



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 22 February 2016

212 City Hall  
St. Louis, MO.

Name Tishauna O Jones  
Trip To: Jefferson City, MO  
Purpose: meetings w/ legislators

Department FISCAL No. 340  
Method of Travel: car  
Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	3:00 P M	Tue 2/16/16
Arrive <u>JEFFERSON CITY, MO</u>	5:00 P M	" "
Convention/Meeting Commencement	6:00 P M	Tue 2/16/16
Convention/Meeting Adjournment	2:00 P M	Wed 2/17/17
Leave <u>JEFFERSON CITY, MO</u>	2:00 P M	Wed 2/17/16
Arrive St. Louis .....	4:00 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	
	2/16	2/17								
Fare										
Registration										
Limo - To Airport										
Limo - From Airport										
Breakfast		10-							10 -	
Lunch		15-							15 -	
Dinner	25-								25 -	
Hotel		188.15							188 15	
Other:										
TOTAL	25-	213.15							238 15	
REMARKS:									Less Advance	/
									Less Registration	/
									Less Prepaid Fare	/
									Amount Due	238 15
									Charge to Account No.	

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

APPROVED:

(Signature) Tishauna O Jones (Date) 2/22/16  
(Department Head) (Date)

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

Sent for Vicki  
Worland on 2/11/16

**TRAVEL REQUEST**

(Note the Travel Regulations on Reverse Side)

Date: 2/18/2016

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

Destination: City Jefferson City State MO

Purpose: Meeting

Convention/Meeting: Commencement Time 3:00 AM Day/Date 2/16/16 Tue Adjournment Time 5:00 PM Day/Date 2/17/16 Wed.  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 3:00 AM Day/Date 2/16/16, Tues.

Arrival Time: 5:00 AM Day/Date 2/16/16, Tues.

Departure Time: 3:00 AM Day/Date 2/17/16, Weds.

Arrival Time: 5:00 AM Day/Date 2/17/16, Weds.

**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 132 miles

**ESTIMATE OF TRIP EXPENSES**

Air Coach Fare \$ \_\_\_\_\_ Limousine \$ \_\_\_\_\_

Hotel @ 1 Night \$ 188.16 Others \$ \_\_\_\_\_

\*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: \$ NA

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

APPROVED: Tishaura D. Jones (Department Director) 2/18/16 (Date) APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)