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

Employee Name		Eric Struckhoff		Superviso	or: Scott Mcc	Cullough	Department: Punkers		
Leave Date						Destination	:New Orlean	ns. I A	
Return Date	04/24/18	<u>3</u>		Trip Purpos	e:		nal APA Conference	IS, LA	_
							The second of th		
					Per Diem Rate:	\$ 64.00			
				Р			ortal/content/104878		
						use M&IE colur	mn		_
Citable	Method of Tr	avel: (Check all that apply)							
City Venicle:		-							
rersonal venicle:		-		No. of Miles	s	@ \$.545 a mile	Cost of Travel \$	-	
Air:	X			Airfare	\$400.00		Cost of Travel \$	400.00	
Specify other.				Othe	r		Cost of Travel \$		
							Total Travel Cost: \$	400.00	
	Taxi/Shuttle:	\$ 100.00							
	Registration Cost:	\$ 835.00							
	Accommodations:	\$ 1,144.00	No. of Nights	4	_ Single Room Rate	\$286.00			
7	Cost of Meals:	\$ 288.00	No. of Meals	13	9	9200,00			
L	Estimated Cost:	\$ 2,367.00			-				
			Advance Requested: \$	288,00	t <sub>k</sub>				
		When filling out the Accor	unt Number split, please use th	ho odvance em					
	0.00		ant reamber spirt, please use (i	ne advance amo	ount to split.				
		Account Number							
	1	001-1-1030-2030			Amount				
		-			\$ 2,767.00				
	1	-			\$ -				
					s -				
					\$ -				
				TOTAL:	\$ 2,767.00				
				TOTAL	2,767.00				
			Total Cost: \$	0.707.00					
			Total Cost. 5	2,767.00					
			THE RESERVE OF THE PERSON NAMED IN						
-	No travel advance	ces will be processed pri	or to 14 days before trav	el per Travel	Policy. Each emp	lovee submit	ting a		
	RAVEL REQUES	T including an advance	nust submit a TRAVEL E of time after return fro	-VLEIAGE 2 IV	ATEMENT within a	reasonable a	amount		
_			or anno area return no	in trip.					
			APPROVA	L OF REQUE	ST				
Employee Signature:						Date:			
						Date			
Supervisor Approval:						Date:			
	- 1	11						<del></del>	
	/ 11	-11/1/1/					1 1		
Dept. Dir Approval:	711	Mull				Date:	1/24/18		
	-					Date.			
(over night out of state									
travel):									
						Date:			
Mayor (If Required):									
						Date			

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

Employee Name	<b>:</b>	Karen Willey		Supervisor:	Scott McC	Cullough	Department:	PLANNING			
Leave Date	e:04/20/18					Destinations					
Return Date	04/24/18	-		Trip Purpose:		Destination: 2018 Nation	al APA Conference	w Orleans, LA			
					Per Diem Rate:	\$ 64.00	ortal/content/104878				
Cit . 1/- ti-1		avel: (Check all that apply)									
	x				\$400.00		Cost of Travel				
					\$400.00		Cost of Travel				
				Other .	-	ĺ	Cost of Travel Total Travel Cost:				
							Total Travel Cost.	400.00			
	Taxi/Shuttle:	\$ 100.00									
	Registration Cost:	\$ 835.00									
	Accommodations:	\$ 1,144.00	No. of Nights	4	Single Room Rate	\$286.00					
	Cost of Meals:		No. of Meals	13							
	Estimated Cost:	\$ 2,367.00				50					
									- 1		
Advance Requested: \$ 288.00  When filling out the Account Number split, please use the advance amount to split.											
	[	Account Number			Amount						
	Į	001-1-1030-2030			\$ 2,767.00						
	1			*	\$ -						
	}			•	\$ -						
	L			•	\$ -						
				٢							
				TOTAL:	\$ 2,767.00						
			Total Casta C	0.707.00							
		_	Total Cost: \$	2,767.00							
	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.										
			APPRO	VAL OF REQUES	ST						
Employee Signature:						Date:					
						_					
Supervisor Approval:		1				Date: _	,				
	11	11. 111					1 1				
Dept. Dir Approval:	Sill	114 119					1/24/04				
t ubbioadi'		1				Date: _	1101/18				
(over night out of state travel):						D :					
´ =						Date: _		-			
Mayor (If Required):						Date:	×				