shuttle Bus/Taxi	54.69					165.24			330.48
Mileage (Enter as miles)	34.09								54.69
Calculated mileage (x.58)			200200000000000000000000000000000000000		C. Selection of the latest and the l				-
Total Transportation	219.93	AND DESCRIPTION OF THE PARTY OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			405.04			
Transportation paid w/ City VISA				-	-	165.24		-	385.17
Transportation paid W/ City VISA	219.93					165.24			385.17
Registrations *See Below*									
Registration paid w/ City VISA	-7-7-1								
Registration part wi City VISA				27600 00000000		COLUMN TO SERVICE SERVICE		AND DESCRIPTION	
Total Cost	531.50	291.77	258.77	291.77	291.77	178.44		Real Property and the	1,844.02
Total Cost	331.30	251.11	230.11	251.77	291.11	170.44	-	-	1,044.02
City VISA Charges (Total)	478.70	258.77	258.77	258.77	258.77	165.24			1,679.02
Oity VICA Offerges (Total)	470.70	250.11	2.00.11	230.11	230.11	103.24			1,079.02
Non-Visa Charge	52.80	33.00		33.00	33.00	13.20		_	165.00
					00,00	10.20			103.00
*If registration has been reported on							Advance	Received (-):	\$0.00
previous expense statement leave blank*							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>\$0.00</b>
L							City Ow	es Employee:	\$165.00
							,		
							Employ	ree Owes City	-ZERO-
if splitting between mult	iple Accounts p	ease use bo	x below					- 1	
					City Acc	ount Number:	501-7-71	00-2022	
	11 11					1 1 1 1 1 1	**********************	***************************************	
			***************************************		City Acc	ount Number:			
							herecoccus and herecoccus and here	***************************************	
					***************************************		***************************************	☑tes	
	11 1					Travel Requ	est Filled out:	E10	
		TOTAL	. \$ -					□lio.	
I hereby certify	that the travel in	dicated here	on was incurre	d in the dischar	rge of official C	ity of Lawrence	e business and	that	
informa	ation shown is c	orrect; that n	o part of the co	mpensation cla	aimed was of a	non-City busin	ness nature.		
		401 m	L 11 10	//					
Emplo	yee Signature:	NIOW	mach	mey		Date:	10-7-	-/7	
		U 1 - "	720000	1			10/01.	4	
Superv	isor Approval:	MUN	TO VIC	1/		Date:	101911	7	
5		Tuil.	TRIO 0	0.			inlail	4	
Dept. F	lead Approval:	MMM	Coll	0		Date:	101911	7	
Mut of State Travell	City Manager	1					, , ,	/	
(Out of State Travel)	City Manager:	****		***********************		Date:	***************************************	******************	
(If Required)	Mayor:					Data			
(ii kedaned)		***************************************	***********	***************************************		Date:	******************************	*************************	
Approved by Acco	unto Doughle.					Deter			
Approved by Acce	ounts rayable.	***************************************	***************************************	-		Date:			
Attach applicabl	a ranginta for m	stal/ladaina	voonsoo nubl	ia aarriar tiakat	o novacnal aut		Halla vanlation	2.242	
	l receipts for the	newooging e	expenses, publ	G Carrier (ICKet	s, personal aut	o mireage/gas/	tolis, regist ree	S, etc.	
Comments:	1								
	l	Diesee snerre	ar the followin-	questions som	ardina varut	vol:	***************************************		
***************************************				questions rega					
	In my position as								
How did this apply to your job?	City. I completed								d dashboards
	in the software.	ne reporting	tools will be use	a for City staff (p	project manager	s, Finance), Cit	y Commission a	na the citizens.	
	I rooommand -11	onding all d	or trainings and	this conferre	to loom 1	lle and E E	- Ab	d bains the second	
*111	I recommend att		er trainings and	uns conterence	to learn new ski	iis and tips from	other users and	oring those ba	ick to share
Would recommend attending again?	with City users a	no statt.							
