



# 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: Montgomery, Alabama Method of Travel: Air

Purpose: Harvard's Cahn Public Service Fellows Reunion Prior Approval By: Tishaura O. Jones

	Time			Day/Date
Leave <del>St. Louis</del> <u>Lansing, Michigan</u>	9.	10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Fri., April 21, 2017
Arrive <u>Montgomery, Alabama</u>	4.	27	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri., April 21, 2017
Convention/Meeting Commencement	5.	00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri., April 21, 2017
Convention/Meeting Adjournment	10.	00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., April 22, 2017
Leave <u>Montgomery, Alabama</u>	11.	19	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sun., April 23, 2017
Arrive St. Louis .....	5.	43	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sun., April 23, 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
	Fri., 4/21	Sat., 4/22	Sun., 4/23						
Fare									0
Registration	\$0								0
Limo - To Airport			19.06						19.06
Limo - From Airport	20.01								20.01
Breakfast									0
Lunch									0
Dinner									0
Hotel	243.36	243.36							486.72
Other:									0
									0
									0
<b>TOTAL</b>	263.37	243.36	19.06	0	0	0	0	0	525.79

<b>REMARKS:</b>	
Fare total of \$811.40 includes both Lansing and Montgomery trips, and is included in the Request for Reimbursement for Lansing, Michigan dated 5/10/2017.	Less Advance
	Less Registration
	Less Prepaid Fare
	<b>Amount Due</b>
	<b>Charge to Account No.</b>
	<b>5645000</b>

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) \_\_\_\_\_ (Comptroller) \_\_\_\_\_

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





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

*Sent to Beth Sawyer on 4/12/17*

Date: 4/14/2017

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

Destination: City Montgomery State Alabama

Purpose: Harvard's Cann Public Service Fellows Reunion

Convention/Meeting: Commencement Time 5:00 AM Day/Date Fri. April 21, 17 Adjournment Time 10:00 AM Day/Date Sat. April 22, 17  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 9:10 AM Day/Date Fri. April 21, 17  
Arrival Time: 4:27 AM Day/Date Fri. April 21, 17  
Departure Time: 11:19 AM Day/Date Sun. April 23, 17  
Arrival Time: 5:43 AM Day/Date Sun. April 23, 17  
Departure Time: St. Louis

**TRIP EXPENSES TO BE PAID BY:**

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 @ 2 Night \$ 243.36 Others \$ TBD  
Registration \$ N/A 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) 4/14/17 (Date) APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)