



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 12 October 2016
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone _____ Dept. Parking No. 343
 Trip To: Washington, DC Method of Travel: Air
 Purpose: CFE Fund and ALC Conference Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	6. 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sun, 9/25/2016
Arrive <u>Washington, DC</u>	9. 12 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	9. 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Mon, 9/26/2016
Convention/Meeting Adjournment	2. 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri, 9/30/2016
Leave <u>Washington, DC</u>	5. 22 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri, 9/30/2016
Arrive St. Louis	6. 50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

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
	9/25	9/26	9/27	9/28	9/29	9/30			
Fare									0
Registration									0
Limo - To Airport	61.34								61.34
Limo - From Airport						29.59			29.59
Breakfast									0
Lunch									0
Dinner			25	25	25				75
Hotel	235.30	235.30							470.6
Other:									0
Taxi		29.55	32.46		21.66				83.67
									0
									0
TOTAL	296.64	264.85	57.46	25	46.66	29.59	0	0	720.2

REMARKS:	Less Advance	
Airfare and hotel partially covered by CFED	Less Registration	
	Less Prepaid Fare	645.20
	Amount Due	75.00
	Charge to Account No.	<u>5645000</u>

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

APPROVED:

Tishaura O. Jones 10/12/16
(Signature) (Date) (Deputy Comptroller-Federal Grants) (Date)

Tishaura O. Jones 10/12/16
(Department Head) (Date) (Comptroller) (Date)

Sent to Betty
Sawyer on 8/23/16

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 8/16/2016

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

Destination: city Washington Dc State _____

Purpose: conferences (CFE coalition Forum 9/26/16-9/27/16); Assets Learning Conference 2016 9/28/16-9/30/16)

Convention/Meeting: Commencement Time 8:00 ^{AM} ~~PM~~ Day/Date Mon, 9/26/16 Adjournment Time 5:00 ^{AM} ~~PM~~ Day/Date Fri, 9/30/16
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 6:00 ^{AM} ~~PM~~ Day/Date Sun, 9/25/16

Arrival Time: 9:12 ^{AM} ~~PM~~ Day/Date Sun, 9/25/16

Departure Time: 5:22 ^{AM} ~~PM~~ Day/Date Fri, 9/30/16

Arrival Time: 6:50 ^{AM} ~~PM~~ Day/Date Fri, 9/30/16

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 N/A

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 492.20 Limousine \$ TBD

Hotel @ 5 Night \$ 274.00 Others \$ TBD

*Registration \$ 0.00 Total \$ TBD

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ N/A

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

APPROVED: William D. Jones (Department Director) 8/16/16 (Date) APPROVED: _____ (Comptroller) _____ (Date)