



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 10 May 2016  
Comptroller

212 City Hall  
St. Louis, MO.

Name Tishaura O Jones  
Trip To: Cambridge, MA  
Purpose: Cahn Fellowship Reunion & Seminar

Department FISCAL No. 340  
Method of Travel: \_\_\_\_\_  
Prior Approval By: \_\_\_\_\_

Leave St. Louis .....  
Arrive BOS  
Convention/Meeting Commencement  
Convention/Meeting Adjournment  
Leave BOS  
Arrive St. Louis .....

Time	Day/Date
8:15 AM	Thur 5/5/16
11:50 AM	
8:30 AM	Fri 5/6/16
4:30 PM	
6:35 PM	Fri 5/6/16
8:40 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	
	5/5	5/6								
Fare	850.96								850	96
Registration										
Limo - To Airport										
Limo - From Airport										
Breakfast	/	/								
Lunch	15	/							15	-
Dinner	25	/							25	-
Hotel		357.80							357	80
Other:										
Taxi	18-	22.80							32	80
TOTAL	900.96	380.60							1281	56

REMARKS: Subtracted \$35 for parking for rental car.

Less Advance	
Less Registration	
Less Prepaid Fare	1208 76
Amount Due	72 80
Charge to Account No.	5645000

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

Tishaura O Jones 5/10/16  
(Signature) (Date)

APPROVED: \_\_\_\_\_  
(Deputy Comptroller-Federal Grants) (Date)

(Department Head) (Date) (Comptroller) (Date)

**TRAVEL REQUEST**

(Note the Travel Regulations on Reverse Side)

Date: 28 April 2016

Name Tshaura D Jones Title Treasurer Dept. FISCAL Dept. No. 340

Destination: City Cambridge State MA

Purpose: John Fellowship Return & Seminar

Convention/Meeting: Commencement Time 8:30 AM Day/Date 5/6/16 Adjournment Time 4:30 PM Day/Date 5/6/16  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 8:15 AM Day/Date Yves 5/5/16

Arrival Time: 1:50 AM Day/Date \_\_\_\_\_

Departure Time: 10:35 AM Day/Date Fri 5/6/16

Arrival Time: 8:40 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 \$ 850.96 Limousine \$ \_\_\_\_\_

Hotel @ 312 /Night \$ 8312 - Others \$ \_\_\_\_\_

\*Registration \$ \_\_\_\_\_ Total \$ 81102.96

\*Food \$ TRAD

\*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_

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

Advance payment approved: \$ 1275

APPROVED: Tshaura D Jones (Division Head) (Date) \_\_\_\_\_ APPROVED: \_\_\_\_\_ (Federal Grants) (Date) \_\_\_\_\_

APPROVED: Tshaura D Jones (Department Director) (Date) 4/28/16 APPROVED: \_\_\_\_\_ (Comptroller) (Date) \_\_\_\_\_