



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 7/22/13

212 City Hall
St. Louis, MO.

Name Tishauna O. Jones

Department _____ No. _____

Trip To: Washington DC & New York, NY

Method of Travel: Air & Rail

Purpose: CEO Network Annual Conf & NEW DEAL Leaders Conf.

Prior Approval By: _____

Leave St. Louis

Time	Day/Date
8:30 AM	Wed / 7/24/13
11:30 AM	
3:00 PM	Wed / 7/24/13
3:00 PM	Tue / 7/30/13
5:03 PM	Tue / 7/30/13
6:43 PM	

Arrive Washington, DC

Convention/Meeting Commencement

Convention/Meeting Adjournment

Leave New York, NY

Arrive St. Louis

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
	7/24	7/25	7/26	7/27	7/28	7/29	7/30		
Fare							304.90		304 90
Registration									
Limo - To Airport							85-		85 -
Limo - From Airport	22-								22 -
Breakfast	✓	R	R	R	R	R	R		
Lunch	10-	R	R	R	R	R	R		10 -
Dinner	R	R	25-	25-	R	R			50 -
Hotel									
Other:									
Taxi	10-		15-		10.20				35 20
Taxi			15-		7-				22 -
Taxi					27-				27 -
TOTAL	42	0	55	25	44.20	0	389.90		556 10

REMARKS:	Less Advance	0
	Less Registration	0
	Less Prepaid Fare	0
	Amount Due	556 10
	Charge to Account No.	

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

APPROVED:

Tishauna O. Jones 7/31/13
(Signature) (Date)

(Deputy Comptroller-Federal Grants) (Date)

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Name: Tishauna D. Jones Title: Treasurer Dept.: _____ Date: 7/22/13

Destination: City Washington DC New York/PA State _____ Dept. No. _____
 Purpose: YES (Young States of Priests)

Convention/Meeting: Commencement Time 5:00 AM PM Date 7/24/13 Adjournment Time 3:00 AM PM Date 7/30/13
 (Enclose a copy of Convention/Seminar/Meeting announcement with request.)

Proposed Itinerary

Departure Time: 8:30 AM PM Date 7/24/13 Method of Travel: Air _____ Rail _____ Bus _____ Auto _____ Private City _____
 Arrival Time: 11:30 AM PM Date _____

Departure Time: 5:03 AM PM Date 7/30/13 Indicate One-Way/Mileage If Traveling by Auto _____
 Arrival Time: 10:13 AM PM Date _____ Estimate of Trip Expenses

Trip Expenses To Be Paid By: _____
 a) City Funds _____ b) Special Funds X _____

Account No. 5045000 Acct. Title Travel _____
 Was This Trip Authorized Last Year? Yes ___ No ___

List Trips Taken Within Past 12 Months: _____
 *Indicate below meals covered by Registration Fees:

*Registration \$ N/A Total \$ _____
 *Food \$ N/A _____

Travel Order Required (Prepaid Fare) Yes ___ No ___
 Advance Payment Requested: _____

Yes ___ No X Amt. \$ _____ Acct. _____

Advance Payment Approved: \$ _____

Approved _____ Date _____

(Use Additional Sheet of Paper if Necessary)

Approved _____ Date _____
 (Federal Grants)

Approved Tishauna D. Jones 7/22/13
 (Division Head) (Date)

Approved _____ Date _____
 (Dept. Director) (Date)

Approved _____ Date _____
 (Comptroller)