



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 21 January 2015

212 City Hall  
St. Louis, MO.

Name Tishawwa O Jones Department \_\_\_\_\_ No. \_\_\_\_\_

Trip To: New York Method of Travel: Air

Purpose: Rainbow Push Wall Street Project Prior Approval By: \_\_\_\_\_

& NY State Assembly Inauguration

	Time	Day/Date
Leave St. Louis .....	3 : 23 P M	Wed 1/14/15
Arrive <u>New York (EWR)</u>	6 : 40 P M	
Convention/Meeting Commencement	: M	
Convention/Meeting Adjournment	: M	
Leave <u>New York (LGA)</u>	2 : 25 P M	Mon 1/19/15
Arrive St. Louis .....	4 : 14 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
	1/14	1/15	1/17	1/18	1/19				
Fare	440.20								440 20
Registration	0								0
Limo - To Airport		102			45-				147 -
Limo - From Airport	102		82						184 -
Breakfast									
Lunch									
Dinner									
Hotel	289.23								289 23
Other:									
<del>Faxi</del>				<del>73-</del>					
Taxi				73-					73 -
	831.43								
TOTAL	<del>831.43</del>	102	82	73	45				1133 43

REMARKS:	Less Advance	/
	Less Registration	/
	Less Prepaid Fare	/
	Amount Due	1133 43
	Charge to Account No.	

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

APPROVED:

(Signature) Tishawwa O Jones (Date) 1/21/15

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

modified for Jim B.  
on 1/28/15

### TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 6 January 2015

Name: Thomas O Jones Title: Treasurer Dept.: FISCAL Dept. No.: 343

Destination: City New York State ny

Purpose: Rainbow Push Ball Street Conf & attendance at inauguration of my state Assembly member

Convention/Meeting: Commencement Time \_\_\_\_\_ AM \_\_\_\_\_ PM Day/Date \_\_\_\_\_  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

#### PROPOSED ITINERARY

Departure Time: 323 AM/PM Day/Date Wed 1/14/15

Arrival Time: 440 AM/PM Day/Date 1/14/15

Departure Time: 225 AM/PM Day/Date Mon 1/19/15

Arrival Time: 414 AM/PM Day/Date 1/19/15

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

#### ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 440.20 Limousine \$ 730

Hotel @ \_\_\_\_\_ Night \$ 249 Others \$ \_\_\_\_\_

\*Registration \$ 0 Total \$ 689.20

\*Food \$ 730

\*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: Shikama & Spurr (Department Director) 1/16/15 (Date)

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