

TRAVEL REQUEST (Review Travel Regulations)



Date: 8/11/2017

Name: Tishaura O. Jones

Title: Treasurer

Office Telephone: 314-622-3434

Dept./ Section: Parking

Dept. No.: 343

Destination: City San Francisco

State: CA

Purpose: Stanford's Cities and Universal Basic Income Lab (BILL)

Convention/Meeting: Commencement Time 9:00 AM Day/Date Wed., Sept. 13, 2017

Adjournment Time 7:30 PM Day/Date Wed., Sept. 13, 2017

(Enclose a copy of Convention/Seminar/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	2:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Tues., Sept. 12, 2017
Arrival Time:	6:59	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Tues., Sept. 12, 2017
Departure Time:	3:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Thurs., Sept. 14, 2017
Arrival Time:	11:48	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Thurs., Sept. 14, 2017

Method of Travel: Air Rail Bus Private Auto City Car

Indicate One-Way/Mileage if Traveling By Auto

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$	353.61	Limousine \$	TBD
Hotel @ 2 Night \$	407.00	Others \$	TBD
*Registration \$	N/A	Total \$	760.61
*Food \$	TBD		1167.61

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title Travel

Stanford Basic Income Lab will cover travel expenses. Stanford Bill will reimburse the office for airfare expenses.

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: *Tishaura O. Jones* 8/15/17 (Department Director) (Date)

APPROVED: _____ (Comptroller) _____ (Date)