Date/Time Stamp

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
2022 OCT 31 PM 2:14

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

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: Stephen Boyd

Employing Office/Committee: Lankford

Travel Expenses Paid by (List all sources): Aspen Institute

Travel Date(s): October 14-16, 2021

Description/Title of Attached Forms: RE-2

Purpose of Amendment (describe the reason for amending original submission): Amending date of travel

10/31/22
(Date)

(Signature of Traveler)

(Revised 4/19/2010)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

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): Aspen Institute

Travel date(s): October 14-16, 2021

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	$327	$568	$128	$415 for prviate meeting/dining space, AV and conference services

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.): see attached agenda

10-31-22 (Date)

Stephen Boyd (Printed name of traveler)

(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.

10-31-22 (Date)

(Signature of Supervising Senator/Officer)

(Revised 1/3/11)

Form RE-2