	Your Name:		Supervisor	Christopher King	Your Department:	Fire Medical	
	Leave Date: Return Date:	02/03/20 02/06/20	Destination: Trip Purpose: KS	Wichita, KS IAAI Conference		Per Diem: 61.00	
		od of Travel: (check one) City Vehicle:	Trave Air:	el Advance: 183.00	www.gsa.gov use M&IE column	/portal/content/104878	
	Perso	onal Vehicle:x	Other:	Explain:			
Attach applicable receip	ots for motel/lodging	expenses, public carrier tic	kets, personal auto r	nileage/gas/tolls, regist fees, etc.			
The second second second second second	Day of Week	Monday Tuesday	Wednesday	[hursday		Category	

Day of week	wonday	Tuesday	wednesday	Inursday		a The State Property and the State of the State	- 2 M R. P. L. M. L. R.	CONTRACTOR AND DRAWED	Category
Date	02/03/20	02/04/20	02/05/20	02/06/20					Totals
Allowable Lodging	51.65	51.65	51.65	and the second second		1		and the second	154.95
Lodging paid w/ City VISA	51.65	51.65	51.65	and the second	and the second	and the second	and the second	and the second	154.95
		And the Address of the Address	STATES AND			1.578.8619			
Breakfast (20%)	12.1.1	12.20	12.20	12.20		1.2111	1.1111		36.60
Lunch (30%)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	18.30	18.30	18.30				and the second	54.90
Dinner (50%)	30.50	30.50	1	30.50					91.50
Total Meals (w/per diem)	30.50	61.00	30.50	61.00		1.1.1.1.1.1.1	-		183.00
Fuel/Parking		STATISTICS IN CONTRACTOR				A CHARLES			
Air Fare								1	
Toll/Shuttle Bus/Taxi									
Mileage (Enter as miles)									
Calculated mileage (x.575)	10 C	AREA SALEPAR	And the state	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	1963	2010/02/10/2	100 10 20 - 100		CONTRACTOR NO.
Total Transportation	-	-	-	-	-	-	-		-
Transportation paid w/ City VISA									-
Parts the second second	000.00						Solid Solid		
Registrations *See Below*	200.00								200.00
Registration paid w/ City VISA	200.00								200.00
Total Cost	282.15	112.65	82.15	61.00	-	-	-	-	537.95
				State of the second			Ame Constant	WATER STOPPENS	No Kan Maria
City VISA Charges (Total)	251.65	51.65	51.65					-	354.95
Non-Visa Charge	30.50	61.00	30.50	61.00	-	-		Clark and a state in the second	183.00
registration has been reported on							Advanc	e Received (-):	\$183.00

If registration has been reported on previous expense statement leave blank

City Owes Employee: -ZERO-

Employee Owes City -ZERO-

City Account Number:

City Account Number:

Travel Request Filled out: **D**IO

Date:

If splitting between multiple Accounts	please use box	below
And a second		

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

Emplo	oyee Signature: Tra	vis Henno	ton
Super	visor Approvat:	- A	
Dept.	Head Approval:	an Colo	
(Out of State Travel)	City Manager:		
(If Required)	Mayor:		

TOTAL

Date: 2020 Date: 2/19 20 Date: Date: Date:

Approved by Accounts Payable:

Attach applicabl	e 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?	To obtain Continuing Education Hours for Fire Inevstigation Certification for CFI II as required by KSA 31-157. This training will also ensure that the Lawrence Douglas County Fire Medical Fire investigators are obtaining continuing education as provided in section 1.3.7 of the NFPA 1033 the Standard for Professional Qualifications for Fire Investigator.
Would recommend attending again?	Yes. I would recommend this training for all law enforcement investigators, fire company officers, and or prevention staff.
	This continuing education opportunity provides our fire investigators the needed training to keep our investigators proficient in the profession of fire investigation. The international association of arson investigators provide excellent instructors on specialized topics, trends, and unique investigation techniques that are being used throughout the industry.

	02/03/20 02/06/20			and the second second second second second second	Property of the second s			all states of the life.	
			Destination: Trip Purpose:		Wichita, KS ce			Per Diem:	61.00
	d of Travel: (City Vehicle:	check one) x		vel Advance:	183.00		WWW.gsa.gov	//portal/conte	ent/104878
Persol	nal Vehicle:		Other:		Explain:				
applicable receipts for motel/lodging e		Sec. 22. 198			s, regist fees, e	tc.			Cotomore
Day of Week Date	Monday 02/03/20	Tuesday 02/04/20	Wednesday 02/05/20	Thursday 02/06/20	CARLEY CONTRACT		AND CONTRACTOR OF A	CHENNING CONTRACTOR	Category Totals
Allowable Lodging Lodging paid w/ City VISA	51.65 51.65	51.65 51.65	51.65 51.65						154.95 154.95
Breakfast (20%)		12.20	12.20	12.20					36.60
Lunch (30%) Dinner (50%)		18.30 30.50	18.30 30.50	18.30 30.50					54.90 91.50
Total Meals (w/per diem)		61.00	61.00	61.00		-			183.00
Fuel/Parking		C. MARKE	The second s	24.06					24.06
Air Fare									-
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)	-				1				
Calculated mileage (x.575)							NAMES OF A PARTY OF		
Total Transportation	•	-		24.06 24.06		•	-		24.06
Transportation paid w/ City VISA		1000	and the second second	24.00			STATISTICS IN CONTRACTOR		24.00
Registrations *See Below* Registration paid w/ City VISA	200.00 200.00								200.00 200.00
Total Cost	251.65	112.65	112.65	85.06				-	562.01
City VISA Charges (Total)	251.65	51.65	51.65	24.06	-	-		I A BORNAND COM	379.01
	The second second	and and and a	CRIMIN STREET			and the second states	Providence States		100.00
Non-Visa Charge		61.00	61.00	61.00		-			183.00
stration has been reported on							Advance	Received (-):	\$183.00
us expense statement leave blank*							City Owe	s Employee:	-ZERO-
							Employ	o Owor City	-ZERO-
If splitting between multiple	Accounts pl	ease use box	below				Employe	e Owes City	-ZERU-
					City Accou	nt Number:			
					City Accou	nt Number:			
				_					
						Travel Requ	est Filled out:	₽res	
		TOTAL	\$ -					NO	

