



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 19 September 2016

212 City Hall
St. Louis, MO.

Name Tishaura O Jones

Department Parking No. 343

Trip To: Washington, DC

Method of Travel: Air

Purpose: CBC Activities - Higher Heights, Planned Parenthood

Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	<u>11:41 AM</u>	<u>Fri 9/16/16</u>
Arrive	<u>2:42 PM</u>	
Convention/Meeting Commencement	<u>5:00 PM</u>	<u>Fri 9/16/16</u>
Convention/Meeting Adjournment	<u>10:00 AM</u>	
Leave	<u>8:50 AM</u>	<u>Sun 9/18/16</u>
Arrive St. Louis	<u>9:45 AM</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		
	9/16	9/17	9/18								
Fare	<u>568.20</u>								<u>568</u>	<u>20</u>	
Registration											
Limo - To Airport			<u>31.37</u>						<u>31</u>	<u>37</u>	
Limo - From Airport	<u>32.63</u>								<u>32</u>	<u>63</u>	
Breakfast		<u>10-</u>							<u>10</u>	<u>-</u>	
Lunch		<u>-</u>									
Dinner	<u>25-</u>	<u>-</u>							<u>25</u>	<u>-</u>	
Hotel	<u>189.63</u>	<u>189.63</u>							<u>379</u>	<u>26</u>	
Other:											
Taxi		<u>5-</u>	<u>27.26</u>						<u>32</u>	<u>26</u>	
TOTAL	<u>815.46</u>	<u>204.63</u>	<u>58.63</u>						<u>1078</u>	<u>72</u>	
REMARKS:									Less Advance	<u>-</u>	
									Less Registration	<u>-</u>	
									Less Prepaid Fare	<u>1043</u>	<u>72</u>
									Amount Due	<u>35</u>	<u>-</u>
									Charge to Account No.	<u>5645000</u>	

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

APPROVED:

(Signature) Tishaura O Jones (Date) 9/20/16
(Department Head) (Comptroller)

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

Sent to Beth Simek on 9/20/16

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 15 September 2016

Name: Tishaura D Jones Title: Treasurer

Dept: Marketing

Dept. No. 343

Destination: City Washington State DC

Purpose: Higher Weights Reception & Case Dinner & Planned Parenthood Brunch

Convention/Meeting: Commencement Time 5:00 ^{AM} ~~PM~~ Day/Date Fri 9/16/16 Adjournment Time 10:00 ^{AM} ~~PM~~ Day/Date Sat 9/17/16
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 1141 ^{AM} ~~PM~~ Day/Date Fri 9/16/16

Arrival Time: 242 ^{AM} ~~PM~~ Day/Date _____

Departure Time: 830 ^{AM} ~~PM~~ Day/Date Sun 9/18/16

Arrival Time: 945 ^{AM} ~~PM~~ Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds

Account No. 5445000 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 \$ 568.20 Limousine \$ _____

Hotel @ 2 Night \$ 105.02 Others \$ _____

*Registration \$ 0 Total \$ 899.44

*Food \$ _____

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ 0/A

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Tishaura D Jones (Department Director) _____ (Date)

APPROVED: _____ (Comptroller) _____ (Date)