REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

DARLENE GREEN
Comptroller

DATE 11/1/2018

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone 314.366.3099 Dept. Parking No. 343

Trip To: San Francisco, CA Method of Travel: AIR

Purpose: Business Prior Approval By:

Panelist SOCAP (San Francisco)

	Time	Day/Date
Leave St. Louis	6 : 00 ■ AM ☐ PM	Tuesday, October 23, 2018
Arrive San Francisco, CA	11 : 20 ■ AM ☐ PM	Tuesday, October 23, 2018
Convention/Meeting Commencement	3 : 00 ☐ AM ■ PM	Tuesday, October 23, 2018
Convention/Meeting Adjournment	4 : 00 ☐ AM ■ PM	Tuesday, October 23, 2018
Leave San Francisco, CA	12 : 10 ☐ AM ■ PM	Wednesday, October 24, 2018
Arrive St. Louis	6 : 05 ☐ AM ■ PM	Wednesday, October 24, 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 ☞	10/23/2014	10/24/2018							
Fare	265.78								**265.78**
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	0	0							**0**
Other:	0	0							**0**
									0
									0
									0
TOTAL	265.78	0	0	0	0	0	0	0	**265.78**

REMARKS:	Less Advance	
Host covered travel and lodging expenses.	Less Registration	**265.78**
No reimbursement requested.	Less Prepaid Fare	
	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)