Comments:	
	Please answer the following questions regarding your travel:
How did this apply to your job?	To obtain Continuing Education Hours for Fire Inevstigation Certification for CFI II as required by KSA 31-157. This training will also ensure that the Lawrence Douglas County Fire Medical Fire investigators are obtaining continuing education as provided in section 1.3.7 of the NFPA 1033 the Standard for Professional Qualifications for Fire Investigator.
Would recommend attending again?	Yes. I would recommend this training for all law enforcement investigators, fire company officers, and or prevention staff.
	This continuing education opportunity provides our fire investigators the needed training to keep our investigators proficient in the profession of fire investigation. The international association of arson investigators provide excellent instructors on specialized topics, trends, and unique investigation techniques that are being used throughout the industry.

	Your Name:	Jason	Ray	Supervisor	Christoph	er King	Your	Department:	Fire Med	lical
150	Tour Humor									
	Leave Date:	02/03/20		Destination:	KS IAAI Confere	Wichita, KS			Per Diem:	61.00
	Return Date:	02/06/20							/portal/conter	ot/104878
	Metho	od of Travel: (City Vehicle:	check one)		avel Advance:	183.00		www.gsa.gov se M&IE column	//pontai/conter	10104070
	Perso	onal Vehicle:	x	Other:		Explain:				
^+	tach applicable receipts for motel/lodging	expenses, pu	blic carrier tick	ets, personal au	to mileage/gas/t	olls, regist fees,	etc.			
At	and the second		Tuesday	Wednesday	Thursday					Category
-	Day of Week Date	Monday 02/03/20	02/04/20	02/05/20	02/06/20					Totals 154.95
	Allowable Lodging Lodging paid w/ City VISA	51.65 51.65	51.65 51.65	51.65 51.65				and the second	1.1.1	154.95
	Lodging paid w/ City VISA	MACHINE	2 × 2 × 4	LAAND	40.00					36.60
	Breakfast (20%)		12.20 18.30	12.20	12.20 18.30					54.90
⊢	Lunch (30%) Dinner (50%)	30.50	30.50		30.50					91.50 183.00
	Total Meals (w/per diem)	30.50	61.00	30.50	61.00	in the second				
	Fuel/Parking									-
H	Air Fare									
	Toll/Shuttle Bus/Taxi									-
100	Mileage (Enter as miles) Calculated mileage (x.575)		20072100-1.0		1985 (F. 1987) - 188	-		- A.		-
1993	Total Transportation	-		-	-	-		-		
	Transportation paid w/ City VISA				CARGE CONTRACT		NAME OF CASE			
	Registrations *See Below*	200.00								200.00
E	Registration paid w/ City VISA	200.00								
	Total Cost	282.15	112.65	82.15	61.00	-	-	-	-	537.95
	Total Cost	202.10					-		-	354.95
E	City VISA Charges (Total)	251.65	51.65	51.65		-			and the second second	
P	Non-Visa Charge	30.50	61.00	30.50	61.00	-	-	-	-	183.00
						ACC INVESTIGATION		Advance	Received (-):	\$183.00
1	f registration has been reported on revious expense statement leave blank							014.0		-ZERO-
Ρ	evious expense outernetter							City Ow	es Employee:	and the second
								Emplo	yee Owes City	-ZERO-
	If splitting between multi	ple Accounts	please use bo	x below	-	City Acc	ount Number:			
F					-	City Acc	ount number.			
+					1	City Acc	count Number:			
Ŀ									⊡ ES	
F							Travel Requ	lest Filled out:		
ŀ			TOTA	L\$ -						1
	I hereby certify t	hat the travel	indicated here	eon was incurr	ed in the disch	arge of official C	City of Lawrence	e business an	d that	
	informa	tion shown is	correct; that	no part of the o	compensation of	laimed was of a	a non-city busi		1	
	Employ	ee Signature	Jas	on Ke	ril	_	Date:	2/18	<u> 2920 (</u>	
			/	/	J		Date:	2/	18/202	0
	Supervi	isor Approval	H	211-		-		2/1	0/20	
	Dept. H	ead Approval)ha	. Ch			Date:	-11	1720	-
	(Out of State Travel)	City Manager					Date:			_
		Mayor					Date			_
	(If Required)	•					Date			
	Approved by Acco					-	to mileage/gas	tolls, regist fe	es, etc.	
I	Attach applicabl	e receipts for	motel/lodging	expenses, pu	one carrier tick	as, personar au	to mileage/gas	interney registerie		
	Comments:									
						garding your tra Certification for C		d by KSA 31-15	7. This training	will also ensure
		that the Lower	ance Douglas (County Fire Med	ical Fire Investio	ators are obtain	ing continuing c	ducation as pro	vided in section	1.3.7 of the
	How did this apply to your job?	NFPA 1033 th	he Standard for	Professional Q	ualifications for	Fire Investigator.				
						t investigators, fi		cers, and or pre	vention staff.	
1		Yes. I would I	ecommend this	s training for all	an chiorcemen	and a set gater of the				
	Would recommend attending again?									
		This continuit	a education of	portunity provid	les our fire inves	tigators the need	ded training to k	eep our investig	ators proficient	in the
	How will this add value to the City of	feeding of	fire investigation	on The internat	onal association	of also in investig	galois provide e	excellent instruction	tors on specializ	red topics,
	Lawrence?	trends, and u	nique investiga	tion techniques	that are being u	sed throughout th	ne industry.			

