

2019 Travel Expense Statement City of Lawrence, Kansas

Fire Med

Per Diem:	55.00
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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	Thursday	Friday	Saturday	Sunday					Category
Date	10/17/19	10/18/19	10/19/19	10/20/19					Totals
Allowable Lodging	80.25	80.25	80.25						240.75
Lodging paid w/ City VISA	80.25	80.25	80.25						240.75
Breakfast (20%)		11.00	11.00	11.00					33.00
Lunch (30%)	16.50		16.50						33.00
Dinner (50%)	27.50	27.50							55.00
Total Meals (w/per diem)	44.00	38.50	27.50	11.00	-	-	-	-	121.00
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)									-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	-	-	-	-	-	-	-	-	-
Transportation paid w/ City VISA									-
Registrations	165.00								165.00
Registration paid w/ City VISA	165.00								165.00
Total Cost	289.25	118.75	107.75	11.00	-	-	-	-	526.75
City VISA Charges (Total)	245.25	80.25	80.25	-	-	-	-	-	405.75
Non-Visa Charge	44.00	38.50	27.50	11.00	-	-	-	-	121.00

Employee Owes City	-ZERO-
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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.

Comments:	
<i>Please answer the following questions regarding your travel:</i>	
How did this apply to your job?	Provided latest updates on subjects related to the Fire & EMS service from a State and Federal perspective.
Would recommend attending again?	Opportunity to ensure that agency is in compliance with all changes related to the Fire & EMS service.
How will this add value to the City of Lawrence?	Attendance allows networking, education and training with Chief Officers from Kansas and Instructors from other states.

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Casey Cooper **Supervisor** Chief Burns **Your Department:** Police Department

Leave Date:	10/25/19	Destination:	Chicago, IL	Per Diem:	76.00
Return Date:	10/29/19	Trip Purpose:	Training IACP		

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				Category
Date	10/25/19	10/26/19	10/27/19	10/28/19	10/29/19				Totals
Allowable Lodging	1,216.28								1,216.28
Lodging paid w/ City VISA	1,216.28								1,216.28
Breakfast (20%)	15.20	15.20	15.20	15.20	15.20				76.00
Lunch (30%)	22.80	22.80	22.80	22.80	22.80				114.00
Dinner (50%)	38.00	38.00	38.00	38.00	38.00				190.00
Total Meals (w/per diem)	76.00	76.00	76.00	76.00	76.00	-	-	-	380.00
Fuel/Parking									-
Air Fare	299.96								299.96
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)									-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	299.96	-	-	-	-	-	-	-	299.96
Transportation paid w/ City VISA	299.96								299.96
Registrations *See Below*	445.00								445.00
Registration paid w/ City VISA	445.00								445.00
Total Cost	2,037.24	76.00	76.00	76.00	76.00	-	-	-	2,341.24
City VISA Charges (Total)	1,961.24	-	-	-	-	-	-	-	1,961.24
Non-VISA Charge	76.00	76.00	76.00	76.00	76.00	-	-	-	380.00

If registration has been reported on previous expense statement leave blank

Advance Received (-):	\$0.00
City Owes Employee:	\$380.00
Employee Owes City	-ZERO-

If splitting between multiple Accounts please use box below

TOTAL \$		-
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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: _____
Supervisor Approval: _____
Dept. Head Approval: _____
a) City Manager: _____
d) Mayor: _____
by Accounts Payable: _____

Date: 11/12/19

Date: 11/13/19

Date: _____

Date: _____

(Out of State Travel) City Manager:

(If Required) Mayor: _____

Approved by Accounts Payable: _____

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

<p>Comments:</p>	
<p><i>Please answer the following questions regarding your travel:</i></p>	
<p>How did this apply to your Job?</p>	<p>Training was leadership conference for executives in law enforcement</p>
<p>Would recommend attending again?</p>	<p>Yes, the training was applicable to the Job, and gave a national perspective on trends in law enforcement</p>
<p>How will this add value to the City of Lawrence?</p>	<p>Validated Ideas on projects that I am working on, such as officer wellness program.</p>

Your Name: Natalia Fairchild **Supervisor** Jeremy Willmoth **Your Department:** Finance

Finance

Per Diem:

Explain:

Travel Expense Statement 2019 - N. Fairchild KSGFOA Annual Conference.xlsx.xls 10/14/2019
rev. 03/02/10 kj

2019 Travel Expense Statement City of Lawrence, Kansas

CMO

Per Diem:	61.00
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www.gsa.gov/portal/content/104878
use M&IE column

