Your Name	: Natalia	Fairchild	Supervisor	Jeremy	Willmoth	You	ur Department:	Fina	nce
Leave Date Return Date			Destination: Trip Purpose:		Austin, TX anagement Best	Practices	•	Per Diem:	61.00
Me	ethod of Travel: City Vehicle:	(check one)	Tr Air:	ravel Advance:		1	www.gsa.go	ov/portal/conte	ent/104878
P	ersonal Vehicle:				-				
Attach applicable receipts for motel/lodg	ing expenses, pu	ıblic carrier tick			•	etc.			
Day of Week		Wednesday		Friday					Category
Allowable Lodging	163.80	163.80	163.80	12/13/19			NAME OF STREET		Totals 491.40
Lodging paid w/ City VISA		163.80	163.80						491.40
Breakfast (20%) Lunch (30%)	18.30	12.20	12.20	12.20 18.30					36.60 36.60
Dinner (50%) Total Meals (w/per diem)		30.50 42.70	30.50 42.70	30.50		-	-		91.50 164.70
Fuel/Parking									
Air Fare Toll/Shuttle Bus/Taxi				1.70					256.96 3.80
Mileage (Enter as miles) Calculated mileage (x.58)				53.00 30.74	-	•	-	-	106.00 61.48
Total Transportation Transportation paid w/ City VISA	289.80	-	-	32.44	-	-	-	-	322.24
Registrations *See Below*									256.96
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
"if registration has been reported on previous expense statement leave blank"		- in a serie a				The state of the s	Advance	e Received (-):	\$0.00
Scotts of the second section of the second s	ı						City Ow	ves Employee:	\$229.98
If splitting between mult	tiple Assounts	alaasa waa bawa	halam				Emplo	yee Owes City	-ZERO-
ii spiittiig between mui	ipie Accounts	nease use box	Delow		City Acc	ount Number:	001-1-10	60-2022	
	· ·				City Acc	ount Number:	290 300 1740		
								✓ YES	
		TOTAL	\$ -			Travel Requ	est Filled out:	□ NO	
I hereby certify information			on was incurred o part of the co					that	
Emplo	yee Signature	atalis	Hay	gohild		Date:	12/14	2019	
Superv	visor Approval:	Lin	under P	MININ		Date:	12-1	6.2019	,
Dept. I	lead Approval:	0100	0 20	ch)		Date:	12-19	-19	
(Out of State Travel)	City Manager:		10			Date:		,	
(If Required)	Mayor:					Date:			
Approved by Acco	→ ounts Payable:					Date:			
Attach applicable			xpenses, public	c carrier tickets	s, personal auto		tolls, regist fee	s, etc.	
Comments:	•								
	Since the City		r the following				nagament bact	practices for lo-	al
How did this apply to your job?	governments. T different perspe before, during a	his training prov ctives of the Fir nd post-issuance		owledge on cur ond counsel, m	rent debt related unicipal or finand	l laws, updates cial advisor, und	on regulations b lerwriters, invest	y both IRS and stors, issuer, regu	SEC, and ulators) needs
Would recommend attending again?	Yes, I would red local governme		all Finance prof	fessionals, espe	ecially ones that	take part in son	ne or all process	ses of debt mana	agement for
How will this add value to the City of			ble to come back ing debt manage		d present ideas	on how Finance	can improve Cit	ty of Lawrence's	processes,

Your Name	: Jennife	er Werth	Supervisor	Jeremy	Willmoth	Yo	ur Department:	Fina	ance
Leave Date	12/10/10		D		TV				
Return Date			Destination: Trip Purpose:	GFOA Confere	Austin, TX ence		_	Per Diem:	61.00
Ме	ethod of Travel: City Vehicle:	(check one)		ravel Advance:	164.70		www.gsa.go	ov/portal/cont	tent/104878
P	ersonal Vehicle:	x	Other:	Uber	Explain:		To/from	Airport	
Attach applicable receipts for motel/lodgi	ing expenses, pu	ublic carrier ticke	ets, personal aut	to mileage/gas/t	olls, regist fees,	etc.			
