



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 9/22/2015

212 City Hall  
St. Louis, MO.

Name Tishawra Jones

Department Parking

No. 343

Trip To: D.C.

Method of Travel: Air

Purpose: Conference

Prior Approval By: Tishawra Jones

Leave St. Louis .....

Arrive D.C.

Convention/Meeting Commencement

Convention/Meeting Adjournment

Leave D.C.

Arrive St. Louis .....

Time	Day/Date
9:55 AM	Thurs., 9/17/15
1:11 AM	Thurs., 9/17/15
8:45 AM	Wed., 9/16/15
2:30 PM	Sun., 9/20/15
1:42 PM	Sun., 9/20/15
3:15 PM	Sun., 9/20/15

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. 9/17	F. 9/18	Sa. 9/19	Su. 9/20							
Fare	500.20								500	20	
Registration	100.00								100	00	
Limo - To Airport											
Limo - From Airport											
Breakfast		10.00	10.00	10.00					30	00	
Lunch	15.00	15.00	15.00						45	00	
Dinner	25.00	25.00	—						50	00	
Hotel	259.92	259.92	259.92						779	76	
Other:	59.32	13.21	8.01	40.41					120	95	
<b>TOTAL</b>	<b>959.44</b>	<b>323.13</b>	<b>292.93</b>	<b>50.41</b>					<b>1625</b>	<b>91</b>	
REMARKS:									Less Advance		
									Less Registration		100 00
									Less Prepaid Fare		500 20
									Amount Due		1025 71
									Charge to Account No.		5645000

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

APPROVED:

(Signature) Tishawra Jones  
 (Date) 9/23/15  
 (Department Head)  
 COMP-34 (Rev. 6/01ML)

(Date) 9/23/15  
 (Date)

(Deputy Comptroller-Federal Grants)  
 (Comptroller)

(Date)  
 (Date)

*marked for Shilda  
work on 9/17/15*

**TRAVEL REQUEST**

(Note the Travel Regulations on Reverse Side)

**REVISED**

Name Tishaura Jones Title Treasurer Dept. Parking Date: 9/10/15 Dept. No. 343

Destination: City D.C. State —

Purpose: \_\_\_\_\_

Convention/Meeting: Commencement Time 8:45 <sup>AM</sup> PM Day/Date Wed. 9/10/15 Adjournment Time 2:30 <sup>AM</sup> <sup>PM</sup> Day/Date Sun. 9/20/15  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 9:55 <sup>AM</sup> / <sup>PM</sup> Day/Date Thurs. 9/17/15

Arrival Time: 1:11 <sup>AM</sup> / <sup>PM</sup> Day/Date Thurs. 9/17/15

Departure Time: 1:42 <sup>AM</sup> / <sup>PM</sup> Day/Date Sun. 9/20/15

Arrival Time: 3:15 <sup>AM</sup> / <sup>PM</sup> Day/Date Sun. 9/20/15

**TRIP EXPENSES TO BE PAID BY:**

a) City Funds \_\_\_\_\_ b) Special Funds ✓ 1520

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 \$ 500.20 Limousine \$ TBD

Hotel @ 3 /Night \$ 227.00 Others \$ TBD

\*Registration \$ 100.00 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) \_\_\_\_\_ (Federal Grants) \_\_\_\_\_ (Date)

APPROVED: Tishaura Jones (Department Director) 9/11/15 (Date) \_\_\_\_\_ (Date)

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

BD-100 (Rev. 6/01/ML)