



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 19 May 2015
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O Jones Department FISCAL No. 343
Trip To: New York, NY Method of Travel: _____
Purpose: Cities United for Immigration Prior Approval By: _____
Action - Municipal ID Conf

	Time	Day/Date
Leave St. Louis	2 : 00 P M	Sat 5/16/15
Arrive <u>New York, NY</u>	5 : 15 P M	
Convention/Meeting Commencement	6 : 30 P M	Sun 5/17/15
Convention/Meeting Adjournment	4 : 00 P M	Mon 5/18/15
Leave <u>New York, NY</u>	10 : 30 A M	Tues 5/19/15
Arrive St. Louis	12 : 00 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	
	5/16	5/17	5/18	5/19						
Fare	609.10		16.96	147.10					773	.16
Registration	0								0	-
Limo - To Airport				78-					78	-
Limo - From Airport	60-								60	-
Breakfast	/	10-	10-	10-					30	-
Lunch	/	15-	/	/					15	-
Dinner	25-	/	25-	/					50	-
Hotel	311.04	311.04	315.67						937	75
Other:										
Taxi		14.80	46.31						61	17
TOTAL	1005.14	350.90	413.94	235.10					2005	08

REMARKS: Flight was cancelled on 5/18, forcing me to stay an additional night.

Less Advance _____
 Less Registration _____
 Less Prepaid Fare 756 20
 Amount Due 1248 88
 Charge to Account No. _____

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

(Signature) Tishaura O Jones (Date) 5/19/15
(Department Head) _____ (Date) _____
COMP-34 (Rev. 5/01/11)

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

mailed for Shida week on 5/11/15.

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 28 April 2015

Name Tishaura Jones Title Treasurer Dept. FISCAL Dept. No. 343

Destination: City New York State NY
Purpose: Municipal ID card meeting

Convention/Meeting: Commencement Time 9:00 AM Day/Date Mon 5/18/15 Adjournment Time 4:00 PM Day/Date 5/18/15
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 2:00 AM Day/Date Sat 5/16/15
Arrival Time: 5:27 AM Day/Date _____
Departure Time: 6:59 AM Day/Date Mon 5/18/15
Arrival Time: 8:48 AM Day/Date _____

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 \$ 756.20 Limousine \$ TBD
Hotel @ _____ /Night \$ _____ Others \$ _____
*Registration \$ _____ Total \$ 756.20
*Food \$ _____

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ N/A

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Shidana Jones (Department Director) _____ (Date) 4/28/15

APPROVED: _____ (Comptroller) _____ (Date)