

2018 Travel Request and Authorization City of Lawrence, Kansas

Employee Name: Jennifer Ananda

Supervisor: Stuart Boley

Department: CITY COMMISSION

Leave Date: 04/20/18

Destination: Topeka, KS

Return Date: 04/21/18

Trip Purpose: LKM Governing Body Institute

Per Diem Rate: \$ 51.00

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

Method of Travel: (Check all that apply)

City Vehicle: _____

Personal Vehicle: x

Air: _____

Specify other: _____

No. of Miles 52 @ \$.545 a mile

Airfare _____

Other _____

Cost of Travel \$ 28.34

Cost of Travel \$ -

Cost of Travel \$ -

Total Travel Cost:	\$ 28.34
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Taxi/Shuttle: \$ -

Registration Cost: \$ 175.00

Accommodations: \$ -

Cost of Meals: \$ -

Estimated Cost:	\$ 175.00
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No. of Nights _____ Single Room Rate _____

No. of Meals 0

Advance Requested:	\$ -
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When filling out the Account Number split, please use the advance amount to split.

Account Number		Amount
001.1.1010.1022	→	\$ 28.34
001.1.1010.2030	→	\$ 175.00
	→	\$ -
	→	\$ -

TOTAL: \$ 203.34

Total Cost:	\$ 203.34
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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: _____

Date: _____

(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