2020 Travel Expense Statement City of Lawrence, Kansas

Your Name:	Ashley	Myers	Supervisor	Jessica	Mortinger	Υοι	ur Department:	Plan	ning
Leave Date:	01/22/20	and the second second second	Destination:		lefferson City, N		-		
Return Date:					e Planning Parti	ners Mtg		Per Diem:	
Me	thod of Travel: City Vehicle:	(check one) X		ravel Advance:]	WWW.gSa.go use M&IE column	ov/portal/cont	ent/104878
Pe	rsonal Vehicle:		Other:		Explain:	Parking (Garage Fee and	Fuel for the Cit	v Vehicle
Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.									
Day of Week Date	Wednesday 01/22/20								Category Totals
Allowable Lodging Lodging paid w/ City VISA	83.75	01/20/20							83.75 83.75
Breakfast (20%)									•
Lunch (30%) Dinner (50%)	14.25								14.25
Total Meals (w/per diem)									14.25
Fuel/Parking Air Fare		25.88							25.88
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									2.25
Calculated mileage (x.575) Total Transportation		25.88		•		•		lavin operation	28.13
Transportation paid w/ City VISA	2.25	25.88							28.13
Registrations *See Below* Registration paid w/ City VISA									· · ·
Total Cost	100.25	25.88			-			-	126.13
City VISA Charges (Total)	86.00	25.88	-	يوار حالتها م	-	•	-		111.88
Non-Visa Charge	14.25				-	-			14.25
*if registration has been reported on							Advanc	e Received (-):	\$0.00
previous expense statement leave blank'							City Ov	ves Employee:	\$14.25
							Emplo	yee Owes City	-ZERO-
If splitting between mult 641-1-1035-2030 - CPG20	P	please use boy	\$ 100.90	Ĩ	City Ace	count Number:			
001-1-1035-2030 - LOC201									
TOTAL \$ 126.13									
l hereby certify informa	that the travel i ition shown is a	ndicated hered	on was incurre	d in the discha mpensation cl	rge of official (aimed was of a	City of Lawrence a non-City busi	e business and ness nature.	d that	
information shown is correct; that no part of the compensation claimed was of a non-City business nature.									
Supervisor Approval:									
Dept. Head Approval:									
	City Manager:	aren	Nº St	Idano	Umc	Date:	1/2	8/20	
(If Required)	Mayor:				, Viller	Date:			
Approved by Acco	ounts Payable:					Date:			
Attach applicable	e receipts for n	iotel/lodging e	xpenses, publi	c carrier ticket	s, personal au	to mileage/gas	tolls, regist fee	as, etc.	
Comments:						t include it on i	ny travel autho	orization form.	
How did this apply to your job?	I was able to ta		<u>r the following</u> nsportation plar			ent about our pu	iblic engagemer	nt activities,	
	Yes. It was inte	resting to see h	ow Missouri doe	es their statewic	le planning mee	tings compared	to Kansas.		
Would recommend attending again?									
How will this add value to the City of Lawrence?	I presented abo	ut the great wo	rk we are doing	here and learne	ed from others.				

2019 Travel Expense Statement MSOOII820AS-REIN City of Lawrence, Kansas

Your Name	: Evan k	(orynta	Supervisor	Ambe	r Shultz	Yo	ur Department:	MS	6O	
Leave Date Return Date	Million and a lot of the second		Destination:		^D hoenix, Arizona	1				
Return Date	: 01/18/20		Trip Purpose:	ADA Conterno	e		- L	Per Diem:	69.00	
Me	thod of Travel: City Vehicle:	(check one)	Tr 	avel Advance: X			WWW.gSa.go use M&IE column	v/portal/conte	ent/104878	
P	ersonal Vehicle:	х	Other:		Explain:	Easier for r	me to load my wh	eelchair in my o	own vehicle	
Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.										
Day of Weel		Thursday	Friday	Saturday					Category	
Allowable Lodging	164.35	01/16/20 164.35 164.35	01/17/20 164.35 164.35	01/18/20					Totals 493.05 493.05	
Breakfast (20%										
Lunch (30%)								-	
Dinner (50%) Total Meals (w/per diem		23.00 23.00	23.00 23.00						69.00	
		and the second	1	1. 1.		-	-	-	69.00	
Fuel/Parking		7.50	7.50						22.50	
 Toll/Shuttle Bus/Tax 	33.99						l		312.96 33.99	
Mileage (Enter as miles)				50.40					100.80	
Calculated mileage (x.58) Total Transportation		- 7.50	- 7.50	29.23 29.23		<u>- 2000 - 200</u>			58.46	
Transportation paid w/ City VISA		7.50	7.50	29.23	-				427.91 376.95	
Registrations *See Below Registration paid w/ City VISA									290.00	
						and the second second second			290.00	
Total Cost		194.85	194.85	29.23	-	-	-	-	1,279.96	
City VISA Charges (Total)	816.30	171.85	171.85	-	-	•	-	-	1,160.00	
Non-Visa Charge	44.73	23.00	23.00	29.23	-	-	-	-	119.96	
In registration has been reported on previous expense statement leave blank* Advance Received (-): \$0.00 City Owes Employee: \$119.96 If splitting between multiple Accounts please use box below Employee Owes City City Account Number: 501-7-7100-2022										
					City Acco	ount Number:				
				г						
		TOTAL	\$			Travel Requ	iest Filled out:	✓ YES		
l hereby certify t informa	tion shown is c	dicated hereo orrect; that no	n was incurred part of the con	in the dischar npensation cla	ge of official C aimed was of a	ity of Lawrend non-City busi	ce business and ness nature.	that		
Employee Signature: Date: 1/28/20										
Superv	isor Approval:	Huln	Shill			Date:	1/20/2	020		
Dept. H	ead Approval:	Huln	Shi Qo	Ś		Date:	1/28/7	000		
(Out of State Travel)	City Manager:	Bin	rm	SM_	· ·	Date:	1-30-	7.1120		
(If Required)	→ Mayor:	P		6		Date:				
Approved by Acco	ounts Payable:					Date:				
Attach applicable	receipts for mo	otel/lodging ex	penses, public	carrier tickets	, personal auto	mileage/gas/	tolls, regist fees	s. etc.		
Comments:							were provided b		hatal	
	F	Please answer	the following of	uestions rega	rding your trav	el:				
How did this apply to your job?	In my role as AD towards my ADA	A complinace	Manager, this co	onference provid	ded me with area	at networking c	oppertunities, as v Coordinators.	vell as needed	credits	
Would recommend attending again?	Yes. Very infoma	ative and valubl	e to see how oth	ner city governe	ements address	ADA issues.				
How will this add value to the City of	The connections innovative ways	that I made at to address acc	the conference	and the skills th	at I obtained wil	help me with o	our ADA Transitio	n Plan, and lo	ok at	

