



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 30 July 2015
Comptroller

212 City Hall
St. Louis, MO. 343
No. 343

Name Tishaura O Jones

Department Parking Division
Treasurer's Office

Trip To: Cambridge, MA & San Diego, CA

Method of Travel: Air

Purpose: Executives in State & Local Govt - Harvard University

Prior Approval By: "

Leave St. Louis Governing Magazine in Govt

Time 8:35 AM Day/Date Mon 7/6/15

Arrive Boston, MA

12:15 PM

Convention/Meeting Commencement

1:00 PM Mon 7/6/15

Convention/Meeting Adjournment

12:00 PM Fri 7/24/15

Leave San Diego Boston, MA

2:40 PM Sun 7/26/15 Fri 7/24

Arrive St. Louis San Diego, CA

4:50 PM Fri 7/24/2015

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
	7/6/15	7/7/15	7/8/15	7/9/15	7/10/15	7/11/15	7/12/15	7/13/15	
Fare	311-								311 -
Registration	1000-								1000 -
Limo - To Airport									
Limo - From Airport	60-								60 -
Breakfast							10-		10 -
Lunch							15-		15 -
Dinner			25-		25-		25		75 -
Hotel									
Other:									
TOTAL									1471 -

REMARKS: Trip to San Diego partially covered by Governing Magazine

Less Advance
Less Registration
Less Prepaid Fare
Amount Due
Charge to Account No.

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

APPROVED:

(Signature) Tishaura O Jones (Date) 7/30/15
(Department Head) (Date)

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



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DARLENE GREEN
Comptroller

DATE July 30, 2015

212 City Hall
St. Louis, MO.

Name Tishauna O. Jones

Department Parking Division No. 343

Trip To: Cambridge, MA

Method of Travel: Air

Purpose: Executives in state & Local Govt - Harvard University

Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	8:35 A M	Mon 7/6/2015
Arrive <u>Boston, MA</u>	12:15 P M	Mon 7/6/2015
Convention/Meeting Commencement	7:00 P M	Mon 7/6/2015
Convention/Meeting Adjournment	12:00 P M	Friday 7/24/2015
Leave <u>Boston, MA</u>		
Arrive St. Louis <u>San Diego, CA</u>	2:40 P M	Friday 7/24/2015

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
	7/14/15	7/15/15	7/16/15	7/17/15	7/18/15	7/19/15	7/20/15	7/21/15	
Fare									
Registration									
Limo - To Airport									
Limo - From Airport									
Breakfast					10-	10-			20 -
Lunch					15-	15-			30 -
Dinner		25-			25-	25-		25-	100 -
Hotel									
Other:									
<u>Subway</u>					12-				12 -
<u>Taxi</u>		5-						13.83	18 83
TOTAL									180 83

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

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

APPROVED:

(Signature) Tishauna O. Jones (Date) 7/30/15
 (Department Head)
 COMP-34 (Rev. 6/01ML)

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



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

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DARLENE GREEN
Comptroller

DATE July 30, 2015

212 City Hall
St. Louis, MO.

Name Tishauna O. Jones
 Trip To: Cambridge, MA
 Purpose: Executives in State + Local Gov't - Harvard University

Department Parking Division No. 343
 Method of Travel: Air
 Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	8:35 AM	Monday 7/6/2015
Arrive <u>Boston, MA</u>	12:15 PM	
Convention/Meeting Commencement	1:00 PM	Monday 7/6/2015
Convention/Meeting Adjournment	12:00 PM	Friday 7/24/2015
Leave <u>Boston, MA</u>		
Arrive St. Louis	2:40 PM	Friday 7/24/2015

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
	7/22	7/23					Pg 2	Pg 2	
Fare							311		311
Registration							1,000		1,000
Limo - To Airport							60		60
Limo - From Airport									
Breakfast							10	20	30
Lunch							15	30	45
Dinner	25						75	100	200
Hotel									25
Other:									
Subway								12	12
Taxi								18.83	18.83
TOTAL	25						1,471	180.83	1,676.83

REMARKS:	Less Advance	
	Less Registration	1000 -
	Less Prepaid Fare	311 -
	Amount Due	365.83
	Charge to Account No.	5645000

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) _____

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 14 May 2015

Name Jishnuva S Jones Title Treasurer Dept. _____ Dept. No. _____

Destination: City Cambridge State MA

Purpose: Harvard's Sr. Executives in State & Local Govt

Convention/Meeting: Commencement Time 10 ^{AM} ~~PM~~ Day/Date Mon 7/6/15 Adjournment Time 1230 ^{AM} ~~PM~~ Day/Date Fri 7/24/15
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 835 ^{AM} ~~PM~~ Day/Date Mon 7/6/15 Method of Travel: Air Rail _____ Bus _____ Private Auto _____ City Car _____

Arrival Time: 1215 ^{AM} ~~PM~~ Day/Date _____ Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: _____ AM / PM Day/Date _____ Air Coach Fare \$ 323.50 Limousine \$ TBD

Arrival Time: _____ AM / PM Day/Date _____ Hotel @ _____ Night \$ _____ Others \$ _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds _____ *Registration \$ 1000- Total \$ 1823.50

Account No. _____ Account Title _____ *Food \$ TBD

Return trip covered by Governing Magazine

*Indicate below meals covered by Registration Fees:
Breakfasts ? Lunches ? Dinners ?
Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

APPROVED: [Signature] (Division Head) (Date) _____

APPROVED: Jishnuva S Jones (Department Director) (Date) 5/14/15

APPROVED: _____ (Federal Grants) (Date) _____

APPROVED: _____ (Comptroller) (Date) _____