Your Name	: Paul S	chneider	Supervisor	Chris	s King	Yo	ur Department:	: Fire Me	dical
Leave Date Return Date			Destination: Trip Purpose:		Wichita, KS		-	Per Diem:	61.00
	ethod of Travel:	- (check one) X	Tr	ravel Advance:	183.00]	www.gsa.g	ov/portal/conte	
P	ersonal Vehicle:		-				Use Male column		
Attach applicable receipts for motel/lodg	jing expenses, p	ublic carrier tick	-	and the second					
Day of Week		Tuesday	Wednesday	Thursday	and the second				Category
Date Allowable Lodging Lodging paid w/ City VISA	51.65	02/04/20 51.65 51.65	02/05/20 51.65 51.65	02/06/20					Totals 154.95 154.95
Breakfast (20%		12.20	12.20	12.20					36.60
Lunch (30%) Dinner (50%) Total Meals (w/per diem)	30.50	18.30 30.50 61.00	18.30 30.50	18.30 30.50 61.00	-	-	-	-	54.90 91.50 183.00
Fuel/Parking									-
Air Fare Toll/Shuttle Bus/Tax	i								-
Mileage (Enter as miles Calculated mileage (x.575	-			-	-		la la constante de la constante		-
Total Transportation Transportation paid w/ City VISA		-	-	-	-	-	-	-	-
Registrations *See Below Registration paid w/ City VISA	200.00								200.00
Total Cost	282.15	112.65	82.15	61.00	-		-	-	537.95
City VISA Charges (Total)		51.65	51.65	-	•		-		354.95
Non-Visa Charge		61.00	30.50	61.00					183.00
	00.00	01.00	30.00	01.00					
If registration has been reported on revious expense statement leave blank*								e Received (-):	\$183.00
								wes Employee:	-ZERO-
If splitting between mul	tiple Accounts	please use box	below					yee Owes City	-ZERO-
					City Acc	ount Number:			
					City Acc	ount Number:			
						Travel Pequ	set Filled out:	ES	
		TOTAL	\$ -			Travel Requ	lest Filled out:	Пю	
Emplo	that the travel i ation shown is yee Signature: visor Approval: lead Approval:	correct; that no					ness nature.	$\frac{3 \text{ that}}{8 / 2020}$	
(Out of State Travel)	City Manager:	2000						1100	
(If Required)	Mayor:					Date:			
Approved by Acco	→ · · ·					Date:			
Attach applicabl					s. personal aut		tolls, regist fee	es. etc.	
Comments:									
How did this apply to your job?	To obtain Conti that the Lawren NFPA 1033 the	nuing Education ice Douglas Cou Standard for Pr	unty Fire Medical rofessional Quali	Inevstigation Ce I Fire investigat ifications for Fir	ertification for CF ors are obtaining re Investigator.	FI II as required g continuing ed	ucation as provi	7. This training will ided in section 1.3	
Would recommend attending again?	Yes. I would red	commend this tr	aining for all law	enforcement in	ivestigators, fire	company office	ers, and or preve	ention staff.	
How will this add value to the City of Lawrence?	profession of fir	e investigation.		al association of	f arson investiga	tors provide exi		tors proficient in t rs on specialized	

Your Name:	McKer	nzi Ezell	Supervisor	Thomas	s Fagan	Υοι	ır Department:	Fire M	edical
Leave Date: Return Date:			Destination: Trip Purpose:		mitsburg, Maryl cademy Class	and		Per Diem:	61.00
Me	thod of Travel: City Vehicle:	(check one)	Tr Air:	avel Advance: x	323.39		WWW.gsa.go	ov/portal/cont	ent/104878
Pe	rsonal Vehicle:	x	Other:		Explain:				
Attach applicable receipts for motel/lodgi	ng expenses, p	ublic carrier tick	tets, personal au	to mileage/gas/	tolls, regist fees	, etc.			
Day of Week		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Category
Date Date Allowable Lodging	02/22/20	02/23/20	02/24/20	02/25/20	02/26/20	02/27/20	02/28/20	02/29/20	Totals
Lodging paid w/ City VISA									-
		States in	Statistic and		ASCENCES.				
Breakfast (20%)		5.20		5.20	5.20	5.20	5.20	5.20	51.64
Lunch (30%) Dinner (50%)	15.24 12.99	9.10 12.99	9.10 12.99	9.10 12.99	9.10 12.99	9.10 12.99	9.10 12.99	24.38 24.39	94.22 115.32
Total Meals (w/per diem)		27.29	27.29	27.29	27.29	27.29	27.29	53.97	261.18
Total moule (mper cierri)	40.41	21.20	21.20	21.25	21.25	21.25	21.25	00.01	201.10
Fuel/Parking									-
Air Fare									-
Toll/Shuttle Bus/Taxi	57.00							57.00	-
Mileage (Enter as miles) Calculated mileage (x.575)	57.60 33.12	-		-	-	-	-	57.60 33.12	115.20 66.24
Total Transportation	33.12	-	-	-	-	-	-	33.12	66.24
Transportation paid w/ City VISA									-
					·在一个公式 (1)	APPLIER DE LE	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		A LAND
Registrations *See Below* Registration paid w/ City VISA									:
Total Cost	76.59	27.29	27.29	27.29	27.29	27.29	27.29	87.09	327.42
City VISA Charges (Total)	•	•	-	-	-	-	-	-	-
Non-Visa Charge	76.59	27.29	27.29	27.29	27.29	27.29	27.29	87.09	327.42
*If registration has been reported on							Advance	e Received (-):	\$323.39
previous expense statement leave blank*							City Ow	ves Employee:	\$4.03
							Employ	vee Owes City	-ZERO-
If splitting between mult	iple Accounts	please use bo	x below		City Acc		p.o.	,	
					City Acc	ount Number:			
					City Acc	ount Number:			
					-				
								ES	
		TOTAL	\$			Travel Requ	est Filled out:	□ ko	
		TOTAL	Ψ						
I hereby certify								l that	
informa	tion shown is	correct; that n	o part of the co	mpensation cla	aimed was of a	non-City busin	ness nature.		
Emplo	/ee Signature:	MiXM	n Bull			Date:	2/18	19070	
Employ	vee olghature.	110/01				Date.	21101	000	
Superv	isor Approval:	Pary	AT-			Date:	3/18/	2020	
		00	8/1/				3/2	10.00	
	ead Approval:	JAen				Date:	5/201	1010	
	City Manager:					Date:			
(If Required)	→ Mayor:					Date:			
Approved by Acco						Date:			
Attach applicabl	e receipts for n	notel/lodging e	expenses, public	c carrier ticket	s, personal aut	o mileage/gas/	tolls, regist fee	s, etc.	
Comments:									

