Your Name:	Shaun	Coffey	Supervisor	Craig ^e	Owens	You	ır Department:	Fire	Med
Leave Date; Return Date;			Destination: Trip Purpose:	Kansas Fire Ch	Hutchinson KS niefs Conference		• ·	Per Diem:	55.00
Me	thod of Travel: City Vehicle:	(check one)	Ti	ravel Advance:	h	I	www.gsa.go	ov/portal/cont	ent/104878
Pe	rsonal Vehicle:								
Attach applicable receipts for motel/lodgi	•		_	uto mileage/gas/	tolls, regist fees	s, etc.	_		_
Day of Week	Thursday	Friday	Saturday	Sunday					Category
Date	10/17/19	10/18/19	10/19/19				files medifical en		Totals 240.75
Allowable Lodging Lodging paid w/ City VISA	80.25 80.25	80,25 80,25	80.25 80.25						240.75
Breakfast (20%)		11.00	11.00	11.00					33.00
Lunch (30%) Dinner (50%)	16.50 27.50	27.50	16.50						33.00 55.00
Dinner (50%) Total Meals (w/per diem)		38.50	27.50	11.00	•	-	-		121.00
Fuel/Parking									_
Air Fare									-
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									-
Calculated mileage (x.58)	•	-	•	•		sept strate.		-	-
Total Transportation Transportation paid w/ City VISA	-			-	-	•		-	-
									165.00
Registrations Registration paid w/ City VISA	165.00 165.00								165.00
Total Cost	289,25	118.75	107.75	11.00	_	_		_	526,75
				11,00					
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
							Advanc	e Received (-):	\$0.00
							City Ov	wes Employee:	\$121.00
							_	yee Owes City	
If splitting between mult	iple Accounts p	olease use box	k below	_			<u> </u>	yee Owes Oity	-2500-
				1	City Acc	count Number:]
				<u> </u>	City Acc	count Number:]
				┨ ,					1
				<u> </u>		Travel Requ	est Filled out:		
		TOTAL	\$ -] ;				D NO]
I hereby certify to information	that the travel in Ition shown is o			d in the dischar impensation cla				d that	
		(/, (199	mponess	4111104		10/21	1.0	
⊨трю	yee Signature: _ ,	Jan-	-0/2			Date:	14211	/ 	
Superv	isor Approvai:				ı	Date:		,	•
Dept. H	lead Approval:	Show (-11_			Date:	10/21/	J 9	
•	City Manager:		7			Date:		7	
(If Required)	Mayor:					Date:			•
•	→ •					Date:	•		•
Approved by Acco	•			la narriar tickat	conorconal au		#alle regist fo	an ata	
Comments:	3 řeceipis ivi ii	loter/louging c	Χρειιδέδ, μαν	C Callier nonce	S, personar aux	O IIIII cayo, yao,	luija, i egiacio.	35, e10.	
Odimiono.		Please answe	r the following	questions rega	arding your tra	vel:			
				the Fire & EMS			ral perspective.		
How did this apply to your job?									
	Opportunity to e	ensure that age	ncy is in compli	ance with all cha	inges related to	the Fire & EMS	service.		
Would recommend attending again?									
	Attendance allo	ws networking,	education and	training with Chi	ef Officers from	Kansas and Ins	structors from of	ther states.	
How will this add value to the City of Lawrence?				0					

Your Name:	Casey	Cooper	Supervisor		Burns		ur Department:	Police De	Parmient
Leave Date;	10/25/19		Destination:	:	Chicago, II		· .	Per Diem:	76.00
Return Date:	10/29/19	,	Trip Purpose:	: Training IACP	<u> </u>			I,	
Meti	hod of Travel: City Vehicle:	(check one)		Travel Advance:		1	www.gsa.go use M&IE column	ov/portal/conte	<u>∍nt/104878</u>
	•			'	_				
Attach applicable receipts for motel/lodgir	ıg expenses, pı	ublic carrier tick	ets, personal a	uto mileage/gas/	tolls, regist fees	s, etc.			
