2018 Travel Request and Authorization City of Lawrence, Kansas

Employee Name:		Leslie Soden	Sup	pervisor:		Department:	CITY COMMISSION	•
Leave Date:			Trin F	Purpose:	Destination: International Making Cities L		tawa, Canada Conference	
	00/10/10			u. pecci.	mornational making office 2		Comorcino	
					Per Diem Rate: \$ 76.00	_		
				Per	Diem Rate located: www.gsa.gov/p use M&IE colur		=	
Me	ethod of Tra	vel: (Check all that apply)						
City Vehicle:								
Personal Vehicle: Air:			No.	. of Miles Airfare	99.2 @ \$.545 a mile \$546.00	Cost of Travel Cost of Travel		
Specify other:				Other		Cost of Travel		
			<u>.</u>	•		Total Travel Cost:	\$ 600.06	
_								
	axi/Shuttle: _ ation Cost:							
-	modations:		No. of Nights 5		Single Room Rate \$272.00			
Cos	t of Meals:	\$ 288.80	No. of Meals 12			_		
Estim	nated Cost:	\$ 2,343.80						
			Advance Requested: \$	288.80				
		When filling out the Acc	count Number split, please use the adva	ance amo	unt to split.			
	-				·			
		Account Number			Amount			
	-	001.1.1010.2022		→	\$ 2,298.86			
	0	001.1.1010.2030		→	\$ 645.00			
	-			→	\$ -			
	_			•				
				TOTAL:	\$ 2,943.86			
		ľ	Total Coate # 20	40.00				
		L	Total Cost: \$ 2,94	43.86				
No tr	aval advan	ages will be presented	prior to 14 days before travel pe	r Traval	Policy Each ampleyee cubr	mitting a		
TRAVE	EL REQUE	ST including an advanc	e must submit a TRAVEL EXPE	NSE ST	ATEMENT within a reasonabl	e amount		
			of time after return from tri	ıp.				
Employe - Circuit			APPROVAL OF	F REQUI				
Employee Signature:					Date	:		
Supervisor Approval:					Date			
Dept. Dir Approval:					Date	:		
					butc			
(over night out of state								
					Date	:		
Mayor (If Domyinad)					.	_		