



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



DARLENE GREEN DATE 20 June 2016
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura Jones Department FISCAL No. 343
 Trip To: Dallas, TX Method of Travel: _____
 Purpose: Latino Center for Leadership Development Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	5:10 P M	Fri 6/10/16
Arrive <u>Dallas</u>	7:01 P M	
Convention/Meeting Commencement	9:00 A M	Sat 6/10/16
Convention/Meeting Adjournment	12:00 P M	
Leave <u>Dallas</u>	2:20 P M	Sat 6/11/16
Arrive St. Louis <u>Atlanta</u>	5:30 P M	

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	
		6/10	6/11							
Fare	250.20								250	20
Registration										
Limo - To Airport										
Limo - From Airport										
Breakfast										
Lunch										
Dinner	25-	25-							50	-
Hotel	263.94								263	94
Other:										
TOTAL	539.14	25-							564	14

REMARKS: <u>Air, hotel & ground transport covered by LCD</u>	Less Advance		
	Less Registration		
	Less Prepaid Fare	514	14
	Amount Due	50	-
	Charge to Account No.	5645000	

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

APPROVED:

(Signature) Tishaura Jones (Date) 6/20/16
 (Department Head) _____ (Date) _____
 COMP-34 (Rev. 6/01ML)

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

Sent to Mike Woodland on 6/11/16

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 6/16/2016

Name Tishaura Jones Title Treasurer

Dept. Parking

Dept. No. 343

Destination: City Dallas State TX

Purpose: Speaking Engagement - Latino Center for Leadership Development

Convention/Meeting: Commencement Time 9:00 ^{AM} PM Day/Date Sat. 6/11/16 Adjournment Time 11:00 ^{AM} PM Day/Date Sat. 6/11/16
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 5:10 ^{AM} ^{PM} Day/Date Fri. 6/10/16

Arrival Time: 7:01 ^{AM} ^{PM} Day/Date Fri. 6/10/16

Departure Time: 2:20 ^{AM} ^{PM} Day/Date Sat. 6/11/16

Arrival Time: 5:31 ^{AM} ^{PM} Day/Date Sat. 6/11/16

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds ✓

Account No. 5645000 Account Title Travel

Note: Hotel + Flight paid for by ~~MS~~ ^{MS} LCD. Ms. Jones is requesting other expenses to be covered (i.e. food) + transportation.

Method of Travel: Air X Rail _____ Bus _____ Private Auto _____ City Car _____
Indicate One-Way/Mileage If Traveling By Auto N/A

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 250.20 Limousine \$ TBD

Hotel @ 1 Night \$ 229.00 Others \$ TBD

*Registration \$ — Total \$ TBD

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners

Airline Tickets Required (Prepaid Fare) Yes ✓ No _____

Advance payment approved: \$ N/A

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Mahana D. Gunn (Date) 6/10/16

(Department Director)

APPROVED: _____ (Comptroller) _____ (Date)