Day of Week	Friday	Saturday	Sunday	Monday	Tuesday	***************************************			Category
Date	10/25/19	10/26/19	10/27/19	9 10/28/19	10/29/19			Part Paral Paral	Totals 1,216,28
Allowable Lodging Lodging pald w/ City VISA	1,216.28 1,216.28								1,216,28
A STATE OF S	Alle Jackinson	-18276	94.50 (14)		7.567 B				76,00
Breakfast (20%)	15.20 22,80	15,20 22,80			15,20 22,80				114.00
Lunch (30%) Dinner (50%)	38,00	38,00			38,00				190.00
Total Meals (w/per dlem)	76.00	76.00			76,00				380.00
Market State of the State of th	7745744AV				WELL STATE		\$4, 30 gg (4		
Fuel/Parking Air Fare	299.96	 	<u> </u>	1		 		 	299.96
Toll/Shuttle Bus/Taxi			<u> </u>						-
Mileage (Enter as miles)									-
Calculated mileage (x.58)		•	\$ 15 m	e sincipalities.	• 1	• 530	· ·	1 · · · · · · · · · · · · · · · · · · ·	299.96
Total Transportation	299,96 299,96	<u> </u>	· ·	<u> </u>	<u> </u>	•	 	+	299,96
Transportation paid w/ City VISA	200,00				1.在杨鹤(_{1.1.1.2})	المتناجعين		اسمعا	
Registrations *See Below* Registration paid w/ City VISA	445.00 445.00								445.00 445.00
Total Cost	2,037.24	76.00	76.00	76.00	76,00	-	-	T - 1	2,341.24
				70.00	14 2 11 1 12		Ch Callega	第三人称单	1.01.14.14
City VISA Charges (Total)	1,961.24	-		•	•			1	1,961.24
15 17 从一个大型建筑方面的下层。		70.00		76.00	76,00		1980 1980 of 1880	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	380.00
Non-Visa Charge	76.00	76.00	76,00	76.00	10100	-			
If registration has been reported on previous expense statement leave blank							Advanc	ce Recelved (-):	\$0,00
if splitting between multi	iple Accounts	please use bo	x below	٦	City Ac	count Number:	Emplo	wes Employee: oyee Owes City	
		1							3
				7	City Ace	count Number:	·		j
		1		4				ES	1
		1		4		Travel Req	uest Filled out:	:	
		TOTAL	_ \$ -	コ		•		□(o	j
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: Date: Date								- - -	
(If Required)	→ Mayor:	-				Date:	·		-
Approved by Acco						Date:			
. Attach applicable	e recelpts for i	motel/lodging	expenses, pul	ollo carrier ticke	ts, personal au	ito mileage/gas	i/tolis, regist fe	ies, etc	
Comments:									
	L	Please answ	er the followin	ig questions reg	aarding your tr	avel:			
	Training was in	eadership confe	erence for exec	cutives in law enfo	orcement				
How did this apply to your job?									
Would recommend attending again?				and gave a nation			enforcement		
How will this add value to the City of Lawrence?	Validated Idea	s on projects th	iat I am working	g on, such as offi	cer wellness pro	ogram.			

Your Name:	Josh (Carson	Supervisor	Amber F	Reynolds	You	ur Department:	MS	6O
Leave Date: Return Date:			Destination: Trip Purpose:		lanhattan, Kansa ion Officer FEM		•	Per Diem:	55.00
Me	thod of Travel: City Vehicle:	(check one) X		avel Advance:			www.gsa.g	ov/portal/conte	ent/104878
Pe	ersonal Vehicle:								
Attach applicable receipts for motel/lodgi	ng expenses, pu	blic carrier ticke	ets, personal aut	o mileage/gas/t	olls, regist fees,	etc.			