Explain: taxi

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	10/20/19	10/21/19	10/22/19	10/23/19					Totals
Allowable Lodging	456.43	456.43	456.43						1,369.29
Lodging paid w/ City VISA	456.43	456.43	456.43						1,369.29
Breakfast (20%)	12.20								12.20
Lunch (30%)			18.30	18.30					36.60
Dinner (50%)	30.50	30.50		30.50					91.50
Total Meals (w/per diem)	42.70	30.50	18.30	48.80	-	-	-	-	140.30
Fuel/Parking				30.00					30.00
Air Fare	375.00			30.00					405.00
Toll/Shuttle Bus/Taxi	30.00			31.20					61.20
Mileage (Enter as miles)	43.40			43.40					86.80
Calculated mileage (x.58)	25.17	-	-	25.17	-	-	-	-	50.34
Total Transportation	430.17	-	-	116.37	-	-	-	-	546.54
Transportation paid w/ City VISA	375.00			91.20					466.20
Registrations *See Below*	925.00								925.00
Registration paid w/ City VISA	925.00								925.00
Total Cost	1,854.30	486.93	474.73	165.17	-	-	-	-	2,981.13
City VISA Charges (Total)	1,756.43	456.43	456.43	91.20	-	-	-	-	2,760.49
Non-Visa Charge	97.87	30.50	18.30	73.97	-	-	-	-	220.64

Employee Owes City	-ZERO-
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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:	Hotel included breakfast; conference registration included 2 luncheons and a dinner; mileage = only miles outside of Douglas County
	Please answer the following questions regarding your travel:
How did this apply to your job?	I attended multiple educational sessions that relate directly to my job - equity and inclusion, public engagement, building a positive organization culture, and process improvement. I had the opportunity to network with colleagues from across the country and even met with local government officials from Nepal. I learn about new products and services offered by touring the exhibit hall that I brought back to the various departments I oversee for their consideration
Would recommend attending again?	I would strongly recommend attending the ICMA conference again and hope to attend again next year.
How will this add value to the City of Lawrence?	Making our organization more inclusive and family friendly will help recruit and retain diverse employees, which will make our organization better. It will also help to ensure we are considering equity when we are talking about the services we provide to the community. Encouraging a positive organization culture will also help make the City an attractive employers. Process improvement is important in ensuring we are delivering high quality service in an efficient and effective way.

Your Name: <u>Stephen Mason</u>		Supervisor: <u>Duane Peterson</u>		Your Department: <u>Parks and Recreation</u>	
Leave Date: <u>10/29/19</u>		Destination: <u>Kansas City Mo.</u>			
Return Date: <u>10/30/19</u>		Trip Purpose: <u>Grant Writing USA Workshop</u>		Per Diem: <u>66.00</u>	
Method of Travel: (check one)		Travel Advance: <u>-</u>		www.gsa.gov/portal/content/104878	
City Vehicle: <u>X</u>		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	Saturday	Sunday	Category
Date	10/29/19	10/30/19					Totals
Allowable Lodging							-
Lodging paid w/ City VISA							-
Breakfast (20%)	-	-					-
Lunch (30%)	19.80	19.80					39.60
Dinner (50%)	-	-					-
Total Meals (w/per diem)	19.80	19.80	-	-	-	-	39.60
Fuel/Parking							-
Air Fare							-
Toll/Shuttle Bus/Taxi							-
Mileage (Enter as miles)							-
Calculated mileage (x.58)	-	-	-	-	-	-	-
Total Transportation	-	-	-	-	-	-	-
Transportation paid w/ City VISA							-
Registrations							-
Registration paid w/ City VISA							-
Total Cost	19.80	19.80	-	-	-	-	39.60
City VISA Charges (Total)	-	-	-	-	-	-	-
Non-Visa Charge	19.80	19.80	-	-	-	-	39.60

Advance Received (-):	\$0.00
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City Owes Employee: \$39.60

Employee Owes City **-ZERO-**

If splitting between multiple Accounts please use box below

TOTAL \$		-

City Account Number: 211-4-4100-2030

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: Supriya Meisani

Supervisor Approval: Brenda Whitaker

Dept. Head Approval:

(Out of State Travel) City Manager:

(If Required) Mayor:

Approved by Accounts Payable:

Date: 11/13/19

Date: 11-13-19

Date: 15 APR 2019

Date: _____

Date: _____

Date: _____

Date: _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.	
Comments:	There are no applicable receipts for this travel.
Please answer the following questions regarding your travel:	
How did this apply to your job?	I supervise programs and facilities that occasionally need auxillary funding to operate or expand.
Would recommend attending again?	I think that this training was valuable to me and would be valuable to other city employees. However, I don't think I would attend a second time, as some participants were. If I were to attend another Grant Writing USA workshop I would be interested in the Grant Management workshop, addressing best practices for grant management and how to avoid common mistakes.
How will this add value to the City of Lawrence?	Grants can be a useful source of funding for various programs and maintenance costs, especially for historic facilities. Being able to identify and complete for additional funding for our programs and facilities will decrease the burden on the city's other funds and provide opportunities we might not otherwise be able to offer.