**************************************	The corrections	and akille I !-	arned of this	tification == d	nformac :: "II II	any the O't of	litima tha annual "	1 114	60 - 6
How will this add value to the City of	The connections							ig capabilities of	i the software
Lawrence?	to better track ar	ia communica	ne project metri	o with internal s	nair, trie City Co	minission and t	ne public.		
Fewicile:									
	}								

#### MSO91119DW-REIM 9/11/2019

Your Name:	Amber Re	eynolds	Supervisor	Mike La	awless	You	r Department:	MS	iO
Leave Date: Return Date:	09/06/19 09/11/19		Destination: Trip Purpose:	Attend America	Seattle, WA n Public Works	Association nat		Per Diem:	76.00
Me	thod of Travel: (		Tra Air: _	avel Advance:[ X	Q. S. V. • S.		www.gsa.go	ov/portal/conte	ent/104878
Pe	ersonal Vehicle: _		Other:		Explain:				
Attach applicable receipts for motel/lodgi	ng expenses, pub	olic carrier tick	ets, personal aut	to mileage/gas/t	olls, regist fees	, etc.			
Day of Week		Saturday	Sunday	Monday	Tuesday	Wednesday	provensial		Category
Date Allowable Lodging Lodging paid w/ City VISA	-	09/07/19 261.72 266.72	261.72	09/09/19 261.72 266.72	09/10/19 261.72 266.72	09/11/19			Totals 1,046.88 1,066.88
Breakfast (20%)	15.20	15.20	15.20	15.20	15.20	15.20			91.20
Lunch (30%) Dinner (50%)	22.80 38.00	22.80 38.00		38.00	38.00	22.80 38.00			68.40
Total Meals (w/per diem)		76.00		53.20	53.20	76.00	-	-	228.00 387.60
Fuel/Parking Air Fare Toll/Shuttle Bus/Taxi	441.98								- 441.98 -
Mileage (Enter as miles)			-						-
Calculated mileage (x.58) Total Transportation	441.98		-		-		A THE TANK H	(0.648/48 <del>1</del> 10)	441.98
Transportation paid w/ City VISA									441.98
Registrations *See Below* Registration paid w/ City VISA	829.00 829.00								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*							Advanc	e Received (-):	\$0.00
	ļ						City Ov	ves Employee:	\$367.60
If splitting between mult	inla Assaunta ni	loggo ugo ho	y bolow				Emplo	yee Owes City	-ZERO-
502-3-3515-2030	ipie Accounts pi	ease use DO	\$ 750.00		City Acc	ount Number:[			
001-3-3010-2023 501-3-7100-2030			\$ 750.00 \$ 1,205.46		City Acc	-  :ount Number:			
			1,200.10	г					
		TOTAL	\$ 2.70F.46			Travel Requ	est Filled out:	• YES	
		TOTAL	. \$ 2,705.46	L				• NO	
	that the travel in							d that	
	yee Signature;	MALLA	o part of the cor		illica was of a	Date:	9/24/	<i>น</i> กร	
	isor Approval:	C	2			Date:	9/20/	19	
	lead Approval:	SAX.	J.			Date:	4/21/1	C	
	City Manager:		$\bigcirc$			Date:	6/29/0	<del></del>	
(If Required)	Mayor:					- Date:			
Approved by Acco	<b>→</b> -		Mary State Annie A			Date:			
Attach applicable		otel/lodging e	expenses, public	c carrier tickets	, personal aut	o mileage/gas/	tolls, regist fed	s, etc.	
Comments:	, N								
			er the following o						
How did this apply to your job?	sidwalk replacen	ended worksho nent programs	ops with topics su	uch as governme chnology, waste	ent affairs, gove	ernance, asset m	nanagement, pa	avement manage	ement,
Would recommend attending again?									