Day of Week Date		Wednesday 10/09/19	Thursday 10/10/19			ESSION SAUS	Contacheros a		Category Totals
Allowable Lodging Lodging paid w/ City VISA							provide the total		- ~
Breakfast (20%) Lunch (30%)		16.50	16.50					(A./00/800. V 800 7 IND)	49.50
Dinner (50%) Total Meals (w/per diem)		16.50	16.50	-	-	-	-	-	49.50
Fuel/Parking Air Fare									-
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									-
Calculated mileage (x.58) Total Transportation Transportation paid w/ City VISA	-	-	-	2 -	-	-	-	-	-
Registrations *See Below* Registration paid w/ City VISA									-
Total Cost	16.50	16.50	16.50					-	49.50
City VISA Charges (Total)	•		14.	•		2		~	•
Non-Visa Charge	16.50	16.50	16.50	-	-	-	-	-	49.50
If registration has been reported on previous expense statement leave blank							Advanc	e Received (-):	\$0.00
								wes Employee:	\$49.50
If splitting between mult	iple Accounts	olease use box	below		City Acc	ount Number:	•	oyee Owes City	-ZERO-
					-	count Number:		100-2022	
				İ				YES	
		TOTAL	\$ -			Travel Requ	est Filled out:	Z NO	
I hereby certify	that the travel i	ndicated here	n yas incurred	in the dischar	ge of official C	ity of Lawrenc	e business and	d that	
morna	ition shown is o yee Signature:	correct; that/no	part of the co	npensation cla	aimed was of a	non-City busir Date:	ness nature.	19	
•	isor Approval;	hilin	Pelle			Date:	10/14/1	9	
Dept. H	ead Approval:	Then	tale	2		Date:	10/14/1	g	
(Out of State Travel)	City Manager:	1	, 9			Date:		•	
(If Required)	→ Mayor:					Date:			
Approved by Acco		notel/lodging e	vnanese nubli	o corrier ticket	e noreonal out	Date:		o ata	
Comments:	e receipts for in	ioteriouging e.	xpenses, public	Carrier uckeu	s, personal auto	o iiiileage/gas/	ions, regist ree	es, etc.	
			the following to my position.		arding your trai	vel:			
How did this apply to your job?		s directly related	to my position.						
Would recommend attending again?	Yes.								
How will this add value to the City of Lawrence?	Building my kno	wledge of my p	osition and gene	eral best practic	e and procedure	es.			

Your Name:	Natalia I	airchild	Supervisor	Jeremy V	Villmoth	You	r Department:	Fina	nce	
Leave Date:	10/09/19		Destination:		Olathe, KS					
Return Date:	10/11/19		Trip Purpose:	Attend KSGFO		ence	- 1	Per Dienc		
Me	thod of Travel: City Vehicle:	(check one)		avel Advance:	·		www.gsa.go use M&IE column	ov/portal/conte	ent/104878	
Pe	rsonal Vehicle:	x	Other:		Explain:					
Attach applicable receipts for motel/lodgi	ng expenses, pu	blic carrier tick	ets, personal auto	o mileage/gas/to	olls, regist fees,	etc.				
	Wednesday 10/09/19	Thursday 10/10/19	Friday 10/11/19	A CONTRACTOR					Category Totals	
Date Allowable Lodging Lodging paid w/ City VISA		10/16/20	10/7/130						-	
Breakfast (20%)	-		:						-	
Lunch (30%) Dinner (50%)	-	-							-	
Total Meals (w/per diem)							0504050	MALE TO B		
Fuel/Parking Air Fare									-	
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)	55.00	55.00	55.00						165.00	
Calculated mileage (x.58)	31.90	31.90	31.90	-	•		-	•	95.70 95.70	
Total Transportation Transportation paid w/ City VISA	31.90	31.90	31.90						33.70	
Registrations *See Below* Registration paid w/ City VISA	325.00 325.00								325.00 325.00	
Total Cost	356.90	31.90	31.90	C S COLLEGE	Ma de la	A-1			420.70	
City VISA Charges (Total)	325.00	-	-		-				325.00	
Non-Visa Charge	31.90	31.90	31.90			-		-	95.70	
'If registration has been exported on previous							Advanc	e Received (-):	\$0.00	
expense statement leave plank,								ves Employee:	\$95.70	
							-			
If splitting between mult	iple Accounts	please use box	below					yee Owes City	-ZENO-	
			\vdash		City Acc	ount Number:	001-1-10	060-2022		
					City Acc	ount Number:	THE PERSON NAMED IN	0.00		
				1		Travel Begu	est Filled out:	YES		
		TOTAL	. \$ -			- Traver nequ	esti med out.	№		
inform	that the travel ation shown is yee Signature;	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.								
