

RECEIVED
Oct 06 2016

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

*Sent to Beth Sawright
on 10/14/16*

Name Tishaura Jones Title Treasurer Dept. Parking Date: 10/5/2016 Dept. No. 343
Destination: City Houston State Texas
Purpose: Event - Panel

Convention/Meeting: Commencement Time 5:30 PM Day/Date Fri., Oct. 7, 2016 Adjournment Time 9:00 PM Day/Date Fri., Oct. 7, 2016
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 8:02 AM Day/Date Fri., Oct. 7, 2016
Arrival Time: 11:59 AM Day/Date Fri., Oct. 7, 2016
Departure Time: 12:24 AM Day/Date Sat., Oct. 8, 2016
Arrival Time: 4:32 AM Day/Date Sat., Oct. 8, 2016

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 \$ 797.20 Limousine \$ —
Hotel @ 1 Night \$ TBD Others \$ TBD
*Registration \$ N/A Total \$ TBD
*Food \$ TBC

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds
Account No. 5645000 Account Title Travel

*Indicate below meals covered by Registration Fees:

Breakfasts — Lunches — Dinners —
Airline Tickets Required (Prepaid Fare) Yes — No

Advance payment approved: \$ N/A

* Note: ~~the~~ expenses are covered by organization - Hotel and flight

APPROVED: [Signature] 10/5/16 (Date)
APPROVED: [Signature] 10/5/16 (Date)
APPROVED: _____ (Federal Grants) (Date)
APPROVED: _____ (Comptroller) (Date)