How will this add value to the City of			nst other compara and project manag						

Your Name:	Brandon	Thorngate	Supervisor	Scott Mo	Cullough	You	ur Department:	PD	)S
Leave Date: Return Date:			Destination: Trip Purpose:	F e-Builder Eleva	t. Lauderdale, F te Conference	L		Per Diem:	66.00
Me	thod of Travel:	(check one)	Tι Δir:	ravel Advance:	-		www.gsa.go	ov/portal/conte	ent/104878
Pe	ersonal Vehicle:			^_	Explain:		use MaiE Column		
Attach applicable receipts for motel/lodg									AND THE PARTY OF T
Day of Week		Wednesday	Thursday	Friday				160 SECAMEN	Category
Date Allowable Lodging	09/24/19 258.77	09/25/19 258.77	09/26/19 258.77	09/27/19					Totals 776.31
Lodging paid w/ City VISA		258.77	258.77						776.31
Breakfast (20%)	13.20			13.20					26.40
Lunch (30%) Dinner (50%)	19.80	33.00	33.00						19.80
Total Meals (w/per diem)	33.00	33.00	33.00	13.20	-	-	-	-	66.00 112.20
Fuel/Parking									
Air Fare Toll/Shuttle Bus/Taxi	289.48								289.48
Mileage (Enter as miles)	28.14								28.14
Calculated mileage (x.58) Total Transportation	247.62			amenteni	2000 (100 (100 (100 (100 (100 (100 (100		0000000000 <b>-</b> 000	**************************************	
Transportation paid w/ City VISA	317.62 317.62	<u> </u>	•	-	-	-	-	-	317.62 317.62
Registrations *See Below*	400.00								
Registration paid w/ City VISA	400.00								400.00
Total Cost	1,009.39	291.77	291.77	13.20				elera seri	1 606 12
				13.20			VORESTEE COMM		1,606.13
City VISA Charges (Total)	976.39	258.77	258.77	-				-	1,493.93
Non-Visa Charge	33.00	33.00	33.00	13.20	-			-	112.20
*If registration has been reported on				的现代分别 经			Advance	e Received (-):	\$0.00
previous expense statement leave blank*									
							City Ow	es Employee:	\$112.20
If splitting between mult	iple Accounts	nlease use hoy	helow				Employ	yee Owes City	-ZERO-
505-3-3901-2030	apie Audounts	picase ase box	\$ 400.00		City Acc	ount Number:			
505-3-3910-2022			\$ 1,093.93		City Acc	ount Number:			
		*				Travel Regu	est Filled out:	☑rES	
		TOTAL	\$ 1,493.93					<b>□</b> 10	
I hereby certify	that the travel i	indicated hered	on was incurred	d in the dischar	ge of official C	ity of Lawrence	e business and	d that	
informa	ition shown is	correct; that no	part of the co	mpensation cla	imed was of a	non-City busi	ness nature.	•	
Emplo	yee Signature:	Smy	300	THE STATE OF THE S		Date:	10/7/1	9	
Superv	isor Approval:	all.	my			Date:	10/9/1	9	
Dept H	lead Approval:	Ulan	1 1/1	7		Date:	10/10/1	a	
		roppy	1 /-1//			Date:	10/10/1		
(Out of State Travel)	City Manager:					Date:			
(If Required)	Mayor:					Date:			
Approved by Acco	ounts Payable:					Date:			
Attach applicabl	e receipts for n	notel/lodging e	xpenses, publi	c carrier tickets	s, personal auto	o mileage/gas/	tolls, regist fee	es, etc.	
Comments:									
				questions rega					
How did this apply to your job?	software from o gave a present	other municipalit	ies to understan he sessions reg	nd how best to ut	ilize the platforn	n and effectivel	y manage the C	Builder and user ity's capital proje software, to sha	ects. I also
Would recommend attending again?	Yes, the session product more u	ns and network ser-friendly and	ing with other in helping to imple	dividuals using t ement practices can contact with	and processes v	we need. As a	result of this con	oward making ou ference we have	ır use of the e made
How will this add value to the City of Lawrence?	who can help u	s navigate spec	ific issues we ar	ly with e-Builder re having with th	e software, and	watching prese	nt team and our entations and dis	account manage scussing with pee	ement folks ers the ways

Your Name:	Aliss	a Ice	Supervisor	Danelle	Walters	You	r Department:	Planning and	Development	
Leave Date: Return Date:				Wichita, KS - Kansas Housin	Fairfield Inn & F g Conference	lyatt Regency	ā	Per Diem:	61.00	
Me	thod of Travel: City Vehicle:	(check one)		avel Advance:		· I	www.gsa.gc	ov/portal/conte	ent/104878	
Pe	ersonal Vehicle:	Х	Other:		Explain:					
Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.										
