



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 Tishaura O Jones Department _____ No. _____
 Trip To: Atlanta GA Method of Travel: Air
 Purpose: Operation HOPE Global Summit Prior Approval By: _____

	Time	Day/Date
Leave St. Louis <u>New York</u>	<u>3 : 15 P M</u>	<u>Thurs 1/15/15</u>
Arrive <u>Atlanta</u>	<u>4 : 50 P M</u>	
Convention/Meeting Commencement	<u>6 : 00 P M</u>	<u>Thurs 1/15/15</u>
Convention/Meeting Adjournment	<u>5 : 00 P M</u>	<u>Sat 1/17/15</u>
Leave <u>Atlanta</u>	<u>3 : 12 P M</u>	<u>Sat 1/17/15</u>
Arrive St. Louis <u>New York</u>	<u>5 : 27 P M</u>	

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
	1/15	1/16	1/17						
Fare	706.20								706 20
Registration	0								0
Limo - To Airport	50								50 -
Limo - From Airport		50 → 50							50 -
Breakfast		10	10						20 -
Lunch		15	15						30 -
Dinner	25	25							50 -
Hotel									
Other:									
Taxi	538	12-							17 38
TOTAL	786.58	112-	25-						923 58

REMARKS:	Less Advance	0
	Less Registration	0
	Less Prepaid Fare	0
	Amount Due	923 58
	Charge to Account No.	

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

APPROVED:

(Signature) Tishaura O Jones (Date) 1/21/15
 (Department Head)
 COMP-34 (Rev. 6/01ML)

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

received by Jim B. on 1/28/15

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 16 January 2015

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

Destination: City Atlanta State GA

Purpose: Operation Hope Summit

Convention/Meeting: Commencement Time 600 ^{AM} ~~PM~~ Day/Date Thu 1/15/15 Adjournment Time 500 ^{AM} ~~PM~~ Day/Date 1/17/15
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 315 ^{AM} ~~PM~~ Day/Date 1/15/15 Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 450 ^{AM} ~~PM~~ Day/Date 1/15/15 Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: 312 ^{AM} ~~PM~~ Day/Date 1/17/15 ESTIMATE OF TRIP EXPENSES

Arrival Time: 527 ^{AM} ~~PM~~ Day/Date 1/17/15 Air Coach Fare \$ 700.20 Limousine \$ TBD

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title TRAVEL *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) APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Tishaura D Jones (Department Director) 1/6/15 (Date) APPROVED: _____ (Comptroller) _____ (Date)