Please answer the following questions regarding your travel:							
I took NFIRS Program Management at the National Fire Academy (NFA). I believe that this experience was beneficial to my position because of the connection between better understanding the main information related to fire data analytics. This class increased my understanding of the incident coding metrics that our crews use for every incident. The class also focused on using Pivot tables with fire/ems data sets.							
I do recommend attending this class and the NFA again. The class was helpful and the networking was very beneficial. I met people from all over the United States that will be great resources for me to reach out to going forward. Some of the main topics that will benefit from my networking at the NFA include grant application tips, data organization tips, dashboard ideas, resource allocation, etc.							
This trip added value to the City of Lawrence because of the additional training I received. The networking connections that I established during this course will last throughout my career. With a more enhanced level of understanding of the operations side of incident coding, I believe that my analytics will be more holistic and applicable.							

Your Name	Katie E	Oukes	Supervisor	Shaun	r Department:	Fire M	ledical				
Leave Date Return Date		Destination: Trip Purpose:	ESO Wave 202		Per Diem:	61.0					
Method of Travel: (check one) City Vehicle:x			Travel Advance: 262.30 Air:X				www.gsa.gov/portal/content/104 use M&IE column				
Pe											
ach applicable receipts for motel/lodg	ing expenses, pu	blic carrier ticke	o								
Day of Week Date		Monday 02/24/20	Tuesday 02/25/20	Wednesday 02/26/20	Thursday 02/27/20	Friday 02/28/20			Catego Totals		
Allowable Lodging Lodging paid w/ City VISA	249.62	249.62 249.62	249.62 249.62	249.62 249.62	249.62 249.62	<u>ULILUILU</u>			1,248 1,248		
Breakfast (20%) Lunch (30%) Dinner (50%) Total Meals (w/per diem)	18.30 30.50	18.30 30.50 48.80	18.30 30.50 48.80	18.30 30.50 48.80	18.30 30.50 48.80	18.30			109 152 262		
Fuel/Parking Air Fare Toll/Shuttle Bus/Taxi	306.97 67.54					67.54			306 135		
Mileage (Enter as miles) Calculated mileage (x.575) Total Transportation Transportation paid w/ City VISA	- 10 March - 10	-	-	-	-	- 67.54 67.54	-	-	442 442		
Registrations *See Below* Registration paid w/ City VISA	999.00 999.00								999 999		
Total Cost	1,671.93	298.42	298.42	298.42	298.42	85.84	-	-	2,951		
City VISA Charges (Total)	1,623.13	249.62	249.62	249.62	249.62	67.54	- -	-	2,689		
Non-Visa Charge	48.80	48.80	48.80	48.80	48.80	18.30	-	-	262.		
								Received (-):			
	tiple Accounts p	lease use box	below		•	unt Number:	City Owe	Received (-): es Employee: ee Owes City	-ZERO		
gistration has been reported on ious expense statement leave blank* If splitting between mul	tiple Accounts p	lease use box		[•	unt Number:	City Owe	es Employee: ee Owes City	-ZERO		
ious expense statement leave blank* If splitting between mul I hereby certify Inform: Emplo Superv	tiple Accounts p	TOTAL dicated hereo	\$ -		City Acco	unt Number: Travel Requ	City Owe Employ est Filled out: e business and	ee Owes City	-ZERO		
ious expense statement leave blank* If splitting between mul I hereby certify Inform: Emplo Superv	that the travel in ation shown is c yee Signature: isor Approval:	TOTAL dicated hereo	\$ -		City Acco	unt Number: Travel Requ y of Lawrenc oon-City busir Date: Date:	City Owe Employ est Filled out: e business and	ee Owes City	-ZERO		
If splitting between mul	that the travel in ation shown is c yee Signature: visor Approval: lead Approval:	TOTAL dicated hereo orrect; that no	\$ -	npensation cla	City Acco	unt Number: Travel Requ y of Lawrenc: oon-City busir Date: Date: Date:	City Owe Employ est Filled out: e business and ress nature.	ee Owes City	-ZERO		
In the splitting between multiple splitting splittin	that the travel in ation shown is c yee Signature: isor Approval: lead Approval: City Manager: Mayor: punts Payable:	TOTAL dicated hereo orrect; that no	\$ -	npensation cla	City Acco	unt Number: Travel Requ y of Lawrenc on-City busir Date: Date: Date: Date: Date: Date:	City Owe Employ est Filled out: e business and ress nature.	es Employee: ee Owes City □Es □io that 2020	-ZERO		
If splitting between mul If splitting between mul I hereby certify informa Emplo Superv Dept. H (Out of State Travel) (If Required)	that the travel in ation shown is c yee Signature: isor Approval: lead Approval: City Manager: Mayor: punts Payable:	TOTAL dicated hereo orrect; that no	\$ -	npensation cla	City Acco	unt Number: Travel Requ y of Lawrenc on-City busir Date: Date: Date: Date: Date: Date:	City Owe Employ est Filled out: e business and ress nature.	es Employee: ee Owes City □Es □io that 2020	-ZERO		
In the splitting between multiple splitting splitting between multing splitting splitting splitting sp	that the travel in ation shown is c yee Signature: isor Approval: city Manager: Mayor: bunts Payable: e receipts for mo	TOTAL dicated hereo orrect; that no metel/lodging ex- ptel/lodging ex- Please answer	\$ -	npensation cla	City Acco ge of official Cit imed was of a n , personal auto rding your trave	unt Number: Travel Requ y of Lawrenc: on-City busir Date: Da	City Owe Employ est Filled out: e business and ress nature.	ee Owes City	learn the		