Day of Week		Tuesday		Thursday					Category	
Date Allowable Lodging		09/17/19 144.79	09/18/19 144.79	09/19/19					Totals 434.37	
Lodging paid w/ City VISA		144.79	144.79						434.37	
Breakfast (20%)	بسسم	15.67	15.67	15.67	المستخد		بالكسا		47,00	
Lunch (30%)		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	-	- 1			200.67	
Fuel/Parking	i i									
Air Fare									-	
Toll/Shuttle Bus/Taxi	-									
Mileage (Enter as miles) Calculated mileage (x.58)				162.00					324.00	
Total Transportation				93.96 93.96	-		-		187.92 187.92	
Transportation paid w/ City VISA	33.30			33.30					107.92	
Registrations *See Below*	•					I			315.00	
Registration paid w/ City VISA	315.00								315.00	
Total Cost	599.08	205.79	205.79	127.29					1,137.96	
10121 0031	555.00	200.75	200.10	127.25					1,157.50	
City VISA Charges (Total)	459.79	144.79	144.79	-	-		- 1	· I	749.37	
	100.00	21.00		107.00						
Non-Visa Charge	139.29	61.00	61.00	127.29	_				388.59	
*If registration has been reported on					_		Advance	Received (-):	\$213.50	
If splitting between multiple Accounts please use box below  City Account Number  City Account Number  Travel F						ount Number:	uest Filled out: ☑ ES			
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:  Supervisor Approval:  Date:  Date:										
(If Required)	Mayor:					Date:				
Approved by Acco	ounts Payable:					Date:				
Attach applicable	e receipts for m	otel/lodging e	xpenses, public	c carrier tickets	s, personal aut	o mileage/gas/t	olls, regist fee	s, etc.		
Comments:						#0.4 - CD	147-14-			
		Diago angua				ISA of Danelle	Walters			
How did this apply to your job?	Please answer the following questions regarding your travel:  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 w	ell attended co	nference with hi	gh quality session	ons.					
How will this add value to the City of Lawrence?	programs/projec	cts that could be	e implemented i	n Lawrence (La	nd Banking, Sup	Lofts and Bert Na oportive Housing in Lawrence (Op	Developments	, Community Re	investment	

Your Name:	Matthey	v Veatch	Supervisor	Scott Mo	Cullough	You	r Department:	inning and Deve	elopment Servi
Leave Date: Return Date:	09/19/19 09/21/19		Destination:		Dodge City, KS Preservation Co		97	Per Diem:	
	hod of Travel:	'	Tr	avel Advance:	2	l	www.gsa.gov/portal/conte		ent/104878
Pei		×		-					
Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.									
Day of Week	Thursday								Category
Date Allowable Lodging Lodging paid w/ City VISA	09/19/19 109,00	09/20/19 109.00	09/21/19						Totals 218.00
Breakfast (20%) Lunch (30%) Dinner (50%) Total Meals (w/per diem)			-				_		-
Fuel/Parking Air Fare Toll/Shuttle Bus/Taxi	1-2-24								
Mileage (Enter as miles) Calculated mileage (x.58) Total Transportation Transportation paid w/ City VISA	300.00 174.00 174.00		300.00 174.00 174.00			-		-	600.00 348.00 348.00
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
previous expense statement leave blank*  If splitting between mult	ple Accounts	please use bo	x below		011.4	0.1	Emplo	ves Employee: yee Owes City	\$566.00 -ZERO-
				_	count Number:		030 2833		
	Total \$ - Total \$ - □ Incomplete the content of th								
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.									
