



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 7/15/2013

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Department _____ No. _____

Trip To: Chicago Method of Travel: Air

Purpose: meeting w/ Chicago Treasurer Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	1:50 PM	7/11/13
Arrive <u>Chicago</u>	3:00 PM	
Convention/Meeting Commencement	12:30 PM	7/12/13
Convention/Meeting Adjournment	1:30 PM	7/12/13
Leave <u>Chicago</u>	3:50 PM	7/12/13
Arrive St. Louis	4:55 PM	

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	
	7/11/13	7/12/13								
Fare	303.80	209.90							513	70
Registration	n/a									
Limo - To Airport		75-							75	-
Limo - From Airport	75-								75	-
Breakfast	/	10-							10	-
Lunch	/	/								
Dinner	/	/								
Hotel		196.72							196	72
Other:										
Taxi	16-	15-							31	-
TOTAL	394.80	506.62							901	42

REMARKS:	Less Advance	
	Less Registration	
	Less Prepaid Fare	303 80
	Amount Due	597 62
	Charge to Account No.	

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

APPROVED:

Tishaura O. Jones 7/15/13
(Signature) (Date)

(Deputy Comptroller-Federal Grants) (Date)

(Department Head) (Date)

(Comptroller) (Date)

TRAVEL REQUEST

Sent for Joanna S.
on 7/17/13

(Note the Travel Regulations on Reverse Side)

Date: 7-11-13

Name: ISHMARA A. O. JONES Title: Treasurer Dept. 2413 State: IL Purpose: meeting with Chicago

Convention/Meeting: Commencement Time 11:30 AM Date 7-12-13 Adjournment Time 12:30 PM Date 7-12-13
 (Enclose a copy of Convention/Seminar/Meeting announcement with request.)

Proposed Itinerary

Departure Time: <u>1:50 PM</u>	Date: <u>7-11-13</u>	Private Auto	City Car
Arrival Time: <u>3:00 PM</u>	Date: <u>7-11-13</u>	Indicate One-Way/Mileage If Traveling by Auto	
Departure Time: <u>1:45 PM</u>	Date: <u>7-12-13</u>	Estimate of Trip Expenses	
Arrival Time: <u>2:50 PM</u>	Date: <u>7-12-13</u>	Air Coach Fare \$ <u>303.00</u>	Limousine \$ <u>60.00</u>

Trip Expenses To Be Paid By:

a) City Funds b) Special Funds X

Account No. 5145000 Acct. Title TRAVEL

Was This Trip Authorized Last Year? Yes No X

List Trips Taken Within Past 12 Months:

Date	Destination
1) <u>5-21-13</u>	<u>St. Lawrence, IPT</u>
2) <u>6-24-13</u>	<u>New York + Washington DC</u>
3) <u> </u>	<u> </u>

(Use Additional Sheet of Paper if Necessary)

Advance Payment Requested: Yes No X Amt. \$ Acct.

Advance Payment Approved: \$

Approved: Isabella Jones (Division Head) Date: 7/11/13

Approved: (Dept. Director) Date:

Approved: (Comptroller) Date: