## **SUPREME COURT OF OHIO**

## TRAVEL AND CONFERENCE APPROVAL FORM

							Travel Req. No.
Name of Travele	In-state			⊠ Out-of-si	tate		Data of Boguest
							Date of Request
Nikole Hotchkiss, Interim Director Office/Section Department ID						Agency Use (if applic	7/27/2023 cable)
	riminal Sentencing Co		JSC110100				
Proposed Trip (C	•						
FROM: Columbus, OH TO: Stateline, Nevada  Mo./Day/Year Mo./Day/Yr.						No. of Previous	No. of Persons
	From	То		From	То	Out-of-State	From This
Inclusive Dates of Travel	8/7/2023	8/10/2023	Inclusive Dates of Event Attendance	8/7/2023	8/9/2023	Trips by Traveler This Fiscal Year 1	Agency Making This Trip 6
Explanation of Re	equest (Explain purpose	I of trip. If more than one pe	erson is traveling, indicat	L te why. Attach a copy		ription or invitation.)	
Commissions, the Executive Comm	e Committee that is re iittee has agreed to pa (Attach Registration F	ses of experiences in other esponsible for planning the ay my expenses; this approperations of the second se	e conference. I will als	so be moderating a tate time rather thar	session on changes in n taking vacation or per	sentencing policy in va	
☐ I have already registered ☐ I have not registered							
☐ Payment needs to be made in advance of seminar ☐ Payment needs to be made in advance of seminar							
	Presenting organizat	tion will bill after the semi	nar	☐ Fiscal m	nail my registration form	າ with the payment	
Other Instructions (please specify )					Total Cost of Travel (A)	Cost Reimbursable to Individual (B)	
REGISTRATION/TUITION FEE						\$ 0.00	\$ 0.00
TRANSPORTAT	ION (Attach documen	tation of lowest commerc	ial airfare if applicable	e)		Ť	
Common C	Carrier (Airfare) Cost		\$		_		
Other Mode of Transportation -			\$		_		
State Auto (no reimbursement for mileagegas/oil only)			\$ \$		_	_	
	` uto Reimbursable Mile	.,	0 Miles @	0.585	Per Mile	\$ 0.00	0.00
HOTEL			Nights @		Per Night	\$ 0.00	0.00
MEALS (Nevada	per diem rate)		Days @		Per Day	\$ 0.00	0.00
MISC. Parking \$		Limousine/Taxi/Bus \$	Other (specify)			\$ 0.00	0.00
Do you want a Tr	royal Advance?						
Do you want a Travel Advance?  Individual (Column B)  Travel Advance allowed at 80% of Cost Reimbursable to Individual (Column B)					\$ 0.00	0.00	
Source of Funds							
☐ Federal ☐ GRF ☐ Other (specify)  APPROVAL							
Signature of Trav	/eler				tor, Office of Fiscal Res	sources	Date
Nikole Ho					,	70-111	24.0
Signature of Senior Staff Supervisor  Date  Signature of Administrative Director							Date
Nikole Ho	et chking						