Lawrence?

2019 Travel Expense Statement City of Lawrence, Kansas

Your Name:	Danielle Bu	schkoetter	Supervisor	Jeremy V	Willmoth	You	r Department:	Finar	nce	
Loove Date:	01/14/20		Destination:		Nashville, TN					
Leave Date: Return Date:	01/17/20		Trip Purpose:	GFOA Budget T			[Per Diem:	61.00	
Meth	od of Travel: City Vehicle:	(check one)	Tr Air:	avel Advance: X	270.12		WWW.gsa.go use M&IE column	v/portal/conte	ent/104878	
Pers	onal Vehicle:		Other:		Explain:					
Attach applicable receipts for motel/lodging	expenses, pu	blic carrier ticke	ets, personal aut	o mileage/gas/te	olls, regist fees,	etc.				
Day of Week		Wednesday	Thursday	Friday					Category	
Date Allowable Lodging	01/14/20 259.51	01/15/20 259.51	01/16/20	01/17/20					Totals 778.53	
Lodging paid w/ City VISA	259.51	259.51	259.51			Mar Martin	Part Star	1000	778.53	
Breakfast (20%)	12.20 18.30	12.20	12.20	12.20 18.30					48.80 36.60	
Lunch (30%) Dinner (50%)	30.50	30.50	30.50						91.50 176.90	
Total Meals (w/per diem)	61.00	42.70	42.70	30.50	CAR STREET			A REAL PROPERTY AND		
Fuel/Parking Air Fare				30.00 276.00					30.00 276.00	
Toll/Shuttle Bus/Taxi	21.39			23.63					45.02 109.00	
Mileage (Enter as miles) Calculated mileage (x.58)	54.50 31.61	-	-	54.50 31.61	-	-	-	-	63.22	
Total Transportation	53.00	-	-	361.24 276.00	-	-		-	414.24 276.00	
Transportation paid w/ City VISA	-		A CONTRACTOR	270.00	Shi 27 20	CALL AND			And the second	
Registrations *See Below* Registration paid w/ City VISA	576.00 576.00								576.00 576.00	
Total Cost	949.51	302.21	302.21	391.74			-		1,945.67	
City VISA Charges (Total)	835.51	259.51	259.51	276.00	-	-	-	-	1,630.53	
Non-Visa Charge	114.00	42.70	42.70	115.74	-	-	-	-	315.14	
MARCHINE R. WARRANT CONTRACTOR		St. St. St.					Advanc	e Received (-):	\$270.12	
If registration has been reported on previous expense statement leave blank City Owes Employee: \$45.02										
							Emplo	yee Owes City	-ZERO-	
If splitting between multi	ple Accounts	please use bo	x below	1	City Ac	count Number	001-1-10	060-2022	1	
City Account Number: 001-1-1060-2022									1	
City Account Number:							1			
		1		1		Travel Reg	uest Filled out:	✓ YES		
		TOTAL	\$ -	1		natornoq		NO NO]	
I hereby certify t	hat the travel	indicated here	on was incurre	d in the discha	arge of official (laimed was of a	City of Lawrend	ce business and ness nature.	d that		
	information shown is correct, that no part of the compensation claimed was of a non-City business nature.									
Employee Signature: Date: 1200							•			
Supervi	sor Approval				-	Date		2470	-	
Dept. H	ead Approval		b	hut	_	Date	1-28-	2020	-	
(Out of State Travel)	City Manager	(α)	up Toe	may	_	Date	2-2	3-200	0	
(If Required)	Mayor		1		_	Date	:		-	
Approved by Acco					_	Date			-	
Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.										
Comments:										
	T	ining an addinal	for monoging	the hudget proce	garding your tra	ary person resp	onsible for this f	unction within th	e organization.	
How did this apply to your job?	I found the tra training.	ining to be incre	dibly insightful.	There were a nu	umber of strateg	ies that I will us	e moving forwar	d that were pres	sented at this	
Would recommend attending again?	Yes, I would h departmental		nding this trainin	g to others that	help with the bu	dget process ar	d are active par	ticipants manag	ing	
	There are a n	umber of comm	unication tools a	and reporting str	ategies that I wi	Il use moving fo	rward that were	presented at this	s training. I	
How will this add value to the City of Lawrence?	believe this w	ill help improve	our communica	tion of the budge	et.					

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