Suman		1 jaran	graus	dild		Date:	10/14/2	3019		
Superv	visor Approval:		graun	dild			10 14 6	2019		
·	visor Approval: Head Approval:		Tain	dild		Date:	10 14 8	9 019		
·			Taux	dild US		Date:	10/14/6	9 019		
Dept. H	lead Approval:		Frank	dild US		Date: Date:	10/14/6			
Out of State Travel)	Head Approval: City Manager: Mayor:		Fair	dild_		Date: Date: Date:	10/14/6			
(Out of State Travel) (If Required) Approved by Acc	City Manager: Mayor: ounts Payable:				•	Date: Date: Date: Date: Date: Date:	10 14 6			
(Out of State Travel) (If Required)	City Manager: Mayor: ounts Payable:				•	Date: Date: Date: Date: Date: Date:	10 14 6			
(Out of State Travel) (If Required) Approved by Acc Attach applicab	City Manager: Mayor: ounts Payable:	motel/lodging o	expenses, publi	c carrier ticket	s, personal aut	Date: Date: Date: Date: Date: Date:	10 14 6	es, etc.	•	
(Out of State Travel) (If Required) Approved by Acc Attach applicab	City Manager: Mayor: ounts Payable: Receipts for a Attending the k government fin	Please answ. (SGFOA Annua ance. Likewise	expenses, publi	questions regulations regulated to my role strong with collections.	s, personal aut	Date: Date: Date: Date: Date: Date: do mileage/gas/	10 14 6	es, etc.	issues in	
(Out of State Travel) (If Required) Approved by Acc Attach applicab Comments:	City Manager: Mayor: ounts Payable: le receipts for a Attending the k government fin be able to impl Yes, I would re	Please answer (SGFOA Annual ance. Likewise ement such besterommend this of	expenses, publi er the following Il Conference ap I, I was able to ne	questions regulations regulations regulations regulated to my role betwork with collety of Lawrence. we and existing fi	s, personal aut arding your tra because it provi agues from neig	Date: Date: Date: Date: Date: Date: do mileage/gas/ vel: ded me with up phooring cities a es.	10 14 6	es, etc. dge and current pout best practic	issues in es and in turn	

Your Name:	Casey	Toomay	Supervisor	Craig (Owens	You	r Department:	СМ	10
Leave Date: Return Date:	10/20/19 10/23/19		Destination:	attend ICMA co	Nashville, TN	19	Г	Per Diem:	61.00
	hod of Travel:	(check one)	Tı	avel Advance:	166.00		www.gsa.go	v/portal/conte	
Pei	3000 0 1 10000000000000000000000000000000	x	8	x			tax	d	
Attach applicable receipts for motel/lodgin						etc.		1	
Day of Week	Sunday	Monday 10/21/19	Tuesday 10/22/19	Wednesday 10/23/19					Category Totals
Date Allowable Lodging Lodging paid w/ City VISA	10/20/19 456.43 456.43	456.43 456.43	456.43 456.43	10/23/19					1,369.29 1,369.29
Breakfast (20%)	12.20	ANTIG POLIS	18.30	18.30					12.20 36.60
Lunch (30%) Dinner (50%)	30.50	30.50 30.50	18.30	30.50 48.80					91.50 140.30
Total Meals (w/per diem)	42.70	30.50	10.30	30.00	ARM TOTAL	7 9259 SHITE	DV NAVE 61		30.00
Fuel/Parking Air Fare Toll/Shuttle Bus/Taxi	375.00			30.00 30.00 31.20					405.00 61.20
Mileage (Enter as miles)	30.00 43.40			43.40					86.80 50.34
Calculated mileage (x.58) Total Transportation	25.17 430.17	-	e: • ;	25.17 116.37		•			546.54 466.20
Transportation paid w/ City VISA	375.00			91.20					925.00
Registrations *See Below* Registration paid w/ City VISA	925.00 925.00								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
*If registration has been reported on				A STATE OF THE STA			Advance	Received (-):	\$166.00
previous expense statement leave blank*								es Employee: ree Owes City	\$54.64 -ZERO-
If splitting between multi	iple Accounts	please use box	c below		City Acc	ount Number:	001-1-10	20-2022	
					City Acc	ount Number:			
				i				□ YES	
		TOTAL	\$ -			Travel Requ	est Filled out:	□ NO	
I hereby certify t informa	hat the travel i tion shown is	ndicated hered	on was incurre	d in the discha mpensation cl	rge of official C aimed was of a	ity of Lawrence non-City busi	e business and ness nature.	l that	
	/ee Signature:	/).	NTOO	may		Date:	11/12	119	
50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	isor Approval:		V /	1		Date:		1	
	ead Approval:		7			Date:		1	
**	City Manager:	1 1/1//	1			Date:	11/15	119	
→ (If Required)	Mayor:	00				Date:	- /		
Approved by Acco	ounts Payable:					Date:			
Attach applicable	5:	notel/lodging e	expenses, publ	ic carrier ticket	s, personal aut	o mileage/gas	/tolls, regist fee	s, etc.	
