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

Employee Name:		Jennifer Ananda		Supervisor:			Department:	CITY COMMISSION	•
Leave Date:	03/10/18					Destination:	\//:	ashington, DC	
				Tolo Dominio				isnington, DC	
Return Date:	03/15/18			Trip Purpose:		NLC Congress	ional City Conference		
						_			
					Per Diem Rate:				
				Per		www.gsa.gov/pouse M&IE colum	ortal/content/104878		
						use Mail Colum			
	Method of Tra	avel: (Check all that apply)							
City Vehicle:									
Personal Vehicle:	x			No. of Miles	99.2	@ \$.545 a mile	Cost of Travel	\$ 54.06	
Air:	x			Airfare	\$350.00		Cost of Travel	\$ 350.00	
							Cost of Travel	\$ -	
				-		•	Total Travel Cost:		
								*	
	Taxi/Shuttle:	\$ 50.00							
	Registration Cost:	\$ 470.00							
	Accommodations:	\$ 1,360.00	No. of Nights	5	Single Room Rate	\$272.00			
	Cost of Meals:	\$ 303.60	No. of Meals	12					
	Estimated Cost:	\$ 2,183.60							
	•								
			Advance Requested:	\$ 303.60					
		·							
		When filling out the Acc	count Number split, please	e use the advance amo	unt to split.				
	i			i		1			
		Account Number			Amount				
		001.1.1010.2022		•	\$ 2,117.66				
		001.1.1010.2030		•	\$ 470.00				
				-	\$ -				
					\$ -				
	•			•		•			
				TOTAL:	\$ 2,587.66				
					Ψ 2,001.00				
		ľ	=	<b>*</b> • • • • • • • • • • • • • • • • • • •					
		<u></u>	Total Cost:	\$ 2,587.66					
Г	No travel adva	nces will be processed	nuieu te 44 deve befe	ve travel may Travel	Delieu Fook on		ittinaa		
	TRAVEL REQUE	ST including an advanc	e must submit a TRA	AVEL EXPENSE ST	ATEMENT within	npioyee subii na reasonable	amount		
		· ·	of time after reti						
L									
			API	PROVAL OF REQU	EST				
Employee Signature:				_		Date:			
Supervisor Approval:						Date:			
- de contrata				-					
Dant Dir Annuavalı						Data			
ה טור Approval:				=		Date:			
(over night out of state									
				-		Date:			
Mayor (If Required):						Date:			
(II Itoquii cu).				_		Date.			

## 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	
	03/15/18	•	Trip Purpose:	NLC Congression	onal City Conference	
				Per Diem Rate: \$ 69.00		
			Pe	Diem Rate located: www.gsa.gov/po		
				use M&IE colum	n	
	Method of Tr	avel: (Check all that apply)				
City Vehicle:						
	x	•	No. of Miles	99.2 @ \$.545 a mile	Cost of Travel \$ 54.06	
	x	•	Airfare		Cost of Travel \$ 350.00	
Specify other:			Other		Cost of Travel \$ -  Total Travel Cost: \$ 404.06	
					Total Havel Cost. \$ 404.00	
	Taxi/Shuttle:					
	Registration Cost:		No. of Nighto 5	Single Poom Poto \$270.00		
	Accommodations: Cost of Meals:		No. of Nights 5  No. of Meals 12	Single Room Rate \$272.00		
	Estimated Cost:		110. Of Wildlife 12	-		
		-				
,			Advance Requested: \$ 303.60			
		ı		•		
		When filling out the Ac	count Number split, please use the advance amo	ount to split.		
		Account Number		Amount		
		001.1.1010.2022	-	\$ 2,117.66		
		001.1.1010.2030		\$ 730.00		
			•	\$ -		
			-	\$ -		
			TOTAL:	\$ 2,847.66		
			TOTAL	φ 2,041.00		
			<b>Total Cost:</b> \$ 2,847.66			
	No travel adva	nces will be processed	prior to 14 days before travel per Trave	Policy. Each employee subm	itting a	
	TRAVEL REQUE	EST including an advanc	ce must submit a TRAVEL EXPENSE ST of time after return from trip.	ATEMENT within a reasonable	amount	
l						
			APPROVAL OF REQU	EST		
Employee Signature:	<u> </u>					
Supervisor Approval:	:			Date:		
Dept. Dir Approval:	:			Date:		
				- <del></del>		
(over night out of state	•					
				Date: _		
Movey (If Deguired)				-		