



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 18 June 2015

212 City Hall  
St. Louis, MO.

Name Tishaura O Jones Department \_\_\_\_\_ No. \_\_\_\_\_  
 Trip To: Chicago, IL Method of Travel: Air  
 Purpose: NASP Conference Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	<u>2:30 P M</u>	<u>SUN 6/14/15</u>
Arrive <u>Chicago, IL</u>	<u>3:30 P M</u>	
Convention/Meeting Commencement	<u>7:00 A M</u>	<u>MON 6/15/15</u>
Convention/Meeting Adjournment	<u>3:30 P M</u>	<u>Wed 6/17/15</u>
Leave <u>Chicago, IL</u>	<u>2:30 P M</u>	<u>Wed 6/17/15</u>
Arrive St. Louis .....	<u>3:30 P M</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	
	6/14	6/15	6/16	6/17						
Fare	<u>245.01</u>								<u>245 01</u>	
Registration									<u>150 -</u>	
Limo - To Airport										
Limo - From Airport	<u>63 -</u>								<u>63 -</u>	
Breakfast		<u>10 -</u>	<u>10 -</u>	<u>10 -</u>					<u>30 -</u>	
Lunch		<u>/</u>	<u>/</u>	<u>/</u>					<u>0 -</u>	
Dinner	<u>25 -</u>	<u>25 -</u>	<u>25 -</u>						<u>75 -</u>	
Hotel				<u>974.28</u>					<u>974 28</u>	
Other:										
TOTAL									<u>1537 29</u>	
REMARKS:									Less Advance	<u>0 -</u>
									Less Registration	<u>150 -</u>
									Less Prepaid Fare	<u>245 01</u>
									Amount Due	<u>1142 28</u>
									Charge to Account No.	

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

APPROVED:

(Signature) Tishaura O Jones  
 (Department Head)

(Date) 6/18/15  
 (Date)

(Deputy Comptroller-Federal Grants)  
 (Comptroller)

(Date)  
 (Date)

Travel 335 - Jones  
on 4/17/15

(Note the Travel Regulations on Reverse Side)

TRAVEL REQUEST

Date: 1 April 2015

Name: Tishaura O Jones Title: Treasurer Dept: FISCAL Dept. No. \_\_\_\_\_

Destination: City Chicago State IL

Purpose: NASP Annual Conference

Convention/Meeting: Commencement Time 800 <sup>AM</sup> PM Day/Date Mon 6/15/15 Adjournment Time 500 <sup>AM</sup> ~~PM~~ Day/Date Wed 6/17/15  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 245 AM/PM Day/Date Sun 6/14/15 Method of Travel: Air  Rail  Bus  Private Auto  City Car

Arrival Time: 345 AM/PM Day/Date \_\_\_\_\_ Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_

Departure Time: 225 AM/PM Day/Date Wed 6/17/15 ESTIMATE OF TRIP EXPENSES

Arrival Time: 325 AM/PM Day/Date \_\_\_\_\_

Air Coach Fare \$ 270.01 Limousine \$ 750  
Hotel @ 219 Night \$ 974.27 Others \$ \_\_\_\_\_  
\*Registration \$ 150 Total \$ 1,394.28  
\*Food \$ \_\_\_\_\_

TRIP EXPENSES TO BE PAID BY:  
a) City Funds \_\_\_\_\_ b) Special Funds X

Account No. 5145000 Account Title TRAVEL

\*Indicate below meals covered by Registration Fees:  
2 Breakfasts 2 Lunches 1 Dinners

Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance payment approved: \$ 0/0

APPROVED: \_\_\_\_\_ (Division Head) (Date) \_\_\_\_\_ (Federal Grants) (Date)

APPROVED: Tishaura O Jones (Department Director) (Date) 4/11/15 APPROVED: \_\_\_\_\_ (Comptroller) (Date)