Employ	ee Signature:	0				Date:			
Superv Dept. H	1 1	the Date: 10/16/19							
(Out of State Travel)	City Manager:				3 ≨	Date:			
(if Required)	Mayor:				-	Date:			
Approved by Acco	unts Payable:				<del>-</del> .	Date:			
Attach applicable	e receipts for I	notel/lodging	expenses, publ	ic carrier ticke	ts, personal au	to mileage/gas	/tolls, regist fe	es, etc.	
Comments:		Please answe	er the following	auestions rea	arding vour tra	avel:			
How did this apply to your job?	Historic preser		Resouces Comm						
Would recommend attending again?	Yes								
How will this add value to the City of	This will allow	Matthew Veato	h to make inform	ned decisions fo	or his role as a h	IRC member.			

Your Name:	Enrico '	Villegas	Supervisor	\mber Reynolds	, Melinda Harge	You	ır Department:	MS	0
Leave Date: Return Date:	09/22/19 09/27/19		Destination: Trip Purpose:	Training confer	Hollywood, FL ence for e-Builde	er		Per Diem:	66.00
Met	thod of Travel: City Vehicle:	(check one)		ravel Advance:			www.gsa.g	ov/portal/conte	nt/104878
Pe	rsonal Vehicle:					carpoo		airport with Chris	Rice
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 Allowable Lodging	09/22/19 258.77	09/23/19 258.77	258.77	258.77	09/26/19 258.77	09/27/19	CREATED HARDEN		Totals 1,293.85
Lodging paid w/ City VISA	258.77	258.77	258.77	258.77	258.77				1,293.85
Breakfast (20%) Lunch (30%)	19.80					13.20			13.20 19.80
Dinner (50%)	33.00	33.00		33.00	33.00	42.20			132.00
Total Meals (w/per diem)	52.80	33.00		33.00	33.00	13.20			165.00
Fuel/Parking Air Fare	170.24					170.24			340.48
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)	-								-
Calculated mileage (x.58)			-	-	-	e	6		•
Total Transportation Transportation paid w/ City VISA	170.24 170.24		-		-	170.24 170.24	-	-	340.48 340.48
Registrations *See Below*	2,116.00								2,116.00
Registration paid w/ City VISA	2,116.00	Sections				E 1980 TOR A 1880	V-2		2,116.00
Total Cost	2,597.81	291.77	258.77	291.77	291.77	183.44	-		3,915.33
City VISA Charges (Total)	2,545.01	258.77	258.77	258.77	258.77	170.24			3,750.33
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*							Advanc	e Received (-):	\$0.00
							City Ov	ves Employee:	\$165.00
		-	n IndexBorone				Emplo	yee Owes City	-ZERO-
If splitting between multiple Accounts please use box below  501-7-7100-2022 \$ 2,116.00 City Account Number: 501-7-7100-2022						100-2022			
501-7-7100-2030	\$ 1,799.33		City Acc	ount Number:	501-7-7100-20	30			
Sity research training of the research									
						Travel Requ	est Filled out:	☑ YES	
TOTAL \$ 3,915.33									
I hereby certify t	hat the travel i	ndicated hered	on was incurred	d in the dischar	ge of official C	itv of Lawrenc	e business an	d that	
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: Livius Vellegas Date: 10/31/19									
Supervisor Approval: Melinda L. Harger, Date: 10/31/19									
Dept. H	ead Approval:	Hem	me	= 18W		Date:	10/31/	9	
•	City Manager:	Bu	Mº S	3		Date:	11-7-10	î	
(If Required)	Mayor:					Date:			
Approved by Acco	→ unts Payable:					Date:			
Attach applicable	e receipts for n	otel/lodging e	xpenses, publi	c carrier ticket:	s, personal auto	o mileage/gas/	tolls, regist fe	es, etc.	
Comments:									
	D 111			questions rega			-61- 1-1-1-64 1-4-		
How did this apply to your job?				tips and tricks fo				project manager	nent
Would recommend attending again?	Yes I would.								
How will this add value to the City of					capable of assis	ting on projects	s, providing rep	orts and dashboa	rds,