# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

**(Note the Travel Regulations on Reverse Side)**

**DARLENE GREEN**
Comptroller

DATE 10/23/2018

212 City Hall
St. Louis, MO.

Name Tishaura Jones Phone 314.622.3434 Dept. Parking No. 343

Trip To: Boston, MA Method of Travel: Air

Purpose: Business - CSA Research Working Conference Prior Approval By:

| | Time | Day/Date |
|---|---|---|
| Leave St. Louis | 8 : 30 ■ AM ☐ PM | Monday, October 15, 2018 |
| Arrive Boston, MA | 12 : 05 ☐ AM ■ PM | Monday, October 15, 2018 |
| Convention/Meeting Commencement | 8 : 30 ■ AM ☐ PM | Monday, October 15, 2018 |
| Convention/Meeting Adjournment | 12 : 50 ☐ AM ■ PM | Tuesday, October 16, 2018 |
| Leave Boston, MA | 2 : 45 ☐ AM ■ PM | Tuesday, October 16, 2018 |
| Arrive St. Louis | 8 : 25 ☐ AM ■ PM | Tuesday, October 16, 2018 |

***Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration***

| | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | Day/Date | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| Date ☞ | 10/15/2018 | 10/16/2018 | | | | | | | |
| Fare | 496.78 | | | | | | | | **496.78** |
| Registration | 0 | 0 | | | | | | | **0** |
| Limo - To Airport | 0 | 0 | | | | | | | **0** |
| Limo - From Airport | 0 | 0 | | | | | | | **0** |
| Breakfast | 0 | 0 | | | | | | | **0** |
| Lunch | 0 | 0 | | | | | | | **0** |
| Dinner | 0 | 0 | | | | | | | **0** |
| Hotel | 209.00 | | | | | | | | **209** |
| Other: | 0 | 0 | | | | | | | **0** |
| | | | | | | | | | **0** |
| | | | | | | | | | **0** |
| | | | | | | | | | **0** |
| TOTAL | 705.78 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **705.78** |

| REMARKS: | | |
|---|---|---|
| | Less Advance | |
| No reimbursement is requested. Travel covered by Treasurer. | Less Registration | |
| | Less Prepaid Fare | **705.78** |
| | Amount Due | **0.00** |
| | Charge to Account No. | |

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

**APPROVED:**

(Signature) (Date)

(Deputy Comptroller-Federal Grants) (Date)

(Department Head) (Date)

(Comptroller) (Date)

**COMP-34 (Rev. 10/15 ML)**