

## 2018 Travel Request and Authorization City of Lawrence, Kansas

Employee Name: Jennifer Ananda

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

Department: CITY COMMISSION ▼

Leave Date: 03/10/18

Destination: Washington, DC

Return Date: 03/15/18

Trip Purpose: NLC Congressional City Conference

Per Diem Rate: \$ 69.00

Per Diem Rate located: [www.gsa.gov/portal/content/104878](http://www.gsa.gov/portal/content/104878)  
use M&IE column

**Method of Travel: (Check all that apply)**

City Vehicle: \_\_\_\_\_

Personal Vehicle: x

Air: x

Specify other: \_\_\_\_\_

No. of Miles 99.2 @ \$545 a mile

Airfare \$350.00

Other \_\_\_\_\_

Cost of Travel \$ 54.06

Cost of Travel \$ 350.00

Cost of Travel \$ -

**Total Travel Cost:** \$ 404.06

Taxi/Shuttle: \$ 50.00

Registration Cost: \$ 470.00

Accommodations: \$ 1,360.00

Cost of Meals: \$ 303.60

**Estimated Cost:** \$ 2,183.60

No. of Nights 5 Single Room Rate \$272.00

No. of Meals 12

**Advance Requested:** \$ 303.60

When filling out the Account Number split, please use the advance amount to split.

Account Number	Amount
001.1.1010.2022	\$ <u>2,117.66</u>
001.1.1010.2030	\$ <u>470.00</u>
	\$ <u>-</u>
	\$ <u>-</u>

**TOTAL:** \$ 2,587.66

**Total Cost:** \$ 2,587.66

No travel advances will be processed prior to 14 days before travel per Travel Policy. Each employee submitting a TRAVEL REQUEST including an advance must submit a TRAVEL EXPENSE STATEMENT within a reasonable amount of time after return from trip.

### APPROVAL OF REQUEST

Employee Signature: \_\_\_\_\_

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

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

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

Dept. Dir Approval: \_\_\_\_\_

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

(over night out of state travel): \_\_\_\_\_

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

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

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

**NOTE: NO OVER NIGHT OUT-OF-STATE TRAVEL IS TO BE MADE WITHOUT CITY MANAGER'S PRIOR APPROVAL**

## 2018 Travel Request and Authorization City of Lawrence, Kansas

Employee Name: Leslie Soden

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

Department: CITY COMMISSION ▼

Leave Date: 03/10/18

Destination: Washington, DC

Return Date: 03/15/18

Trip Purpose: NLC Congressional City Conference

Per Diem Rate: \$ 69.00

Per Diem Rate located: [www.gsa.gov/portal/content/104878](http://www.gsa.gov/portal/content/104878)  
use M&IE column

**Method of Travel: (Check all that apply)**

City Vehicle: \_\_\_\_\_

Personal Vehicle: x

Air: x

Specify other: \_\_\_\_\_

No. of Miles 99.2 @ \$545 a mile

Airfare \$350.00

Other \_\_\_\_\_

Cost of Travel \$ 54.06

Cost of Travel \$ 350.00

Cost of Travel \$ -

**Total Travel Cost:** \$ 404.06

Taxi/Shuttle: \$ 50.00

Registration Cost: \$ 730.00

Accommodations: \$ 1,360.00

Cost of Meals: \$ 303.60

**Estimated Cost:** \$ 2,443.60

No. of Nights 5 Single Room Rate \$272.00

No. of Meals 12

**Advance Requested:** \$ 303.60

When filling out the Account Number split, please use the advance amount to split.

Account Number	Amount
001.1.1010.2022	\$ <u>2,117.66</u>
001.1.1010.2030	\$ <u>730.00</u>
	\$ <u>-</u>
	\$ <u>-</u>

**TOTAL:** \$ 2,847.66

**Total Cost:** \$ 2,847.66

No travel advances will be processed prior to 14 days before travel per Travel Policy. Each employee submitting a TRAVEL REQUEST including an advance must submit a TRAVEL EXPENSE STATEMENT within a reasonable amount of time after return from trip.

### APPROVAL OF REQUEST

Employee Signature: \_\_\_\_\_

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

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

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

Dept. Dir Approval: \_\_\_\_\_

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

(over night out of state travel): \_\_\_\_\_

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

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

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

**NOTE: NO OVER NIGHT OUT-OF-STATE TRAVEL IS TO BE MADE WITHOUT CITY MANAGER'S PRIOR APPROVAL**