

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

DARLENE GREEN
Comptroller

DATE 31 May 2015

212 City Hall
St. Louis, MO.

Name Tishauna O Jones
Trip To: San Francisco, CA
Purpose: NewDEAd Ideas Summit

Department _____ No. _____
Method of Travel _____
Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	30 A	Tues 5/26/15
Arrive	10 : 10 A M	" "
Convention/Meeting Commencement	00 P	Tues 5/26/15
Convention/Meeting Adjournment	1 : 30	Wed 5/27/15
Leave	3 : 50 P M	
Arrive St. Louis	11 : 40 P M	" "

Enter Expenses In

Indicate "A" for Meals Served "R" for

	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL
Date	5/26	5/27							
Fare	410.20								20
Registration	0								0
Limo - To Airport									
Limo - From Airport									
Breakfast		0							
Lunch	0	0							
Dinner	25-								25
Hotel									
Other:									
Taxi	10.32								10
	33.95	24.95							58
TOTAL	479.45								

Less Advance 0
Less Registration 0
Less Prepaid Fare ✓ 20
Amount Due ✓ 22
Charge to Account No. _____

APPROVED:

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

(Signature) Tishauna O Jones
(Department Head)

(Date) 5/31/15
(Date)

(Deputy Comptroller-Federal Grants)
(Comptroller)

(Date)
(Date)