Your Name:	Your Name: Tom Fagan		Supervisor	Shaun Coffey You			Ir Department: Fire Medical		
Leave Date:	02/23/20		Destination:		Austin, TX				
Return Date:	02/28/202		Trip Purpose:	ESO Wave 202	20			Per Diem:	61.00
Met	thod of Travel: City Vehicle:	(check one) x		avel Advance: X	262.30		WWW.gsa.go use M&IE column	ov/portal/conte	ent/104878
Pe	rsonal Vehicle:		Other:		Explain:				
Attach applicable receipts for motel/lodgi	ng expenses, p	ublic carrier tick			-	etc.			
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday			Category
Date Allowable Lodging	02/23/20 295.16	02/24/20 295.16	02/25/20 295.16	02/26/20 295.16	02/27/20 295.20	02/28/20			Totals 1,475.84
Lodging paid w/ City VISA	295.16	295.16	295.16	295.16	295.20				1,475.84
Breakfast (20%)	10.00	10.00	40.00	10.00	10.00	10.00			-
Lunch (30%) Dinner (50%)	18.30 30.50	18.30 30.50	18.30 30.50	18.30 30.50	18.30 30.50	18.30			109.80 152.50
Total Meals (w/per diem)	48.80	48.80	48.80	48.80	48.80	18.30	-	-	262.30
Fuel/Parking						45.00			45.00
Air Fare	306.97					10.00			306.97
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)									
Calculated mileage (x.575)	-	-	-	-			-	-	-
Total Transportation Transportation paid w/ City VISA	306.97 306.97	-	-	-	-	45.00 45.00	-	-	351.97 351.97
		15.85 (SS. 7)				40.00			
Registrations *See Below* Registration paid w/ City VISA	999.00 999.00								999.00 999.00
Total Cost	1,649.93	343.96	343.96	343.96	344.00	63,30		- 10 II.	3,089.11
City VISA Charges (Total)	1,601.13	295.16	295.16	295.16	295.20	45.00			And the Alexand
and the second		the standard and	A State of the second s	the state of the state of the	and the part of the	A STATE AND A STATE	-	Street Barbar	2,826.81
	48.80	48.80							000 20
Non-Visa Charge	40.00	40.00	48.80	48.80	48.80	18.30	S. Marchand		262.30
*If registration has been reported on	40.00	40.00	48.80	48.80	48.80	18.30	- Advance	- e Received (-):	\$262.30
	40.00	40.00	40.00	48.80	48.80	18.30		- e Received (-): ves Employee:	
If registration has been reported on previous expense statement leave blank				48.80	48.80	18.30	City Ow	ves Employee:	\$262.30
*If registration has been reported on				48.80			City Ow Employ	ves Employee: yee Owes City	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank				48.80	City Acco	punt Number: [City Ow Employ	ves Employee:	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank				48.80	City Acco		City Ow Employ	ves Employee: yee Owes City	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank				48.80	City Acco	ount Number: ount Number:	City Ow Employ 001-2-22	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank			(below	48.80	City Acco	ount Number: ount Number:	City Ow Employ	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank		please use box	(below	48.80	City Acco	ount Number: ount Number:	City Ow Employ 001-2-22	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
^a lf registration has been reported on previous expense statement leave blank [*] If splitting between multi	ple Accounts	please use box TOTAL	below		City Acco City Acco	ount Number:[ount Number:[Travel Requ	City Ow Employ 001-2-22 est Filled out:	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi	ple Accounts	please use box TOTAL ndicated herec	s below s - s - on was incurred		City Acco City Acco ge of official Ci	ount Number: [ount Number: [Travel Requ ty of Lawrence	City Ow Employ 001-2-22 est Filled out:	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi 	ple Accounts	please use box TOTAL ndicated herecc	s below s - s - on was incurred	d in the dischar	City Acco City Acco ge of official Ci	ount Number: [ount Number: [Travel Requ ty of Lawrence	City Ow Employ 001-2-22 est Filled out:	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank*	hat the travel i tion shown is ree Signature:	please use box TOTAL ndicated herecc	s below s - s - on was incurred	d in the dischar	City Acco City Acco ge of official Ci	ount Number: [ount Number: [Travel Requ ty of Lawrence non-City busin Date:	City Ow Employ 001-2-22 est Filled out:	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t I hereby certify t Informa Employ Supervi	hat the travel i tion shown is vee Signature: sor Approval:	TOTAL ndicated herec	s below s - s - on was incurred	d in the dischar	City Acco City Acco ge of official Ci	ount Number: [ount Number: [Travel Requ ty of Lawrence non-City busin Date: Date:	City Ow Employ 001-2-22 est Filled out:	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t I hereby certify t I informa Employ Supervi Dept. Hereby	hat the travel i tion shown is vee Signature: sor Approval:	TOTAL ndicated herec	s below s - s - on was incurred	d in the dischar	City Acco City Acco ge of official Ci	ount Number: [ount Number: [Travel Requ ty of Lawrence non-City busin Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/3/1/	Yes Employee: yee Owes City 220-2022 a YES ■ NO 1 that ////////////////////////////////////	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t I hereby certify t Informa Employ Supervi Dept. He (Out of State Travel)	hat the travel i tion shown is vee Signature: sor Approval:	TOTAL ndicated herec	s below s - s - on was incurred	d in the dischar	City Acco City Acco ge of official Ci	ount Number: [ount Number: [Travel Requ ty of Lawrence non-City busin Date: Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/3/1/	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t I hereby certify t I informa Employ Supervi Dept. Hereby	hat the travel i tion shown is vee Signature: sor Approval:	TOTAL TOTAL ndicated herec correct; that no	s - s - on was incurred o part of the co	d in the dischar mpensation cla	City Acco City Acco ge of official Ci	bunt Number: bunt Number: Travel Requ ty of Lawrence non-City busin Date: Date: Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/3/	Yes Employee: yee Owes City 220-2022 a YES ■ NO 1 that ////////////////////////////////////	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t I hereby certify t Informa Employ Supervi Dept. He (Out of State Travel) (If Required) Approved by Acco	hat the travel i tion shown is vee Signature: sor Approval: ead Approval: City Manager: Mayor: unts Payable:	TOTAL TOTAL ndicated herec correct; that ne	s -	I in the dischar mpensation cla	City Acco City Acco ge of official Ci imed was of a r	ount Number: [ount Number: [Travel Requ ty of Lawrenc: non-City busin Date: Date: Date: Date: Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/31/	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t informa Employ Supervi Dept. He (Out of State Travel) (If Required) Approved by Acco Attach applicable	hat the travel i tion shown is vee Signature: sor Approval: ead Approval: City Manager: Mayor: unts Payable:	TOTAL TOTAL ndicated herec correct; that ne	s -	I in the dischar mpensation cla	City Acco City Acco ge of official Ci imed was of a r	ount Number: [ount Number: [Travel Requ ty of Lawrenc: non-City busin Date: Date: Date: Date: Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/31/	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t I hereby certify t Informa Employ Supervi Dept. He (Out of State Travel) (If Required) Approved by Acco	hat the travel i tion shown is vee Signature: sor Approval: ead Approval: City Manager: Mayor: unts Payable:	TOTAL TOTAL ndicated herec correct; that no SL_C	s	d in the dischar mpensation cla	City Acco City Acco ge of official Ci imed was of a n	ount Number: ount Number: Travel Requ ty of Lawrencon non-City busin Date: Date: Date: Date: Date: Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/31/	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO-
If registration has been reported on previous expense statement leave blank If splitting between multi I hereby certify t informa Employ Supervi Dept. He (Out of State Travel) (If Required) Approved by Acco <u>Attach applicable</u> Comments:	hat the travel i tion shown is eee Signature: sor Approval: ead Approval: City Manager: Mayor: unts Payable: ereceipts for n	TOTAL TOTAL ndicated herec correct; that no Start Correct notel/lodging e.	s below s	d in the dischar mpensation cla	City Acco City Acco ge of official Ci imed was of a i imed was of a i	ount Number: [ount Number: [Travel Requ ty of Lawrenc: non-City busin Date: Date: Date: Date: Date: Date: Date:	City Ow Employ 001-2-22 est Filled out: e business and ress nature. 3/3/ 3/3/	ves Employee: yee Owes City 220-2022	\$262.30 -ZERO- -ZERO-