Day of Week		Wednesday		Friday		N. 20.20			Category
Allowable Lodging	163.80	12/11/19 163.80	12/12/19 163.80	12/13/19				9	Totals 491.40
Lodging paid w/ City VISA									-
Breakfast (20%) Lunch (30%)		12.20	12.20	12.20					36.60
Dinner (50%)	30.50	30.50	30.50	18.30					36.60 91.50
Total Meals (w/per diem)	48.80	42.70	42.70	30.50	-				164.70
Fuel/Parking									
Air Fare Toll/Shuttle Bus/Tax				128.48 23.01					256.96 47.76
Mileage (Enter as miles)	46.80			46.80					93.60
Calculated mileage (x.58) Total Transportation		-	-	27.14 178.63	-	•	-	-	54.29 359.01
Transportation paid w/ City VISA				170.00					256.96
Registrations *See Below*				W - 12-					576.00
Registration paid w/ City VISA									576.00
Total Cost	968.97	206.50	206.50	209.13	-			-	1,591.11
City VISA Charges (Total)	832.96		<u>-</u>						
			21623	•	-		-		832.96
Non-Visa Charge	136.01	206.50	206.50	209.13	-	-	-	-	758.15
"Il registration has been reported on previous expanse statement leave blank"							Advance	e Received (-):	\$164.70
	1						City Ow	ves Employee:	\$593.45
							_	yee Owes City	Y - 100
If splitting between mult	tiple Accounts	please use box	below		***				-ZENO-
					City Acc	ount Number:	00-1-106	0-2022	
					City Acc	ount Number:			
				ſ				Tiles	
		TOTAL				Travel Requ	uest Filled out:	odes □o	
		TOTAL	\$ -	ı				No.	
I hereby certify	that the travel	indicated here	was incurred	in the dischar	of official C	ter of Laurence	- business and	44-4	
inform	ation shown is	correct; that no	part of the co	mpenșation cla	ge of official c imed was of a	non-City busin	e business and less nature.	that	
Emplo	yee Signature:	Oku	unifer !	[] [] N	Hr	Date:	12-10	10-2019	!
			0	1/1/4/4	10			00001	
Superv	isor Approval:	<i>V</i> .		7.1		Date:			
Dept. H	lead Approval:		AJU	w		Date:	12-19	-17	
(Out of State Travel)	City Manager:		00			Date:			
(If Required)	Mayor:								
	• .								
Approved by Acco						Date:			
Attach applicabl	e receipts for n	notel/lodging ex	xpenses, public	c carrier tickets	, personal auto	o mileage/gas/	tolls, regist fees	s, etc.	
Comments:									
			r the following o				s a follow-up con	farance from a	cathor
How did this apply to your job?	conference that	was attended to		he topics include			s a follow-up con are now in affect		
	Yes, as this is d	irectly related to	day-to-day acc	ounting and give	es a overall revi	ew of how to ac	count for accour	nting transaction	1S.
Would recommend attending again?									
How will this add value to the City of Lawrence?	By receiving a g implemented du				applied when r	econciling the fi	inancials through	out the year. Th	ney will be

Your Name:	Diane Stode	dard	Supervisor	Craig S.	Owens	You	r Department:	City Manag	er's Office
Leave Date: Return Date:	12/04/19 12/06/19	38	Destination: Trip Purpose:		Garden City, KS	3		Per Diem:	55.00
	nod of Travel: (ch	eck one)	Tr	avel Advance:	hille (• p)	l	www.gsa.go	v/portal/conte	ent/104878
	City Vehicle:	X					use M&IE column		
Per	sonal Vehicle:		Other:		Explain:				
Attach applicable receipts for motel/lodgir	176 (A) 515		50(5)	123. 123.	tolls, regist fees	, etc.			
