



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



DARLENE GREEN DATE 30 Nov 2015
Comptroller

212 City Hall
St. Louis, MO.

Name Tishauna O Jones Department _____ No. _____
 Trip To: Washington DC Method of Travel: _____
 Purpose: New DEAL Annual Conf Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	<u>8:45 AM</u>	<u>Wed 11/18/15</u>
Arrive <u>MDA</u>	<u>11:35 AM</u>	
Convention/Meeting Commencement	<u>2:00 PM</u>	<u>Wed 11/18/15</u>
Convention/Meeting Adjournment	<u>1:15 PM</u>	<u>Fri 11/18/15</u>
Leave <u>CLT</u>	<u>4:30 PM</u>	<u>Sun 11/22/15</u>
Arrive St. Louis	<u>5:40 PM</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
	11/18	11/19	11/20						
Fare									
Registration	<u>0</u>								
Limo - To Airport	<u>17.69</u>		<u>43.27</u>						<u>60 96</u>
Limo - From Airport	<u>31.33</u>								<u>31 33</u>
Breakfast		<u>/</u>	<u>/</u>						
Lunch	<u>15-</u>	<u>/</u>	<u>/</u>						<u>15 -</u>
Dinner	<u>/</u>	<u>25-</u>							<u>25 -</u>
Hotel									
Other: <u>Taxi</u>	<u>10.12</u>		<u>13.61</u>						<u>23 73</u>
<u>Internet</u>	<u>8-</u>		<u>16-</u>						<u>24 -</u>
	<u>82.14</u>								
TOTAL	<u>77.14</u>	<u>25-</u>	<u>72.88</u>						<u>180 02</u>

REMARKS: <u>Hotel & airfare partially reimbursed by the New DEAL</u>	Less Advance	
	Less Registration	
	Less Prepaid Fare	
	Amount Due	<u>180 02</u>
	Charge to Account No.	<u>5645000</u>

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

(Signature) _____ (Date) 11/30/15 (Deputy Comptroller-Federal Grants) _____ (Date) _____
 (Department Head) Tishauna O Jones (Comptroller) _____ (Date) _____
 COMP-34 (Rev. 6/01ML)

mailed for Vicki
Wednesday on 11/2/15

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 27 October 2015

Name: Trishaura D Jones Title: Treasurer Dept. FISCAL Dept. No. 340

Destination: City Washington State DC

Purpose: New DEATH leaders Annual convening

Convention/Meeting: Commencement Time 1:00 ^{AM} ~~PM~~ Day/Date Wed 11/18/15 Adjournment Time 3:30 ^{AM} ~~PM~~ Day/Date Fri 11/20/15
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 8:45 ^{AM} ~~PM~~ Day/Date Wed 11/18/15 STL

Arrival Time: 1:35 ^{AM} ~~PM~~ Day/Date Wed 11/18/15 WDC

Departure Time: 4:30 ^{AM} ~~PM~~ Day/Date Thu 11/22/15 CSC

Arrival Time: 5:40 ^{AM} ~~PM~~ Day/Date Sun 11/22/15 STL

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds 1520

Account No. 5145000 Account Title TRAVEL

Trip related to Columbia, SC conference.
Represents portion that will be partially
reimbursed by New DEATH

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 \$ 544.10 Limousine \$ TBD

Hotel @ _____ /Night \$ 0 Others \$ _____

*Registration \$ 0 Total \$ 544.10

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes X No _____

Advance payment approved: \$ N/A

APPROVED: _____ (Division Head) (Date) _____ (Date)
APPROVED: _____ (Federal Grants) (Date) _____ (Date)

APPROVED: Trishaura D Jones (Department Director) (Date) 10/27/15
APPROVED: _____ (Comptroller) (Date) _____ (Date)