Your Name:	Kevin	Joles	Supervisor	Shaun	Coffey	You	ır Department:	Fire M	edical
Leave Date:	02/23/20		Destination:		Austin, TX				
Return Date:	02/28/202		Trip Purpose:	ESO Wave 202	0		. 1	Per Diem:	61.00
Me	thod of Travel: City Vehicle:	(check one) x		avel Advance: ×	262.30		WWW.gsa.go use M&IE column	ov/portal/conte	ent/104878
Pe	ersonal Vehicle:		Other:		Explain:				
Attach applicable receipts for motel/lodg	ing expenses, p	ublic carrier tick	ets, personal au	to mileage/gas/t	olls, regist fees,	etc.			
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday			Category
Date Allowable Lodging	02/23/20 249.62	02/24/20 249.62	02/25/20 249.62	02/26/20 249.62	02/27/20 249.62	02/28/20			Totals 1,248.10
Lodging paid w/ City VISA	249.62	249.62	249.62	249.62	249.62				1,248.10
Breakfast (20%)									
Lunch (30%) Dinner (50%)	18.30 30.50	18.30 30.50	18.30 30.50	18.30 30.50	18.30 30.50	18.30			109.80 152.50
Total Meals (w/per diem)	48.80	48.80	48.80	48.80	48.80	18.30			262.30
Fuel/Parking		THE REPORTS OF					STORES STREETS		
Air Fare Toll/Shuttle Bus/Taxi	306.97								306.97
Mileage (Enter as miles)			and the second second				THE PERSON NEW YORK		-
Calculated mileage (x.575) Total Transportation	306.97	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	•	-			- 12 AT	-	- 306.97
Transportation paid w/ City VISA	306.97	Add Street of the							306.97
Registrations *See Below* Registration paid w/ City VISA	999.00 999.00								999.00 999.00
Total Cost	1,604.39	298.42	298.42	298.42	298.42	18.30	Contraction of the second		2,816.37
City VISA Charges (Total)	1,555.59	249.62	249.62	249.62	249.62		同時の時間に見た		2,554.07
	Alter and area		all and the second		Alexander at a	40.00	and the second	Rest Eller	
Non-Visa Charge	48.80	48.80	48.80	48.80	48.80	18.30			262.30
If registration has been reported on previous expense statement leave blank				`			Advance	e Received (-):	\$262.30
							City Ow	ves Employee:	-ZERO-
							Employ	yee Owes City	-ZERO-
If splitting between mult	iple Accounts	please use boy	(below		City Acc	ount Number:			
				-	City Acc	ount Number:	44447577		
		2							
						Travel Requ	lest Filled out:	₽res	
		TOTAL	\$-	l l				□ ło	
l horobu oortifu	that the travel i	ndiantad have		d in the dischard		4		1 41 4	
l hereby certify informa				mpensation cla				i that	
Emplo	yee Signature:		Kevin J. Joles			Date:	3-Ma	ar-20	
	isor Approval:	0	011			Date:		2	
Dept. H	lead Approval:	JAcon	Her			Date:		2020	
(Out of State Travel)	City Manager:					Date:			
(If Required)	Mayor:					Date:			
Approved by Acco	ounts Payable:					Date:			
Attach applicabl	e receipts for n	notel/lodging e	xpenses, publi	c carrier tickets	, personal auto	o mileage/gas/	tolls, regist fee	s, etc.	State State
Comments:									
				questions rega					
How did this apply to your job?				e patient care re vendor as we ha				ll be very useful	going
	Yes. This vend	or has every int	ention of moving	their product fo	ward to assist t	he end use in c	data driven succ	ess.	
Would recommend attending again?		·····, ···		,					
How will this add value to the City of Lawrence?	the implementa the products in	tion of the new which we use o	ESO Fire modu ver 13,000 time	my on the fronte le, report-writing s annually for re ata and patient re	, QM Module (fo port writing and	or QA/QI/QC pr the the thousar	ogram). Having	an overall know	ledge about
Travel-expense-statement-2020 (003).xlsx.xls				<i>p</i> =					

