



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 30 Nov 2015

212 City Hall
St. Louis, MO.

Name Tishaura Jones

Department _____ No. _____

Trip To: Columbia, SC

Method of Travel: _____

Purpose: Presidential Justice Forum

Prior Approval By: _____

	Time	Day/Date
Leave St. Louis <u>DCA</u>	<u>5 : 20 P</u> M	<u>Fri 11/20/15</u>
Arrive <u>CLT</u>	<u>6 : 52 P</u> M	
Convention/Meeting Commencement	<u>1 : 00 P</u> M	<u>Sat 11/21/15</u>
Convention/Meeting Adjournment	<u>6 : 00 P</u> M	
Leave St. Louis	: M	
Arrive St. Louis	: 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	
	11/20	11/21	11/22							
Fare	462 462.10								462	10
Registration	100-								100	-
Limo - To Airport										
Limo - From Airport										
Breakfast		10	10						20	-
Lunch		15							15	-
Dinner	25	25							50	-
Hotel	124-								124	-
Other:										
TOTAL	249-	512.10	10-						771	10

REMARKS:	Less Advance	
<u>Return airfare partially reimbursed by New DEAR</u>	Less Registration	
	Less Prepaid Fare	462 10
	Amount Due	309 309.00
	Charge to Account No.	5645000

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

APPROVED:

(Signature) Tishaura Jones
(Date) 11/30/15

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

missed for Vicki
Wednesday on 11/21/15

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 27 October 2015

Name: Theresa P. Jones Title: Treasurer Dept: FISCAL Dept. No. 340

Destination: City Columbia State SC

Purpose: 2020 Leaders of America Forum

Convention/Meeting: Commencement Time 1:00 ^{AM} ~~PM~~ Day/Date Saturday 11/21/15 Adjournment Time 6:00 ^{AM} ~~PM~~ Day/Date Saturday 11/21/15
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 5:20 AM / ~~PM~~ Day/Date Fri 11/20/15 ^{WDC} ~~DCO~~

Arrival Time: 6:52 AM / ~~PM~~ Day/Date Fri 11/20/15 ^{CSC} ~~DCO~~

Departure Time: _____ AM / PM Day/Date _____

Arrival Time: _____ AM / PM Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds 1520

Account No. 51645000 Account Title TRAVEL

Trip is related to Washington DC conference.
Travel from STN-DOA, DOA-CIT, & CST-8TR

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 \$ 402.10 Limousine \$ TBD

Hotel @ _____ Night \$ 138.94 Others \$ _____

*Registration \$ 100-- Total \$ 701.04

*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) _____ (Federal Grants) (Date)

APPROVED: Theresa P. Jones (Department Director) (Date) 10/27/15 APPROVED: _____ (Comptroller) (Date)