# SUPREME COURT OF OHIO TRAVEL AND CONFERENCE APPROVAL FORM

	☐ In-state			☑ Out-of-si	tate		Travel Req. No.
Name of Trave	ler/Title						Date of Request
Todd Ives Res	earch Specialist						8.14.24
Office/Section Department ID						Agency Use (if appli	
Ohio Criminal Sentencing Commission JSC110100						,	
Proposed Trip	(City, State)						
FROM:	Columbus, OH			TO:	San Francisco, Cali	fornia	
		av/Year			/Day/Yr.	No. of Previous	No. of Persons
	From	То		From	То	Out-of-State	From This
Inclusive			Inclusive			Trips by Traveler	Agency Making
Dates of Travel	11/12/2024	11/17/2024	Dates of Event	11/13/2024	11/16/2024	This Fiscal Year	This Trip
Havei	1 1		Attendance				
Explanation of I	Request (Explain purpose o	of trip. If more than one p	erson is traveling, indic	cate why. Attach a copy	of agenda, course desc	cription or invitation.)	
	on and tracking its impac on2.allacademic.com/on						o22lh4sn18v4sr
REGISTRATIO	N (Attach Registration F	orm)					
☐ I have air	eady registered		IS	I have not registere	d		
	-						
	Payment needs to be	made in advance of se	minar		needs to be made in	advance of seminar	
	Presenting organization	on will bill after the sem	inar	☐ Fiscal ma	ail my registration forr	n with the payment	
C Other last						7.10	
Other Instructions (please specify )						Total Cost	Cost Reimbursable
						of Travel (A)	to Individual (B)
DECISTRATIO	NATURION EEE					1	1
REGISTRATIO	N/TUITION FEE					\$ 150.00	\$ 150.0
TRANSPORTA	TION (Attach documenta	ation of lowest commerc	cial airfare if applicat	ole)			
Common	Carrier (Airfare) Cost		. \$	450.00			
	•						
Other Mo	de of Transportation (sp	еспу)	\$\$		4.5		
State Auto	o (no reimbursement for	mileage-gas/oil only)	s \$	-			
			-		- :		
Personal	Auto Reimbursable Mile	age	Miles @	0.67	Per Mile	\$ 450.00	\$ 450.0
HOTEL			5 Nights @	328.	Per Night	\$ 1640.50	\$ 1640.5
MEALS			5.75 Days @	79	Per Day	454.05	6 454.2
MISC.						\$ 454.25	\$ 454.2
Parking		imousine/Taxi/Bus	Other (enecify	۸			
			Other (specify	-			
\$		\$ 100		\$		\$ 100.00	\$ 100.0
Do you want a	Travel Advance?				1		
•		Traval Advance at	lowed at 80% of Cos	t Poimbureable to	TOTAL	\$ 2794.75	\$ 2794.7
⊠ No	☐ Yes	Individual (Column		it Reimbursable to			
		marriada (Oolullii	-,		4	-	-
Source of Fund							
☐ Federal	☐ GRF	Other (specify)					
				ROVAL			
Signature of Tra	aveler		Date	Signature of Directo	or, Office of Fiscal Res	ources	Date
Signature of Se	nior Staff Supervisor		Date	Signature of Admini	strative Director	_	Date
				1			

Nov 12 17



SIGN UP







Start Over







**Trip Summary** 

y Review & Pay

Confirmation

## Trip Summary

Outbound

DL2142, DL902 Tue, Nov 12

8:00am-12:13pm

CMH▶SFO

1 stop 7h 13m

Main

Return

DL902, DL2230 Sun, Nov 17

1:45pm-11:25pm

SFO CMH

1 stop 6h 40m

Main

#### Changeable / Nonrefundable



#### Refundable Main Cabin

All the benefits

refundable to lightal of

\$223.98

**UPGRADE** 

1 0 T 7

MODIFY -

SIGN UP





#### Delta Comfort+®

All the benefits Cabin plus

Manu beaution

Board early deplane qui kly

\$259.99

Pe Person

**UPGRADE** 



**View Seats** 

View a map of the plane and select your seats

SELECT SEATS



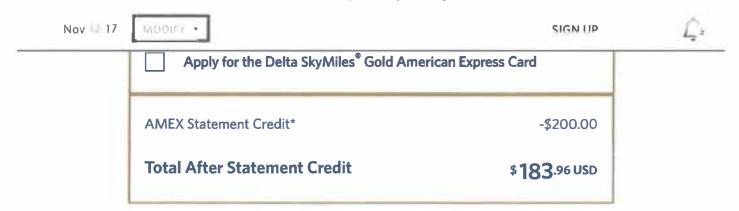
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## Terms and Conditions

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