Your Name:	Your Name: Paul Schneider		Supervisor	Chris	King	You	ur Department: Fire Medical			
Leave Date: Return Date:	02/23/20		Destination:	EQ Maya 202	Austin, TX		Г	Der Diemi	61.00	
-		~ ~ ~ ~ ~ ~	Trip Purpose: ESO Wave 2020.				L	Per Diem:	61.00	
Meti	Method of Travel: (check one) <i>City Vehicle</i> : x			Travel Advance: 262.30 <i>Air:</i> x			www.gsa.gov/portal/c use M&IE column			
Per	Personal Vehicle:				Explain:					
Attach applicable receipts for motel/lodging	j expenses, pub	lic carrier ticke	ts, personal auto	, mileage/gas/tol	lls, regist fees, etc	D. /				
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday			Category	
Date	02/23/20	02/24/20	02/25/20	02/26/20	02/27/20	02/28/20			Totals	
Allowable Lodging	249.62	249.62	249.62	249.62	249.62				1,248.10	
Lodging paid w/ City VISA	227.74	257.58	267.52	267.52	227.74				1,248.10	
Breakfast (20%)		CASE AND		A CONTRACTOR	Constant of the					
Lunch (30%)	18.30	18.30	18.30	18.30	18.30	18.30			-	
Dinner (50%)	30.50	30.50	30.50	30.50	30.50	10.00			109.80	
Total Meals (w/per diem)	48.80	48.80	48.80	48.80	48.80	18.30	-	-	262.30	
		10100	10,00	40.00	40.00	10.00		ALL DESCRIPTION OF ALL	202.00	
Fuel/Parking	T			T			and the second second		State State State	
Air Fare	306.97								306.97	
Toll/Shuttle Bus/Taxi			~							
Mileage (Enter as miles)									-	
Calculated mileage (x.575)		-		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			10-10-19			
Total Transportation	306.97	-	-	-	-	-	-	-	306.97	
Transportation paid w/ City VISA	306.97								306.97	
	Profil and a second	State State							The second	
Registrations *See Below*	999.00								999.00	
Registration paid w/ City VISA	999.00								999.00	
Tatal Gast	1 004 00	200.40	200.40		Contraction of the	Carl Cardin 14			E sulla desta	
Total Cost	1,604.39	298.42	298.42	298.42	298.42	18.30	-	-	2,816.37	
Other MICA Charges (Tatal)	1 730 74			and the second s		and the state of the	Carl Standing	BAR SAME	An and the second	
City VISA Charges (Total)	1,533.71	257.58	267.52	267.52	227.74	·	-	•	2,554.07	
Non-Visa Charge	70.68	40.84	30,90	20.00	70 69	49.20	Carlos and the street of		200.00	
HOU-FIEL STRIGG	10.00	40.07	30,30	30.90	70.68	18.30	State State State	-	262.30	
If registration has been reported on previous		Contraction of the second				A CONTRACTOR	Advance	Received (-):	¢262 30	
expense statement leave blank*							Auvanus	Received (-).	\$262.30	
							City Owe	es Employee:	\$0.00	
								S Employee.	40.00	
							Employ	ee Owes City	-ZERO-	
If splitting between multip	le Accounts pl	lease use box	below					56 C 1100 / L		
					City Accou	unt Number:	A DECEMPENT	COLUMN TO A		
		,			•	-				
					City Accou	unt Number:				
				_		-				
				Г						
			Travel Request Filled out: ☐ ^{ES}							
		TOTAL	\$ -	L				⊡ t o		
I hereby certify th	nat the travel in	dicated hered	on was incurred	in the discharg	ge of official City	of Lawrence	business and t	hat		
informat	ion shown is c	orrect; that no	o part of the com	ipensation clai	imed was of a no	on-City busine	ess nature,			
Employ		Ann	VSNA	~ ~	-		ala la	12 43		
стрюуе	ee Signature:	1	2 Olan	non 7		Date:	513169	24		
Supervis	sor Approvat:	11.				5-101	1 22/0	52/202	-	
Subervis	or Approval.	1		2		Date:		sicce	0	
Dent He	d Approval:	CL				Date:	2/10/	2020		
		Jam	4 PY			-	21101			
	City Manager:					Date:				
(If Required)	Mayor:					Date:				
Approved by Accou	ints Payable: _					Date:		•		
Attach applicable	interform	10-d-law o		1						
Attach applicable	receipts for me	otel/loaging e	xpenses, public	carrier tickets,	, personal auto r	nileage/gas/to	olls, regist fees,	etc.		
Comments:			v			1				

