



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



DARLENE GREEN  
Comptroller

DATE 10/13/2015

212 City Hall  
St. Louis, MO.

Name Tishawra O. Jones

Department Parking

No. 343

Trip To: D.C.

Method of Travel: Air

Purpose: meeting

Prior Approval By: Tishawra O. Jones

	Time	Day/Date
Leave St. Louis .....	12:07 PM	THURS 10/1/15
Arrive <u>D.C.</u>	3:23 PM	THURS 10/1/15
Convention/Meeting Commencement	5:30 PM	THURS 10/1/15
Convention/Meeting Adjournment	3:00 PM	Fri 10/2/15
Leave <u>D.C.</u>	8:08 PM	Fri 10/2/15
Arrive St. Louis .....	11:00 PM	Fri 10/2/15

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
	Th 10/1	F 10/2							
Fare	338.70								338.70
Registration									
Limo - To Airport		33.43							33.43
Limo - From Airport	34.67								34.67
Breakfast									
Lunch									
Dinner		25.00							25.00
Hotel	296.56								296.56
Other:		46.00							46.00
TOTAL	669.93	104.43							774.36

REMARKS: On 10/2 flight was delayed and departed @ 8:08 p.m. so dinner is included

Less Advance	
Less Registration	
Less Prepaid Fare	338.70
Amount Due	435.66
Charge to Account No.	5645000

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

APPROVED:

(Signature)

(Date)

(Deputy Comptroller-Federal Grants)

(Date)

Tishawra O. Jones  
(Department Head)

10/13/15  
(Date)

(Comptroller)

(Date)

Sent to Sheila  
Woods on 9/14/15

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 9/2/2015

Name Tishaaura Jones Title Treasurer Dept. Parking Dept. No. 343

Destination: City D.C. State \_\_\_\_\_

Purpose: Meeting

Convention/Meeting: Commencement Time 5:30 <sup>AM</sup> ~~PM~~ Day/Date Thurs. 10/1/15 Adjournment Time 3:00 <sup>AM</sup> ~~PM~~ Day/Date Fri 10/2/15  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 12:07 <sup>AM</sup> ~~PM~~ Day/Date Thurs 10/1/15

Arrival Time: 3:23 <sup>AM</sup> ~~PM~~ Day/Date Thurs 10/1/15

Departure Time: 6:10 <sup>AM</sup> ~~PM~~ Day/Date Fri 10/2/15

Arrival Time: 10:41 <sup>AM</sup> ~~PM~~ Day/Date Fri 10/2/15

TRIP EXPENSES TO BE PAID BY:

a) City Funds \_\_\_\_\_ b) Special Funds ✓

Account No. 5645000 Account Title Travel

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 \$ 338.70 Limousine \$ TBD

Hotel @ 1 /Night \$ 259.00 Others \$ TBD

\*Registration \$ — Total \$ TBD

\*Food \$ TBD

\*Indicate below meals covered by Registration Fees:

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

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

Advance payment approved: \$ \_\_\_\_\_

APPROVED: \_\_\_\_\_ (Division Head) (Date) \_\_\_\_\_

APPROVED: \_\_\_\_\_ (Federal Grants) (Date) \_\_\_\_\_

APPROVED: Shekema Agum (Department Director) (Date) 9/2/15

APPROVED: \_\_\_\_\_ (Comptroller) (Date) \_\_\_\_\_