2018 Travel Expense Statement
City of Lawrence, Kansas

Your Name: Lisa Larsen Supervisor Your Department: City Commission

Leave Date: 01/31/18 Destination: San Francisco, CA
Return Date: 02/03/18 Trip Purpose: New Partners for Smart Growth Conference Per Diem: 74.00

Method of Travel: (check one) Travel Advance: 251.60 www.gsa.gov/portal/content/104878
City Vehicle: _____ *Air:* x use M&IE column

Personal Vehicle: x *Other:* _____ *Explain:* _____

Attach applicable receipts for motel/lodging expenses, public carrier tickets, personal auto mileage/gas/tolls, regist fees, etc.

Day of Week		Wednesday	Thursday	Friday	Saturday				Category
Date		01/31/18	02/01/18	02/02/18	02/03/18				Totals
Allowable Lodging		243.38	243.38	243.38					730.14
Lodging paid w/ City VISA		243.38	243.38	243.38					730.14
Breakfast (20%)					14.80				14.80
Lunch (30%)		22.20	22.20	22.20	22.20				88.80
Dinner (50%)		37.00	37.00	37.00	37.00				148.00
Total Meals (w/per diem)	-	59.20	59.20	59.20	74.00	-	-	-	251.60
Fuel/Parking					30.00				30.00
Air Fare		244.00							244.00
Toll/Shuttle Bus/Taxi									-
Mileage (Enter as miles)		52.40			52.40				104.80
Calculated mileage (x.545)	-	28.56	-	-	28.56	-	-	-	57.12
Total Transportation	-	272.56	-	-	58.56	-	-	-	331.12
Transportation paid w/ City VISA									-
Registrations		294.00							294.00
Registration paid w/ City VISA		294.00							294.00
Total Cost	-	869.14	302.58	302.58	132.56	-	-	-	1,606.86
City VISA Charges (Total)	-	537.38	243.38	243.38	-	-	-	-	1,024.14
Non-Visa Charge	-	331.76	59.20	59.20	132.56	-	-	-	582.72

Advance Received (-):	$251.60
City Owes Employee:	$331.12
Employee Owes City	-ZERO-

If splitting between multiple Accounts please use box below

001.1.1010.1021	$	57.12
001.1.1010.2022	$	274.00
001.1.1010.2023	$	981.74
001.1.1010.2030	$	294.00
TOTAL	$	1,606.86

City Account Number: 001.1.1010.2022

City Account Number:

Travel Request Filled out: ☑ES ☐O

I hereby certify that the travel indicated hereon was incurred in the discharge of official City of Lawrence business and that information shown is correct; that no part of the compensation claimed was of a non-City business nature.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Dept. Head Approval: _____ Date: _____

(Out of State Travel) → City Manager: _____ Date: _____

(If Required) → Mayor: _____ Date: _____

Approved by Accounts Payable: _____ Date: _____

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Comments:	
Please answer the following questions regarding your travel:	
How did this apply to your job?	
Would recommend attending again?	
How will this add value to the City of Lawrence?	