Day of Week Date	W	ednesday 12/04/19	12/05/19	Friday 12/06/19			0.0000000000000000000000000000000000000		Category Totals
Allowable Lodging Lodging paid w/ City VISA		96.46 96.46	96.46 96.46						192.92 192.92
Breakfast (20%)				Internation			ELDE N. F. L.	(-
Lunch (30%) Dinner (50%)		16.50		16.50					33.00
Total Meals (w/per diem)		16.50	- 10 Se Alice	16.50	726	TAYLORG			33.00
Fuel/Parking Air Fare									•
Toll/Shuttle Bus/Taxl Mileage (Enter as miles)									
Calculated mileage (x.58) Total Transportation	-	/ () (() () () () () () () ()	-			•	•		
Transportation paid w/ City VISA	are the second				318 153			erengo.	
Registrations *See Below* Registration paid w/ City VISA		160.00 160.00							160.00 160.00
Total Cost	/ ME	272.96	96,46	16,50	-	TSTYK DYN.			385.92
City VISA Charges (Total)	57. 图 20. 10 10 10 10 10 10 10 10 10 10 10 10 10	256.46	96,46			-	•		352.92
Non-Visa Charge		16.50		16.50		-	(-		33.00
*If registration has been reported on			AND SERVICE		1-1200 / 6		Advance	Received (-):	\$0.00
previous expense statement leave blank*							City Ow	es Employee:	\$33.00
							Employ	ee Owes City	-ZERO-
If splitting between multi	ple Accounts plea	ise use bo	x below		City Acc	ount Number:	001.1.10	20.2022	
					City Acc	count Number:			
				9		T	and Filled and	☑ YES	
		TOTAL	. \$ -			Travel Requ	est Filled out:	□ NO	
I hereby certify t informa	hat the travel indic tion shown Is cop	cated here reot; that n	on was incurred to part of the co	d in the discha mpensation cl	rge of official (aimed was of a	City of Lawrenc non-City busin	e business and ness nature. /	that	
Employ	ree Signature: <u></u>	dan	estri	lde	d	Date:	1211	7/19	
Superv	sor Approval:	1				Date:			
Dept. H	ead Approval;					Date:	1	/	
(Out of State Travel)	City Manager:	0/	<u> </u>		a a	Date:	12/18	1/19	
(If Required)	Mayor:				•.	Date:	A - 4		
Approved by Acco	unts Payable:	,	3 N			Date:			
Attach applicable	receipts for mote	el/lodging	expenses, publi	ic carrier ticket	s, personal au	to mileage/gas/	tolls, regist fee	s, etc.	
Comments:	11.00 m				a uarra a s				
	This C	mase answe	er the following	o Very	1201 C	al. The	s year	1 pres	entetori
How did this apply to your job?	ju dunder	I mo	disci	mill	of m	apjean	na lan	15, ea	my,
		· · · · · ·	my c	VICE	, 00 1 - 100	,-016	•		
Would recommend attending again?	yes.		<u> </u>			-	S		
How will this add value to the City of Lawrence?	The con	rferer	nager	mayo and	has k	orking	is of N	other	kousas

stoddard travel expense kacm 12-2019.xls.xls 12/17/2019 which may arise In pubeonion.

Your Name:	Craig S	6. Owens	Supervisor	Jennifer A	Ananda	You	ır Department:	City Manage	er's Office
	- 210 1110	TOUR DESIGNATION		A. W. W. L. A. BOLLE	- La Olla KO	All Springers		STATE OF STATE OF	de fallemant.
Leave Date: Return Date:	12/04/19 12/06/19		Destination: Trip Purpose:	G KACM Conferen	Garden City, KS nce			Per Diem:	55.00
	hod of Travel: City Vehicle:	(check one)		avel Advance:			www.gsa.gov	v/portal/conte	ent/104878
Per		ii	Other:		Explain: _				
Attach applicable receipts for motel/lodgir					-				
Day of Week	19	Wednesday	V///6	Friday				Water and the same of the same	Category
Date		12/04/19	12/05/19	12/06/19	Cint II			All Thomas	Totals
Allowable Lodging Lodging pald w/ City VISA		96.46 96.46							192.92 192.92
The disk of the control of the control		100 min					E-y-to-		
Breakfast (20%) Lunch (30%)		16.50		16.50					33.00
Dinner (50%) Total Meals (w/per diem)		16.50		16.50		-	-	2	33.00
	1000	10.00	10710	10.00	GENERAL STREET	TATRE	27 J. D. A. Q. S.		
