



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

RECEIVED
MAY 12 2017



DARLENE GREEN DATE 5/10/2017
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone 314-622-3434 Dept. Parking No. 343

Trip To: Lansing, Michigan Method of Travel: Air

Purpose: The Cities for Financial Empowerment Coalition Prior Approval By: Tishaura O. Jones

Forum _____

	Time	Day/Date
Leave St. Louis	9:35 <input type="checkbox"/> AM <input type="checkbox"/> PM	Tues., April 18, 2017
Arrive <u>Lansing</u>	2:41 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues., April 18, 2017
Convention/Meeting Commencement	9:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Wed., April 19, 2017
Convention/Meeting Adjournment	11:45 <input type="checkbox"/> AM <input type="checkbox"/> PM	Fri., April 21, 2017
Leave <u>Lansing</u>	9:10 <input type="checkbox"/> AM <input type="checkbox"/> PM	Fri., April 21, 2017
Arrive St. Louis <u>Montgomery, Alabama</u>	4:27 <input type="checkbox"/> AM <input type="checkbox"/> PM	Fri., April 21, 2017

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
	Tues, 4/18	Wed, 4/19	Thurs, 4/20	Fri, 4/21					
Fare	811.40								811.40
Registration	\$0								0
Limo - To Airport				13.93					13.93
Limo - From Airport	9.36								9.36
Breakfast									0
Lunch									0
Dinner									0
Hotel	169.45	169.45	169.45						508.35
Other:									0
									0
									0
TOTAL	990.21	169.45	169.45	13.93	0	0	0	0	1343.04

REMARKS:	Less Advance	
Fare total of \$811.40 (included on the travel request) includes both	Less Registration	
Lansing and Montgomery trips, and is included in the Request	Less Prepaid Fare	1,329.11
for Reimbursement for Lansing dated 5/10/2017.	Amount Due	13.93
	Charge to Account No.	5645000

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

APPROVED:

(Signature) Tishaura O. Jones (Date) 5/11/17
(Department Head) (Date)

(Deputy Comptroller-Federal Grants) (Date)
(Comptroller) (Date)



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APR 05 2017

TRAVEL REQUEST
(Note the Travel Regulations on Reverse Side)

Sent for Beth Saunicht
on 4/12/17

Date: 4/14/2017

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

Destination: City Lansing State Michigan

Purpose: The cities for Financial Empowerment Coalition Forum

Convention/Meeting: Commencement Time 9:00 AM Day/Date Wed., April 19, 17 Adjournment Time 11:45 AM Day/Date Fri., April 21, 17
(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

PROPOSED ITINERARY

Departure Time: 9:35 AM Day/Date Tues., April 18, 17

Arrival Time: 2:41 AM Day/Date Tues., April 18, 17

Departure Time: 9:10 AM Day/Date Fri., April 21, 17

Arrival Time: 4:27 PM Day/Date Fri., April 21, 17

TRIP EXPENSES TO BE PAID BY: Montgomery, AL

a) City Funds _____ b) Special Funds ✓

Account No. 5645000 Account Title Travel

* Fare total for both Lansing & Montgomery trips.

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 \$ 811.40 Limousine \$ TBD

Hotel @ 3 Night \$ 149.95 (avg) Others \$ TBD

*Registration \$ — 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: Tishaura Jones (Department Director) 4/17 (Date)

APPROVED: _____ (Comptroller) _____ (Date)