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

Employee Name: Eric Struckhoff  Supervisor: Scott McCullough  Department: PLANNING

Leave Date: 04/20/18
Return Date: 04/24/18

Destination: New Orleans, LA
Trip Purpose: 2018 National APA Conference

Per Diem Rate: $ 64.00
Per Diem Rate located: www.gsa.gov/portal/content/104878 use M&IE column

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

| | | | | | |
|---|---|---|---|---|---|
| *City Vehicle:* | | *No. of Miles* | @ $.545 a mile | *Cost of Travel* | $ - |
| *Personal Vehicle:* | | *Airfare* | $400.00 | *Cost of Travel* | $ 400.00 |
| *Air:* | X | *Other* | | *Cost of Travel* | $ - |
| *Specify other:* | | | | ***Total Travel Cost:*** | $ 400.00 |

| | | | | | |
|---|---|---|---|---|---|
| **Taxi/Shuttle:** | $ 100.00 | *No. of Nights* | 4 | *Single Room Rate* | $286.00 |
| **Registration Cost:** | $ 835.00 | *No. of Meals* | 13 | | |
| **Accommodations:** | $ 1,144.00 | | | | |
| **Cost of Meals:** | $ 288.00 | | | | |
| **Estimated Cost:** | $ 2,367.00 | | | | |

**Advance Requested:** $ 288.00

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

| Account Number | Amount |
|---|---|
| 001-1-1030-2030 | $ 2,767.00 |
| | $ - |
| | $ - |
| | $ - |
| **TOTAL:** | $ 2,767.00 |

**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.**

## APPROVAL OF REQUEST

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Dept. Dir Approval: Scott McCullough Date: 1/24/18

(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:** Karen Willey **Supervisor:** Scott McCullough **Department:** PLANNING

**Leave Date:** 04/20/18
**Return Date:** 04/24/18

**Destination:** New Orleans, LA
**Trip Purpose:** 2018 National APA Conference

**Per Diem Rate:** $ 64.00
Per Diem Rate located: www.gsa.gov/portal/content/104878 use M&IE column

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

| | | | | | |
|---|---|---|---|---|---|
| *City Vehicle:* | | | | *Cost of Travel* | $ - |
| *Personal Vehicle:* | | *No. of Miles* | @ $.545 a mile | *Cost of Travel* | $ - |
| *Air:* | X | *Airfare* | $400.00 | *Cost of Travel* | $ 400.00 |
| *Specify other:* | | *Other* | | *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 |
| **Cost of Meals:** | $ 288.00 | *No. of Meals* | 13 | | |
| **Estimated Cost:** | $ 2,367.00 | | | | |

**Advance Requested:** $ 288.00

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

| Account Number | Amount |
|---|---|
| 001-1-1030-2030 | $ 2,767.00 |
| | $ - |
| | $ - |
| | $ - |

TOTAL: $ 2,767.00

**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.**

**APPROVAL OF REQUEST**

**Employee Signature:** _____ **Date:** _____

**Supervisor Approval:** _____ **Date:** _____

**Dept. Dir Approval:** Scott Mullay **Date:** 1/24/18

**(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