Fuel/Parking Air Fare									
Toll/Shuttle Bus/Taxi									• _ [
Mileage (Enter as miles) Calculated mileage (x.58)			DENESTI NOT			SECTION OF A			
Total Transportation	• (•	•	•			11 2	-
Transportation paid w/ City VISA		TATE OF STATE				57 S 7 S			
Registrations *See Below*		100.00							100.00
Registration paid w/ City VISA	79 A 70 L 30	100.00	The Court of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CEV SID	me Yephn	T-12 5-116	100.00
Total Cost	-	212.96	96.46	16.50	-	-	-	-	325.92
City VISA Charges (Total)		196.46	96.46						292.92
	200/2007/20			DESCRIPTION OF THE PROPERTY OF	Mark Nethoday				STANKE THE
Non-Visa Charge		16.50	TAN PARTY COME	16.50		W. Falley			33.00
*If registration has been reported on							Advance	Received (-):	\$0.00
previous expense statement leave blank*							City Ow	es Employee:	\$33.00
							3	ee Owes City	
If splitting between multi	ple Accounts	please use bo	x below	a.		ancara go W	(5)	E#	-ZLINO-
				l	City Acco	ount Number:	001.1.102	20.2022	
		1		ĺ	City Acco	ount Number:			
		1		r		-			i
		 				Travel Requ	lest Filled out:	☑ YES	İ
		TOTAL	. \$ -	ı L				□ NO	i
I hereby certify t			일하다 하다 아이들은 살아 있다면 살아보다 하고 있다.		the control of the co		Fra Chicago Carrena Contra de massare	that	
			11233		almed was of a n				
Employ	yee Signature:					Date:			
Supervi	isor Approval:	<u> </u>				Date:			
Dept. H	ead Approval:			110		Date:			
00000 Toleron 10 1000000	esterios/deserti	Alla				No.	12/16	1,0	
(Out of State Travel)	City Manager	4				Date:	12/17/	17	i.
(If Required)	Mayor:	AM		27		Date:			
Approved by Acco	ounts Payable:	00				Date:			
Attach applicable	e receipts for i	motel/lodging	expenses, publi	c carrier tickets	s, personal auto	mileage/gas	/tolls, regist fee.	s, etc.	
Comments:									
		Please answ	er the following	questions rega	arding your trave	el:			
How did this apply to your job?	Subject	s nelva	ed, hove	my migreet	non, race		ship. All	things	
Would recommend attending again?	Yes.	Graf	notur	h.					
	1	. lame	eded be	helan 8	popey den	ulopmy	Also C	onnedo	1
How will this add value to the City of Lawrence?	Incres	a util	illo	Elu I	Fore.	7	10.000		

		McGuire	Supervisor	Craig S. C)wens	Your D	Department:	City Manage	r's Office
Leave Date:	12/04/19		Destination: Trip Purpose: I	GaCM Conference	arden City, KS			Per Diem:	55.00
Return Date:	thod of Travel:		20 N S	vel Advance:	-		∟ www.gsa.gov	/portal/conte	
	City Vehicle:	×	- Air: _	·		use	e M&IE column		
	rsonal Vehicle:			a milanga/ans/tal	Explain:				
ach applicable receipts for motel/lodgi		Wednesday	Thursday	Friday	is, regist lees, et				Category
Date Allowable Lodging		12/04/19 96.46		12/06/19		WANTED IN			Totals 192.92
Lodging paid w/ City VISA		96.46	96.46			E E SE L			192.92
Breakfast (20%)		16.50		16.50					33.00
Lunch (30%) Dinner (50%)				16.50					33.00
Total Meals (w/per diem)		16.50		16.50		SE MAN	NAME OF STREET		-
Fuel/Parking Air Fare									-
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									100
Calculated mileage (x.58) Total Transportation			-	•		-	•	,	•
Transportation paid w/ City VISA	ID VANCOUS A	ALEXAU AN			C T C T 1 (2)				TAX.
