COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

SECRETARY OF THE SENATE
17 MAR 28 PM 3:20

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE **OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING**

Name of Traveler: Sarah Lloyd Stevenson

Employing Office/Committee: Wicker

Travel Expenses Paid by (List all sources): HIMSS

Travel Date(s): Feb. 20-23, 2017

Description/Title of Attached Forms: Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission must be amended with the Office of Public Records in SH-232.

x 3/28/17
(Date)

x Sarah Lloyd Stevenson
(Signature of Traveler)

(Revised 4/19/2010)

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Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:
7 MAR 10 PM 1:47

Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): February ~~18~~ 20 - February ~~22~~ 23, 2017

Name of accompanying family member (if any):
Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☒ Actual Amount	$392.40	$348	$185	

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☐ Actual Amount				

Provide a description of all meetings and events attended. *See* Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): additional page attached

3/3/17 (Date) Sarah Lloyd Stevenson (Printed name of traveler) Sarah Lloyd Stevenson (Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

3/3/17 (Date) (Signature of Supervising Senator/Officer)

(Revised 1/3/11)

Form RE-2