

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES (Note the Travel Regulations on Reverse Side)

| DARLENE G | | ATE Nove | mber 20, 20 |)17 | | | | 212 City H St. Louis, | | LLERS OF THE PARTY |
|--|--------------|---------------|-------------|------------|-------------------------------|---------------|-------------|-----------------------------|---------|--|
| NameTishaura O. Jones | | | Phone 31 | 4-622-3434 | Dept. | Parking | | | No. | 343 |
| Frip To: San Francisco, CA | | | | Meth | Method of Travel: | | | | | |
| Purpose: Stanford's Citie | es and Unive | ersal Basic I | | Prior | Approval | By: Tishau | ra O. Jones | j# | | |
| Lab (BIL) | | | | Prior | | | | | | |
| | | | | _ | <u>Tim</u> 2 : | | Tues | <u>Day/</u> Sept. 12, 20 | | |
| Leave St. Louis | | | | •••• | | | | | | |
| Arrive San Francisco, CA | | | | | | | | Sept. 12, 20 | - | |
| Convention/Meeting Commencement | | | | | 9: | □ AM | Wed., 8 | 17 | | |
| Convention/Meeting Adjournment | | | | _ | 7 : 30 D AM Wed., Sept. 13, 2 | | | | 17 | |
| Leave San Francisco, CA | | | | | 3 45 D AM Thurs., Sept. 14, | | | | 017 | |
| Arrive St. Louis | ••••• | •••• | | | 11 | | Thurs., | Sept. 14, 2 | 017 | |
| Enter Expenses in App | | | | | | | | | | |
| Date ு | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | TOT | AL |
| | Tues. 9/12 | Wed. 9/13 | Thurs. 9/14 | | | | | | Augus e | 21-17 |
| Fare Registration | 353.61 | | | | | | | | | 353.61 |
| Limo - To Airport | | | | | | | | - | | 0 |
| Limo - From Airport | | | | | | | | | | 0 |
| Breakfast | - | | | | | | | | | 0 |
| Lunch | | | | | | | | | | 0 |
| Dinner | | | | | | | | | | 0 |
| Hotel | | | | | | | | | | 0 |
| Other: | | | | | | | | | | 0 |
| | | | | | | | | | | 0 |
| | | | | | | | | | | 0 |
| | | | | | | | | | | 0 |
| TOTAL | 353.61 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 353.61 |
| REMARKS: | | | | | | | Less | Advance | | |
| Stanford Basic Income La | ıb is reimbu | rsing the air | fare expens | se, and | | | Less Re | gistration | | |
| covered the hotel expense. | | | | | Less Prepaid Fare | | | | | 353.61 |
| | | | | | | | Ame | ount Due | | 0.00 |
| L | | | | | | | rge to Acc | | | |
| I certify that the above accounting of my expe | | and accura | ate | | | A | APPROVE | D: | | |
| (Signature) | am | | 11/27/ | ate) (De | eputy Comptr | oller-Federal | Grants) | | (1 | Date) |
| (Department Head) | U | | (0) | ate) (Co | mntroiler) | | | | | Date) |

| APPROVED: Minaux & Division S/15/17 (Department Diffector) (Date) | APPROVED: (Division Head) (Date) | Dev. Day/Date nouncement with reques nouncement with reques views., Sept. 12, 2017 Thues., Sept. 12, 2017 Thurs., Sept. 14, 2017 | 9:00 ■ AM | Stanford's Cities and Universal Basic Income Lab (BIL) | Destination: City San Francisco | Dept./ Section Parking | Name Tishaura O. Jones | TRAVEL REQUEST (Review Travel Regulations) |
|--|-----------------------------------|--|-----------|--|---------------------------------|------------------------|--|--|
| APPROVED: (Comptroller) (Date) | APPROVED: (Federal Grants) (Date) | Adjournment Time Method of Travel: Air Indicate One-Way/Mileage If Indicate One-Way/Mileage If ESTIMATE Air Coach Fare \$ Hotel @ 2/Night \$ *Registration \$ // A *Food \$ // S *Indicate below meals covered TBD Breakfasts Advance payment approved | | | State CA | Dept. No. 343 | Treasurer Office Telephone. 314-622-3434 | DECEIVE Date: 8/11/2017 |