Comments:	otel included b						eage = only mil	es outside of L	Douglas Coun
	I attended mul	Please answe	er the following	questions reg	arding your tra my job - equity a	vel: and inclusion, p	ublic engagemer	nt, building a po	sitive
How did this apply to your job?	organziation co	ulture, and procernment officials	ess improvement from Nepal. 1 le	nt. I had the oppearn about new	portunity to netw products and se	ork with colleag	ues from across by touring the ext	the country and	d even met
Would recommend attending again?	I would strongl	y recommend a	ttending the IC	MA conference a	again and hope t				
How will this add value to the City of Lawrence?	better. It will a Encouraging a	lso help to ensu positive organa	re we are consi ziation culture w	derina eauity wh	en we are talkin e the City an att	g about the ser ractrive employ	employees, whic vices we provide ers. Process im	to the commu	nity.

Your Name	White the second section of the second section of the second	n Mason	Supervisor	Duane	Peterson	Yo	ur Department:	Parks and	Recreation
	U. S. L. A. S. L. S.						Maria Maria	4944	
Leave Date	: 10/29/19		Destination	,	Kansas City Mo				
Return Date		•		Grant Writing	USA Workshop	<u>, </u>	-	Per Diem:	66.00
							•	T or Dielli.	00.00
NI:	ethod of Travel: City Vehicle:	(check one)	7	ravel Advance:]	www.gsa.g	ov/portal/cont	ent/104878
	ony vernole.	^_	- AIF:		-		use M&IE column	•	
P	ersonal Vehicle:		Other:		Explain:				
Attack and looks and the second	_				=				
Attach applicable receipts for motel/lodg	ing expenses, pu	ublic carrier tick	ets, personal a	to mileage/gas	/tolis, regist fee:	s, etc.			
Day of Wee	(Tuesday	Wednesday	Contract of		1	To the second process	A STATE OF LAND ASSESSMENT	1500 cm 17 170 cm 10 170 m	
Date	10/29/19	10/30/19			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Category Totals
Allowable Lodging Lodging paid w/ City VISA									
	·								-
Breakfast (20%		-							
Lunch (30% Dinner (50%		19.80					·		39.60
Total Meals (w/per diem	19.80	19.80	 -		<u> </u>				
		10.00	_		•	•	•	•	39.60
Fuel/Parking									
Air Fare Toll/Shuttle Bus/Tax	i	· · · · · · · · · · · · · · · · · · ·							
Mileage (Enter as miles	1								
Calculated mileage (x.58		- A - 4		·		245 × 51 + 56		515 CH 1874 CH	
Total Transportation Transportation paid w/ City VISA	-		•	•		•			
Registrations									
Registration paid w/ City VISA							, , , , , , , , , , , , , , , , , , , ,		
Total Cost	19.80	19.80							
EAST CONTRACTOR OF THE PARTY OF									39.60
City VISA Charges (Total)	STREET, STREET, STREET, SALES OF THE SALES						-	-	
Non-Visa Charge	19.80	19.80		Artika (* 14	10.255776		Market		4.572
	10.00	12,00	-	•	•	۳	-	•	39.60
							Advance	Received (-):	\$0.00
									\$0.00
							City Ow	es Employee:	\$39.60
