



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 10 May 2016
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O Jones

Department FISCAL No. 340

Trip To: Miami FL

Method of Travel: AIR

Purpose: CPE Fund Member Coalition

Prior Approval By: _____

Leave St. Louis

Time Day/Date

5:03 P M MON 4/11/16

Arrive MIA

8:50 P M

Convention/Meeting Commencement

10:00 A M Tue 4/12/16

Convention/Meeting Adjournment

11:30 A M Thur 4/14/16

Leave MIA

2:13 P M Sat 4/16/16

Arrive St. Louis

4:03 P M

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL		
	4/11	4/12	4/13	4/14							
Fare	329.20									329	20
Registration	0									0	
Limo - To Airport				27.36						27	36
Limo - From Airport	28.86									28	86
Breakfast		10 -	/	/						10	-
Lunch		/	/	15 -						15	-
Dinner	25 -	/	25 -	/						50	-
Hotel		157.07	157.07	157.07						471	21
Other:											
TOTAL	383.06	167.07	182.07	199.43						931	63

REMARKS:

The remainder of the stay was on my own

Less Advance

Less Registration

Less Prepaid Fare

Amount Due

Charge to Account No.

856 63

75 -

5645000

I certify that the above is a true and accurate accounting of my expenses.

APPROVED:

Tishaura O Jones
(Signature)

5/10/16
(Date)

(Deputy Comptroller-Federal Grants)

(Date)

Sent to Jackie Woodland on 3/21/10

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 8 March 2010

Name: Tekarna Jones Title: Treasurer Dept: FISCAL Dept. No. 340

Destination: City Miami State FL

Purpose: OFE Coalition Forum

Convention/Meeting: Commencement Time 1030 ^{AM} PM Day/Date Tues 4/12/10 Adjournment Time 1200 ^{AM} ~~PM~~ Day/Date Thurs 4/15/10
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 503 AM / ~~PM~~ Day/Date Mon 4/11/10

Arrival Time: 830 AM / ~~PM~~ Day/Date _____

Departure Time: 213 AM / ~~PM~~ Day/Date Sat 4/10/10

Arrival Time: 403 AM / ~~PM~~ Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title TRAVEL

Hotel for 4/14-4/16 will be on my own.

Method of Travel: Air X Rail _____ Bus _____ Private Auto _____ City Car _____
Indicate One-Way/Mileage If Traveling By Auto _____

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 829.20 Limousine \$ TBD

3 Hotel @ 139 Night \$ 417 Others \$ 0

*Registration \$ 0 Total \$ 1246.20

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ 0

APPROVED: _____ (Division Head) _____ (Date) _____ (Federal Grants) _____ (Date)

APPROVED: William Egan (Department Director) 3/8/10 (Date) APPROVED: _____ (Comptroller) _____ (Date)