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name: Michelle Gundy **Supervisor** Aveen Noori **Your Department:** MSO Solid Waste

Leave Date: 10/01/19
Return Date: 10/03/19

Destination: Mulvane, Kansas
Trip Purpose: Attend Kansas Solid Waste Conference

Per Diem:	55.00
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Method of Travel: (check one)
City Vehicle: x

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.

Day of Week	Tuesday	Wednesday	Thursday						Category
Date	10/01/19	10/02/19	10/03/19						Totals
Allowable Lodging	99.75	99.75							199.50
Lodging paid w/ City VISA	99.75	99.75							199.50
Breakfast (20%)									-
Lunch (30%)									-
Dinner (50%)	27.50	27.50							55.00
Total Meals (w/per diem)	27.50	27.50	-	-	-	-	-	-	55.00
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)									-
Calculated mileage (x.58)	-	-	-	-	-	-	-	-	-
Total Transportation	-	-	-	-	-	-	-	-	-
Transportation paid w/ City VISA									-
Registrations *See Below*	180.00								180.00
Registration paid w/ City VISA	180.00								180.00
Total Cost	307.25	127.25	-	-	-	-	-	-	434.50
City VISA Charges (Total)	279.75	99.75	-	-	-	-	-	-	379.50
Non-Visa Charge	27.50	27.50	-	-	-	-	-	-	55.00
If registration has been reported on previous expense statement leave blank									\$0.00

Advance Received (-):	\$0.00
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City Owes Employee:	\$55.00
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Employee Owes City	-ZERO-
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If splitting between multiple Accounts please use box below

[illegible]

City Account Number: 502-3-3515-2022

City Account Number:

Travel Request Filled out: ☒ 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.

Employee Signature: Michael A. G. [Signature]

Supervisor Approval:

Dept. Head Approval: [Signature]

(Out of State Travel) City Manager:

(If Required) Mayor: _____

Approved by Accounts Payable: _____

Date: 10/08/19

Date: 10/18/19

Date: 10/29/19

Date: _____

Date: _____

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:	<p><i>This was a great opportunity to speak and network with other Solid Waste colleagues from Kansas</i></p> <p><i>Please answer the following questions regarding your travel:</i></p>
How did this apply to your job?	The Sustainable Materials track of this conference completely tied in with my work in keeping recycling clean in Lawrence and working with customers. Additionally, Lithium battery presentation was relevant to HHW.
Would recommend attending again?	Yes, the addition of the Sustainable Materials track makes it all the more relevant, and the nearby (in-state) location to travel for quality content is an excellent opportunity for staff.
How will this add value to the City of Lawrence?	I was asked to present, which adds value to Lawrence for my professional development and skills in that regard (esp. as a LEAD program participant this session). I also made connections with other KS Solid Waste Professionals; an excellent opportunity to troubleshoot issues, share and learn procedures and ideas from others.

Your Name: Lucas Mortensen **Supervisor** Jeff Crick **Your Department:** Training and Development Services

Per Diem:	55.00
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www.gsa.gov/portal/content/104878
use M&IE column

Explain.

Day of Week	Wednesday	Thursday	Friday	Saturday					Category
Date	10/09/19	10/10/19	10/11/19	10/12/19					Totals
Allowable Lodging	108.36	108.36	108.36						325.08
Lodging paid w/ City VISA	108.36	108.36	108.36						325.08
Breakfast (20%)		14.67	14.67	13.00					42.33
Lunch (30%)	14.00	15.67	15.67	14.00					59.33
Dinner (60%)	23.00	24.67	24.67						72.33
Total Meals (w/per diem)	37.00	55.00	55.00	27.00	-	-	-	-	174.00
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)	220.00			220.00					440.00
Calculated mileage (x.58)	127.60	-	-	127.60	-	-	-	-	255.20
Total Transportation	127.60	-	-	127.60	-	-	-	-	255.20
Transportation paid w/ City VISA									-
Registrations "See Below"	199.00								199.00
Registration paid w/ City VISA	199.00								199.00
Total Cost	471.96	163.36	163.36	154.60	-	-	-	-	963.28
City VISA Charges (Total)	307.36	108.36	108.36	-	-	-	-	-	524.08
Non-Visa Charge	164.60	55.00	55.00	154.60	-	-	-	-	429.20

Employee Owes City **-ZERO-**

[illegible]

Travel Request Filled out: ☒ Yes ☐ No

Date: _____

Travel Expense Statement 2019.xls 10/16/2019
rev. 03/02/10 kl