if mulisting to a second							Employ	yee Owes City	-ZERO-
if splitting between mul	tiple Accounts p	lease use box	below	ı	.			• • • • • • • • • • • • • • • • • • • •	
					City Acc	ount Number:	211-4-41	00-2030	
		l			City Acc	ount Number:	,		
				_	•				
		1				Tenant Dan		⊡res	
		TOTAL	\$ -			i raver Requ	est Filled out:	□ko	
				•			····		
l hereby certify	that the travel in	dicated heren	n was incurred	l in the dischar					
informa	ition shown is c	orrect; that Ac	part of the co	mpensation £ia	umed was of a	non-City busin	e business and less nature	l that	
	yee Signature:	Still	on hie	2 mot	,		11/12/	10	
Emplo	yee Signature: _	20 00	si jin	01' F		Date:	11/13/	/1	
Superv	isor Approval.	Durd 11	himade	(u)		Date:	11-12	-19	
Don't II			2 0			0210.	-11-12		
Dept. H	lead Approval: 💆	1 1 /				Date:	15 NOV	2019	
(Out of State Travel)	City Manager:					Date:			
HE Commission (1)	_					Date:			
(If Required)	→ Mayor: _					Date:			
Approved by Acco	ounts Payable:					n			
	-					Date:			
Attach applicable	receipts for m	otel/lodging ex	penses, public	carrier tickets	, personal auto	mileage/gas/	tolls, regist fee	8, etc.	
Comments:									
		Please answer	the following :	guestions reca	rding unur trai	for this travel			
	I supervise progr	ams and faciliti	es that occasio	nally need auxil	lary funding to c	perate or expar	nd.		
How did this apply to your job?					*	•			1
							•		
	think that this tr	aining was valu	able to me and	would be valua	ble to other city	employees. Ho	wever. I don't thi	nk I would atten	d a second
Would recommend attending again?	mino, as some pe	merchanics wald	. II I WEIE TO BILL	ena another Gra	INT WITHING LISA	Workshop I was	in ha intaratad	in the Grant Ma	inagement
	morkeriop, addit	some nest hisc	aces for grant n	ianagement and	now to avoid o	ommon mistake	3 s		Ţ.
How will this add value to the City of	Grants can be a identify and com-	useful source o	f funding for var	ious programs a	and maintenanc	e costs, especia	ally for historic fa	cilities Reing e	hie to
	identify and compoperation				d facilities will d	decrease the bu	rden on the city	s other funds ar	nd provide
		mgm not other	wise de adie to	oner.			·		
									1

Your Name:	Michell	e Gundy	Supervisor	Avee	n Noori	Yo	ur Department:	MSO Sol	lid Waste
Leave Date:	10/01/19		Destination:		Mulvane, Kansa	is			
Return Date:	10/03/19		Trip Purpose:	Attend Kansas	Solid Waste Co	onference	_	Per Diem:	55.00
Me	thod of Travel: City Vehicle:	(check one)		ravel Advance:			www.gsa.ge use M&IE column	ov/portal/cont	ent/104878
Pe	ersonal Vehicle:		Other:	Name of the Control o	Explain:				
Attach applicable receipts for motel/lodgi	ing expenses, p	ublic carrier tick	tets, personal au	ıto mileage/gas	/tolls, regist fees	s, etc.			