Registrations *See Below* Registration paid w/ City VISA		160.00 160.00							160.00 160.00
Total Cost	ECCOR LE	272.96	96.46	16.50			20/12 EVH	gabe sel	385.92
City VISA Charges (Total)		256.46	96.46					FR 1988 -	352.92
	国的产品的	16.50	- CO.40	16.50					33.00
Non-Visa Charge	<u>Leichie</u>	10.50		10.00	is nave	2	A MARCHAN	Received (-):	\$0.00
egistration has been reported on vious expense statement leave blank*							City Owe	es Employee:	\$33.00
							Employe	ee Owes City	-ZERO-
If splitting between mult	iple Accounts	please use bo	x below		City Accou	nt Number:	001.1.102	0.2022	
		ľ			City Accou	nt Number:			
					City Accou	nt Number:		FI VES	
		TOTAL	\$ -			nt Number:	st Filled out:	☑ YES	
Emplo Superv	that the travel ation shown is yee Signature: risor Approval: lead Approval:	indicated here correct; that n	on was incurred to part of the co	in the discharg	e of official City	Travel Reques	business and	□ NO	
informa Emplo Superv	ation shown is yee Signature: /isor Approval:	Indicated here correct; that n	on was incurred to part of the co	in the discharg	e of official City	r of Lawrence on-City busine Date:	business and	□ NO	
informa Emplo Superv Dept. H	ation shown is yee Signature: /isor Approval: lead Approval:	Indicated here correct; that n	on was incurred to part of the co	in the discharg	e of official City	r of Lawrence on-City busine Date: Date:	business and	□ NO	
informa Emplo Superv Dept. H (Out of State Travel)	wee Signature: visor Approval: dead Approval: City Manager: Mayor:	indicated here correct; that n	on was incurred to part of the co	in the discharg	e of official City	of Lawrence on City busine Date: Date: Date:	business and	□ NO	
informa Emplo Superv Dept. H (Out of State Travel) (If Required)	ation shown is yee Signature: visor Approval: dead Approval: City Manager: Mayor: ounts Payable:	indicated here correct; that n	on was incurred to part of the col	mpensation clain	e of official City med was of a no	r of Lawrence on-City busine Date: Date: Date: Date: Date: Date:	business and ss nature.	that	
informa Emplo Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	ation shown is yee Signature: visor Approval: dead Approval: City Manager: Mayor: ounts Payable:	indicated here correct; that n	on was incurred to part of the col	c carrier tickets,	e of official City med was of a no	of Lawrence on-City busined Date: Date: Date: Date: Date: Date:	business and ss nature.	that	
informa Employ Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	ation shown is yee Signature: visor Approval: dead Approval: City Manager: Mayor: ounts Payable:	indicated here correct; that n	on was incurred to part of the col	c carrier tickets,	e of official City med was of a no personal auto	r of Lawrence on-City busine Date: Date: Date: Date: Date: Date:	business and ss nature.	that	
informa Employ Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	wee Signature: visor Approval: dead Approval: City Manager: Mayor: ounts Payable:	motel/lodging	on was incurred to part of the col	c carrier tickets,	e of official City med was of a no personal auto ding your trave	Travel Reques of Lawrence Date:	business and ss nature.	that g 1/9 s, etc.	
informa Employ Superv Dept. H (Out of State Travel) (If Required) Approved by Acco	wee Signature: visor Approval: dead Approval: City Manager: Mayor: ounts Payable:	motel/lodging. Please answ. Lid pro	expenses, public	c carrier tickets, questions regar the of 1 denuls pro	personal auto	Travel Reques of Lawrence Date:	business and ss nature.	that G 3/19 s, etc. and the	1 use in