Please answer the following questions regarding your travel:							
How did this apply to your job?	WAVE Academy is the leading EMS, fire and hospital industry conference for leveraging data to tranfsform organizations and improve care quality. I attened two days of hands-on product training sessions and two days of best practices, industry insights, thought leadership and data management sessions. The training provided me with the ability to gather and enter data that can be used by our department to impliment our constant improvement model. It was valuable for me and the dept.						
	I would recommend attending the conference again. The amount of valuable training information was great but overwhelming at times. Especially if we fully impliment the ESO software as our RMS I feel that it would be a valuable annual conference for all of our members to attend.						
How will this add value to the City of	As stated above, I learned how to streamline the data I gather and enter into our RMS as part of my daily duties in Prevention. This data can be analysed and leveraged by our department and the city to streamline operations and better serve our customers. I feel that what I learned will help the City more efficiently serve our community by leverage our data input and analysis.						

Your Name:	Justin	Temple		Shaun	n Coffey	Υοι	ur Department: Fire Medical		
		V							
Leave Date: Return Date:			Destination: Trip Purpose:	: ESO WAVE 20	Austin, TX 020		.	Per Diem:	61.00
Met	thod of Travel: City Vehicle:	- : (check one) X		ravel Advance:			WWW.gsa.go	ov/portal/conte	nt/104878
Pe			_	:	-				
Attach applicable receipts for motel/lodgi									1
Day of Week		Monday	Tuesday	Wednesday		Friday			Category
Date	02/23/20	02/24/20	02/25/20	02/26/20	02/27/20	02/28/20			Totals
Allowable Lodging Lodging paid w/ City VISA	229.73 229.73	229.73 229.73			229.73 229.73				1,148.65 1,148.65
Breakfast (20%)								Sterie Maria	-
Lunch (30%)	18.30	18.30			18.30	18.30			109.80
Dinner (50%) Total Meals (w/per diem)	30.50 48.80	30.50 48.80			30.50 48.80	18.30	-	-	152.50 262.30
Fuel/Parking									
Air Fare	306.97								306.97
Toll/Shuttle Bus/Taxi Mileage (Enter as miles)			— —		F				
Calculated mileage (x.575)	-		-	-	-	-	-	-	-
Total Transportation Transportation paid w/ City VISA	306.97 306.97	-	-	-	-	-	-	-	306.97 306.97
建一起, 是这个专用的"自己"的问题。	State State of	A ME GER	ants station		1-10-10-10-1			Sec. Contra	Pression of
Registrations *See Below* Registration paid w/ City VISA	999.00 999.00								999.00 999.00
Total Cost		278.53	278.53	278.53	278.53	18.30	-		2,716.92
	En and the second	Carl Carlo			State of the second sec	10.00			
City VISA Charges (Total)	1,535.70	229.73			229.73	-	-	-	2,454.62
Non-Visa Charge	48.80	48.80	48.80	48.80	48.80	18.30		-	262.30
If registration has been reported on previous expense statement leave blank							Advance	e Received (-):	\$262.30
provide experies	8						City Ow	ves Employee:	-ZERO-
							Employ	yee Owes City	-ZERO-
If splitting between mult	iple Accounts	please use bo	x below	г	City Acc	ount Number:			
		1		1					
		4		-	City Acc	ount Number:			
				<u> </u>				⊡res	
] TOTAL	\$ -	-		Travel Requ	uest Filled out:		
			Ψ	J , I		•			
I hereby certify t	that the travel.	Indicated here	on was incurre	ed in the discha	rge of official C	ity of Lawrenc	e business and	t that	
informa	ition shown is	correct; that if	o part of the cr	ompensation cl	aimed was of a	non-City busin	ness nature.	l that	
Employ	yee Signature:		2	_		Date:	3/12/2	2020	
Superv	isor Approval:	T				Date:			
			011		•			12.2.2	
Dept. H	lead Approval:	Shew	, when	-		Date:	2/18/	2020	
(Out of State Travel)	City Manager:				-	Date:			
(If Required)	Mayor:					Date:			
Approved by Acco	ounts Payable:	0			-	Date:			
Attach applicable	e receipts for r	notel/lodging (expenses, pub	lic carrier ticket	ts. personal aut	o mileage/gas/	/tolls, regist fee	es. etc.	
Comments:									
		Please answe	er the following	questions reg	arding your trav	vel:			
How did this apply to your job?		tly utilizing ESO) for our ePCRs,	, as well as movi	ing to ESO Fire t ith end users as	this next calend			
	Yes, the softwa	are is continuall	y being updated	to reflect advan	nces in the require	ements for RM	S systems.		
Would recommend attending again?									
How will this add value to the City of Lawrence?		delivery and Fi			e to what our dep aining will help ou				