Day of Week	Tuesday 10/01/19	Wednesday 10/02/19	Thursday 10/03/19	(ESSENCE)					Category Totals
Allowable Lodging Lodging paid w/ City VISA		99.75 99.75	10,00,10						199.50 199.50
Breakfast (20%)					*				
Lunch (30%) Dinner (50%)	27.50	27.50							- 55.00
Total Meals (w/per diem)	27.50	27.50			<u>.</u>			-	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					3,672,766			180.00
Registration paid w/ City VISA	180.00	D-160 FA1677		30 87 7000 25					180.00
Total Cost	307.25	127.25							434.50
City VISA Charges (Total)	279.75	99.75		<u>.</u>					379.50
Non-Visa Charge	27.50	27.50			STATE SHOW THE STATE OF THE STA				55.00
ALC THE RESIDENCE OF THE PERSON OF THE PERSO	The state of the s	The second secon	DECEMBER OF STREET					CONTRACTOR OF THE PERSON	SALES OF STREET
If registration has been reported on previous expense statement leave blank								e Received (-):	\$0.00
							City Ow	ves Employee:	\$55.00
	iple Accounts	please use box	(below		City Acc	ount Number:	City Ow Employ	ves Employee: yee Owes City	
previous expense statement leave blank*	iple Accounts	please use box	s below		-	ount Number:	City Ow Employ 502-3-35	ves Employee: yee Owes City	\$55.00
previous expense statement leave blank*	iple Accounts	please use box	below		-	ount Number:	City Ow Employ 502-3-35	ves Employee: yee Owes City 515-2022	\$55.00
previous expense statement leave blank*	iple Accounts	please use box TOTAL			-	ount Number:	City Ow Employ 502-3-35	ves Employee: yee Owes City	\$55.00
If splitting between mult		TOTAL	\$ -	d in the dischar	City Acc	Travel Requ	City Ow Employ 502-3-35	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult	that the travel i	TOTAL	\$ -		City Acc	Travel Requ	City Ow Employ 502-3-35 Lest Filled out:	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult	that the travel i	TOTAL	\$ -		City Acc	Travel Requ	City Ow Employ 502-3-35 Lest Filled out:	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult I hereby certify to informate the supervision of the supervisi	that the travel i tion shown is yee Signature: isor Approval:	TOTAL	\$ -		City Acc	Travel Requ	City Ow Employ 502-3-35 Lest Filled out:	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult I hereby certify to informate Employ Supervi	that the travel i tion shown is yee Signature: isor Approval: ead Approval:	TOTAL	\$ -		City Acc	Travel Requestity of Lawrence non-City busing Date:	City Ow Employ 502-3-35 Lest Filled out:	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult I hereby certify to informate the supervious expense statement leave blank* I hereby certify to informate the supervious supervious to the supervious the supe	that the travel i tion shown is yee Signature: isor Approval: ead Approval:	TOTAL	\$ -		City Acc	Travel Requestity of Lawrence non-City busin Date: Date: Date: Date:	City Ow Employ 502-3-35 Lest Filled out:	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult I hereby certify to informate	that the travel in tion shown is one of the contract of the co	TOTAL	\$ -		City Acc	Travel Requestity of Lawrence non-City busin Date: Date: Date: Date: Date: Date:	City Ow Employ 502-3-35 Lest Filled out:	ves Employee: yee Owes City 515-2022	\$55.00
If splitting between mult I hereby certify to informate the service of the servi	that the travel ition shown is every ee Signature: isor Approval: ead Approval: City Manager: Mayor:	TOTAL Indicated hereo correct; that inc	s - on was incurred part of the co	mpensation cl	rge of official Calmed was of a	Travel Requestry of Lawrence non-City busin Date: Date: Date: Date: Date: Date: Date: Date:	Employ 502-3-35 Dest Filled out: Dest business and ness nature. 10/1 10/19	ves Employee: yee Owes City 515-2022 Tes No 1 that 8/19	\$55.00
If splitting between mult I hereby certify to informate	that the travel ition shown is every ee Signature: isor Approval: ead Approval: City Manager: Mayor:	TOTAL Indicated hereo Coverect; that inc	s - on was incurred to part of the co	mpensation cl	City Acc	Travel Requestion of Lawrence non-City busin Date: Date: Date: Date: Date: Date: Date: Date: Date:	Employ 502-3-35 Lest Filled out: LO/L 10/129	yes Employee: yee Owes City 515-2022 The Same of that Same of the Same of t	\$55.00
I hereby certify to informate Employ Supervious (Out of State Travel) (If Required) Approved by Accomments:	that the travel in tion shown is one of the second shown is one of the seco	TOTAL Indicated hereo correct; that ince Total ince This was a graphease answer	s - on was incurred part of the co	c carrier ticket	rge of official Caimed was of a	Travel Requestion of Lawrence non-City busin Date:	city Ow Employ 502-3-35 Juest Filled out: LO / L LO	wes Employee: yee Owes City 515-2022 TES THO THE THO THO THE THO	\$55.00 -ZERO-
I hereby certify to informate Employ Supervious (Out of State Travel) (If Required) Approved by Accomments:	that the travel it ition shown is over Signature: isor Approval: ead Approval: City Manager: Mayor: bunts Payable: ereceipts for m	ndicated hereo correct: that no	s - on was incurred part of the co	c carrier ticket to speak and questions regunee completely	rge of official Calmed was of a	Travel Requestion of Lawrence non-City busin Date:	Employ 502-3-35 Lest Filled out: LO/L 10/129	wes Employee: yee Owes City 515-2022 TES THO THE THO THO THE THO	\$55.00 -ZERO-

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.

