

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

Per Diem:	61.00
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[www.gsa.gov/portal/content/104878](http://www.gsa.gov/portal/content/104878)

use M&IE column

Explain:

Day of Week	Tuesday	Wednesday	Thursday	Friday					Category
Date	12/10/19	12/11/19	12/12/19	12/13/19					Totals
Allowable Lodging	163.80	163.80	163.80						491.40
Lodging paid w/ City VISA	163.80	163.80	163.80						491.40
Breakfast (20%)		12.20	12.20	12.20					36.60
Lunch (30%)	18.30			18.30					36.60
Dinner (50%)	30.50	30.50	30.50						91.50
Total Meals (w/per diem)	48.80	42.70	42.70	30.50	-	-	-	-	164.70
Fuel/Parking									-
Air Fare	256.96								256.96
Toll/Shuttle Bus/Taxi	2.10			1.70					3.80
Mileage (Enter as miles)	53.00			53.00					106.00
Calculated mileage (x.58)	30.74	-	-	30.74	-	-	-	-	61.48
Total Transportation	289.80	-	-	32.44	-	-	-	-	322.24
Transportation paid w/ City VISA	256.96								256.96
Registrations *See Below*	576.00								576.00
Registration paid w/ City VISA	576.00								576.00
Total Cost	1,078.40	206.50	206.50	62.94	-	-	-	-	1,554.34
City VISA Charges (Total)	996.76	163.80	163.80	-	-	-	-	-	1,324.36
Non-Visa Charge	81.64	42.70	42.70	62.94	-	-	-	-	229.98

Employee Owes City	-ZERO-
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		TOTAL \$		-
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City Account Number: 

Travel Request Filled out: ☒ YES  
☐ NO

Date: \_\_\_\_\_

Travel Expense Statement 2019 - N. Fairchild Austin, TX 12.10-12.13.19.xlsx.xls 12/16/2019  
rev. 03/02/10 kj

<b>Your Name:</b>	Jennifer Werth	<b>Supervisor</b>	Jeremy Willmoth	<b>Your Department:</b>	Finance
<b>Leave Date:</b>	12/10/19	<b>Destination:</b>	Austin, TX		
<b>Return Date:</b>	12/13/19	<b>Trip Purpose:</b>	GFOA Conference	<b>Per Diem:</b>	61.00
<b>Method of Travel: (check one)</b>		<b>Travel Advance:</b>	164.70	<a href="http://www.gsa.gov/portal/content/104878">www.gsa.gov/portal/content/104878</a>	
City Vehicle: _____		Air: _____	x	use M&IE column	
Personal Vehicle: _____		Other: _____	Uber	Explain: _____ To/from Airport	

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

Day of Week	Tuesday	Wednesday	Thursday	Friday					Category
Date	12/10/19	12/11/19	12/12/19	12/13/19					Totals
Allowable Lodging	163.80	163.80	163.80						491.40
Lodging paid w/ City VISA									-
Breakfast (20%)		12.20	12.20	12.20					36.60
Lunch (30%)	18.30			18.30					36.60
Dinner (50%)	30.50	30.50	30.50						91.50
Total Meals (w/per diem)	48.80	42.70	42.70	30.50	-	-	-	-	164.70
Fuel/Parking									-
Air Fare	128.48			128.48					256.96
Toll/Shuttle Bus/Taxi	24.75			23.01					47.76
Mileage (Enter as miles)	46.80			46.80					93.60
Calculated mileage (x.58)	27.14	-	-	27.14	-	-	-	-	54.29
Total Transportation	180.37	-	-	178.63	-	-	-	-	359.01
Transportation paid w/ City VISA	256.96								256.96
Registrations *See Below*	576.00								576.00
Registration paid w/ City VISA	576.00								576.00
Total Cost	968.97	206.50	206.50	209.13	-	-	-	-	1,591.11
City VISA Charges (Total)	832.96	-	-	-	-	-	-	-	832.96
Non-Visa Charge	136.01	206.50	206.50	209.13	-	-	-	-	758.15

\*If registration has been reported on previous expense statement, leave blank\*

Advance Received (-):	\$164.70
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City Owes Employee: **\$593.45**

Employee Owes City	-ZERO-
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**If splitting between multiple Accounts please use box below**


TOTAL \$ -

City Account Number: 00-1-1060-2022

City Account Number: Travel Request Filled out: ☐ No

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

**Employee Signature:**

Date: 12-16-2019

Supervisor Approval:

Date: \_\_\_\_\_

Dept. Head Approval:

Date: 12-19-19

(Out of State Travel) City Manager:

Date: \_\_\_\_\_

(If Required) \_\_\_\_\_ Mayor:

Date: \_\_\_\_\_

Approved by Accounts Payable:

Date: \_\_\_\_\_

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

<p><i>Attach applicable receipts for motor vehicle expenses, public carrier tickets, personal auto mileage, gas/tolls, regist fees, etc.</i></p>	
Comments:	
<p><b>Please answer the following questions regarding your travel:</b></p>	
How did this apply to your job?	<p>This conference went into great detail about governmental accounting and the CAFR. This was a follow-up conference from another conference that was attended two years ago. The topics included new GASB statements that are now in affect and everything else from grants, capital assets and arbitrage to name a few.</p>
Would recommend attending again?	<p>Yes, as this is directly related to day-to-day accounting and gives a overall review of how to account for accounting transactions.</p>
How will this add value to the City of Lawrence?	<p>By receiving a greater understanding of the topics, these will be applied when reconciling the financials throughout the year. They will be implemented during the reconciling process instead of after.</p>

stoddard travel expense kacm 12-2019.xls.xls 12/17/2019  
rev. 03/02/10 kl



## 2019 Travel Expense Statement City of Lawrence, Kansas

owens travel expense kacm 12-2019.xls.xls 12/17/2019  
rev. 03/02/10 kl

## 2019 Travel Expense Statement City of Lawrence, Kansas

**Your Name:** Brandon McGuire      **Supervisor** Craig S. Owens      **Your Department:** City Manager's Office

Per Diem:	55.00
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Per Diem:	55.00
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[www.gsa.gov/portal/content/104878](http://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		Wednesday	Thursday	Friday					Category
Date		12/04/19	12/05/19	12/06/19					Totals
Allowable Lodging		96.46	96.46						192.92
Lodging paid w/ City VISA		96.46	96.46						192.92
Breakfast (20%)									-
Lunch (30%)		16.50		16.50					33.00
Dinner (50%)									-
Total Meals (w/per diem)	-	16.50	-	16.50	-	-	-	-	33.00
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*		160.00							160.00
Registration paid w/ City VISA		160.00							160.00
Total Cost	-	272.96	96.46	16.50	-	-	-	-	385.92
City VISA Charges (Total)	-	256.46	96.46	-	-	-	-	-	352.92
Non-Visa Charge	-	16.50	-	16.50	-	-	-	-	33.00
*If registration has been reported on previous expense statement leave blank*								Advance Received (-):	\$0.00

**If splitting between multiple Accounts please use box below**

[illegible]

City Account Number: 001.1.1020.2022

City Account Number: 

Travel Request Filled out: ☒ YES  
☐ NO

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

Employee Signature: Brent Miller

Supervisor Approval: \_\_\_\_\_

Dept. Head Approval: 

(Out of State Travel) City Manager: 

(If Required) Mayor: \_\_\_\_\_

Approved by Accounts Payable:

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

**Comments:**

*Please answer the following questions regarding your travel:*

How did this apply to your job?

Would recommend attending again?

How will this add value to the City of Lawrence?