



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 8/14/2015

212 City Hall  
St. Louis, MO.

Name Tishaura Jones

Department Parking No. 343

Trip To: Chicago, IL

Method of Travel: air

Purpose: Meeting

Prior Approval By: Tishaura Jones

	Time	Day/Date
Leave St. Louis .....	12 : 15 P M	Thurs. 8/13/15
Arrive <u>Chicago, IL</u>	1 : 20 P M	Thurs. 8/13/15
Convention/Meeting Commencement	4 : 00 P M	Thurs. 8/13/15
Convention/Meeting Adjournment	5 : 30 P M	Thurs. 8/13/15
Leave <u>Chicago, IL</u>	7 : 20 A M	Fri. 8/14/15
Arrive St. Louis .....	8 : 25 A M	Fri. 8/14/15

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		
	8/13/15	8/14/15									
Fare	239.00								239	00	
Registration											
Limo - To Airport											
Limo - From Airport											
Breakfast		10.00							10	00	
Lunch	15.00								15	00	
Dinner	25.00								25	00	
Hotel											
Other:	59.00	59.00							118	00	
TOTAL	99.00	69.00							407	00	
REMARKS:									Less Advance	239	00
									Less Registration		
									Less Prepaid Fare	239	00
									Amount Due	168	00
									Charge to Account No.	5645000	

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

APPROVED:

(Signature) Tishaura Jones (Date) 8/14/15  
 (Department Head) \_\_\_\_\_ (Comptroller) \_\_\_\_\_  
 COMP-34 (Rev. 6/01ML) \_\_\_\_\_

(Deputy Comptroller-Federal Grants) \_\_\_\_\_ (Date) \_\_\_\_\_  
 \_\_\_\_\_ (Date) \_\_\_\_\_

Sent to Sheila Woods 8/4/2015 JAL

### TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 7/31/2015

Name Tishaura Jones Title Treasurer Dept. Parking Dept. No. 343

Destination: City Chicago State IL

Purpose: Meeting

Convention/Meeting: Commencement Time 4:00 <sup>AM</sup> ~~PM~~ Day/Date Thurs. 8/13/15 Adjournment Time 5:30 <sup>AM</sup> ~~PM~~ Day/Date Thurs. 8/13/15  
(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

#### PROPOSED ITINERARY

Departure Time: 12:15 <sup>AM</sup> ~~PM~~ Day/Date TWRS. 8/13/15

Arrival Time: 1:20 <sup>AM</sup> ~~PM~~ Day/Date Thurs. 8/13/15

Departure Time: 7:20 <sup>AM</sup> ~~PM~~ Day/Date Fri. 8/14/15

Arrival Time: 8:25 <sup>AM</sup> ~~PM~~ Day/Date Fri. 8/14/15

#### TRIP EXPENSES TO BE PAID BY:

a) City Funds \_\_\_\_\_ b) Special Funds ✓

Account No. 5645000 Account Title Travel

Method of Travel: Air ✓ Rail \_\_\_\_\_ Bus \_\_\_\_\_ Private Auto \_\_\_\_\_ City Car \_\_\_\_\_

Indicate One-Way/Mileage If Traveling By Auto N/A

#### ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 239.00 Limousine \$ TBD

Hotel @ 1 Night \$ 232.10 Others \$ TBD

\*Registration \$ - Total \$ TBD

\*Food \$ TBD

\*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_

Airline Tickets Required (Prepaid Fare) Yes ✓ No \_\_\_\_\_

Advance payment approved: \$ \_\_\_\_\_

APPROVED: \_\_\_\_\_ (Division Head) (Date)

APPROVED: \_\_\_\_\_ (Federal Grants) (Date)

APPROVED: Sheila Woods (Department Director) 8/3/15 (Date)

APPROVED: \_\_\_\_\_ (Comptroller) (Date)