How will this add value to the City of Lawrence?

Your Name:	Lucas M	ortensen	Supervisor	Jeff (Orick	You	r Department:	inning and Deve	elopment Servi
Leave Date: Return Date:			Destination:	American Plann	ulsa, Oklahoma			Per Diem:	55.00
	thod of Travel:		т	ravel Advance:	174.00	1		ov/portal/conte	
Pa	rsonal Vehicle								
							.,		
Attach applicable receipts for motel/lodgi	Wednesday				tolis, regist lees	s, etc.			Category
Date	10/09/19	Thursday 10/10/19	10/11/19	Saturday 10/12/19					Totals
Allowable Lodging Lodging paid w/ City VISA	108.36 108.36	108.36 108.36	108.36 108.36						325.08 325.08
				10.00					
Breakfast (20%) Lunch (30%)		14.67 15.67	14.67 15.67	13.00					42.33 59.33
Dinner (50%) Total Meals (w/per diem)		24.67 55.00	24.67 55.00	27.00					72.33 174.00
	37.00	55.00	55.00	27.00					174.00
Fuel/Parking Air Fare									
Toll/Shuttle Bus/Taxi	3								
Mileage (Enter as miles) Calculated mileage (x.58)			·	220.00 127.60					440.00 255.20
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			-		953.28
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
*if registration has been reported on							Advens	Received (-):	\$174.00
If splitting between mult	iple Accounts	please use bo	c below		•	ount Number:[ount Number:[989 Owes City	-ZERO-
		TOTAL	\$ -			Travel Requ	est Filled out:	Mes Mo	
	tion shown is	correct; that n	part of the co	mpensation cla		non-City busin	iess nature.		
Employ	yee Signature:	1 1	1/2	me		Date:	10/06	1201	2
Superv	isor Approval:	944	Dala			Date:	1600	a april	
	ead Approval:	2001	11.11	-11	1 0	Date:	70/17 [110	
(Out of State Travel)	City Manager:	- TOVER	ne sir	Udara	you a	Date:	10/18	119	
(If Required)	Mayor:					Date:			
Approved by Acco	unts Payable:					Date:			
Attach applicable	receipts for m	otel/lodging e	xpenses, publ	ic carrier tickets	s, personal aut	o mileage/gas/	tolls, regist fe	es, etc.	
Comments:									
	T			questions rega				Discount Latte	
How did this apply to your job?	number of learn affordable hous also took part i	ning sessions o sing opportuniti n a number of t	n topics such a es, placemaking ours of Tulsa's	te Conference d s district master g/public art, and parks and transit	plans, effective a public sector fin systems.	and equitable p ancial health in	ublic engagem terms infrastru	ent, ensuring ac cture developme	cess to ent costs, I
Would recommend attending again?	they address p towns (like Law housing, new fo	lanning and con rence), and lar orms of transit (mmunity-related ge urban center eScooters, eBil	to learn about ot lissues. There w s. It's helpful and ses. hyperloop).	ere attendees for d interesting to be or encouraging	rom rural comm near how we are downtown deve	unities, suburb e handling curr lopment (afford	an communities, ent topics like af lable housing, a	college fordable ffordable rent
How will this add value to the City of Lawrence?	sessions on pu community lead	blic engaemen ders to lead put	t (effectively usi olic meetings). I	ons and case stu ng social media, am excited to sh wrence Associal	engaging with unare with my coll	underreprsented legues how we	d communities, could implemer	and allowing no	n-city