



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 12 June 2015

212 City Hall  
St. Louis, MO.

Name Tishaura Q Jones  
 Trip To: Denver  
 Purpose: Clinton Global Initiative

Department \_\_\_\_\_ No. \_\_\_\_\_  
 Method of Travel: \_\_\_\_\_  
 Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	11 : 50 AM	Mon 6/8/15
Arrive <u>Denver</u>	1 : 07 PM	
Convention/Meeting Commencement	7 : 00 PM	Mon 6/8/15
Convention/Meeting Adjournment	4 : 30 PM	Wed 6/10/15
Leave <u>Denver</u>	7 : 45 PM	Wed 6/10/15
Arrive St. Louis .....	10 : 45 PM	

*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
	6/8	6/9	6/10						
Fare	457.20								457.20
Registration	0								
Limo - To Airport		95							95 --
Limo - From Airport	97								97 --
Breakfast									
Lunch									
Dinner									
Hotel	228.75	228.75							456.70
Other:									
TAXI		22-							22 --
<b>TOTAL</b>	<b>782.55</b>	<b>345.75</b>							<b>1127.90</b>

REMARKS:	Less Advance	
	Less Registration	
	Less Prepaid Fare	457.20
	Amount Due	670.70
	Charge to Account No.	5645000

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

APPROVED:

(Signature) Tishaura Q Jones  
 (Date) 6/12/15  
 (Department Head)  
 COMP-34 (Rev. 6/01ML)

(Date) 6/12/15  
 (Date)

(Deputy Comptroller-Federal Grants)  
 (Comptroller)

(Date)  
 (Date)

modified for Shoshone  
meeting on 5/11/15

### TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 15 April 2015

Name Jiskaura O Jones Title Treasurer Dept. FISCAL Dept. No. 343

Destination: City Denver State CO

Purpose: Out America

Convention/Meeting: Commencement Time 7:00 <sup>AM</sup> ~~PM~~ Day/Date Mon 6/8/15 Adjournment Time 4:30 <sup>AM</sup> ~~PM~~ Day/Date Wed 6/10/15  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

#### PROPOSED ITINERARY

Departure Time: 11:50 <sup>AM</sup> ~~PM~~ Day/Date Mon 6/8/15

Arrival Time: 10:17 <sup>AM</sup> ~~PM~~ Day/Date \_\_\_\_\_

Departure Time: 7:45 <sup>AM</sup> ~~PM~~ Day/Date Wed 6/10/15

Arrival Time: 10:45 <sup>AM</sup> ~~PM~~ Day/Date \_\_\_\_\_

#### TRIP EXPENSES TO BE PAID BY:

a) City Funds \_\_\_\_\_ b) Special Funds X

Account No. 5445000 Account Title TRAVEL

Method of Travel: Air  Rail \_\_\_\_\_ Bus \_\_\_\_\_ Private Auto \_\_\_\_\_ City Car \_\_\_\_\_  
Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_

#### ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 457.20 Limousine \$ TRD

Hotel @ 199 Night \$ 450.71 Others \$ \_\_\_\_\_

\*Registration \$ \_\_\_\_\_ Total \$ 913.91

\*Food \$ \_\_\_\_\_

\*Indicate below meals covered by Registration Fees:

\_\_\_\_\_ 2 Breakfasts \_\_\_\_\_ 2 Lunches \_\_\_\_\_ 1 Dinners

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

Advance payment approved: \$ 0/A

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

APPROVED: Jiskaura O Jones (Department Director) \_\_\_\_\_ (Date) APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)