



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE July 30, 2015

212 City Hall  
St. Louis, MO.

Name Tishauna O. Jones Department Parking Division No. 343

Trip To: San Diego, CA Method of Travel: Air

Purpose: Governing Magazine Women in Government Leadership Conf Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	<u>2:40 PM</u>	<u>Friday 7/24/2015</u>
Arrive <u>San Diego, CA</u>	<u>8:36 PM</u>	<u>" "</u>
Convention/Meeting Commencement	_____ M	_____
Convention/Meeting Adjournment	_____ M	_____
Leave <u>San Diego, CA</u>	<u>4:00 PM</u>	<u>Sunday 7/26/2015</u>
Arrive St. Louis .....	<u>11:50 PM</u>	<u>" "</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
	<u>7/24</u>	<u>7/25</u>	<u>7/26</u>						
Fare									
Registration									
Limo - To Airport	<u>84</u>								<u>84 -</u>
Limo - From Airport									
Breakfast									
Lunch			<u>15</u>						<u>15 -</u>
Dinner	<u>25</u>								<u>25 -</u>
Hotel									
Other:									
<u>Taxi/ Subway</u>									
<u>Internet</u>	<u>39.95</u>		<u>16</u>						<u>55 95</u>
<u>Bag Fee</u>	<u>25</u>								<u>25 -</u>
TOTAL	<u>173.95</u>		<u>31</u>						<u>* 204 95</u>

REMARKS:	Less Advance	<u>-</u>
	Less Registration	<u>-</u>
	Less Prepaid Fare	<u>-</u>
	Amount Due	<u>204 95</u>
	Charge to Account No.	<u>5645000</u>

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

(Signature) Tishauna O. Jones (Date) 8/7/15  
(Department Head) (Date)

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

mailed to Shields  
words on 5/20/15

**TRAVEL REQUEST**  
(Note the Travel Regulations on Reverse Side)

Name: Tishana O Jones Title: Treasurer State: CA Dept.: FISCAL Date: 20 May 2015 Dept. No. \_\_\_\_\_

Destination: City San Diego State CA  
Purpose: Governing Magazine, Women in Government Leadership Conf.

Convention/Meeting: Commencement Time \_\_\_\_\_ AM \_\_\_\_\_ PM Day/Date Fri 7/24/15 Adjournment Time \_\_\_\_\_ AM \_\_\_\_\_ PM Day/Date Sun 7/26/15  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 2:40 AM / PM Day/Date Fri 7/24/15 Method of Travel: Air \_\_\_\_\_ Rail \_\_\_\_\_ Bus \_\_\_\_\_ Private Auto \_\_\_\_\_ City Car \_\_\_\_\_  
Arrival Time: 8:36 AM / PM Day/Date \_\_\_\_\_  
Departure Time: 4:15 AM / PM Day/Date Sun 7/26/15 Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_  
Arrival Time: 1:50 AM / PM Day/Date \_\_\_\_\_

**ESTIMATE OF TRIP EXPENSES**

Air Coach Fare \$ 231- Limousine \$ TBD  
Hotel @ \_\_\_\_\_ /Night \$ \_\_\_\_\_ Others \$ TBD  
\*Registration \$ \_\_\_\_\_ Total \$ 231-  
\*Food \$ \_\_\_\_\_

**TRIP EXPENSES TO BE PAID BY:**

a) City Funds \_\_\_\_\_ b) Special Funds X  
Account No. 5645000 Account Title TRAVEL

Majority of trip is covered by Governing Magazine.  
Needed to change departure.

\*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_  
Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance payment approved: \$ N/A

APPROVED: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)  
APPROVED: Tishana O Jones (Date) 5/20/15 (Date)  
APPROVED: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)  
APPROVED: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)