



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
(Note the Travel Regulations on Reverse Side)

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: Washington DC Method of Travel: Air

Purpose: New America Savings Innovation Forum Prior Approval By: Tishaura O. Jones

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	5:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., May 3, 2017
Arrive <u>Washington DC</u>	8:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., May 3, 2017
Convention/Meeting Commencement	9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thurs., May 4, 2017
Convention/Meeting Adjournment	4:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., May 4, 2017
Leave <u>Washington DC</u>	7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., May 4, 2017
Arrive St. Louis	8:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., May 4, 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
	Wed., 5/3	Thurs., 5/4							
Fare									0
Registration									0
Limo - To Airport	12.53								12.53
Limo - From Airport		17.99							17.99
Breakfast									0
Lunch									0
Dinner									0
Hotel									0
Other:									0
									0
									0
TOTAL	12.53	17.99	0	0	0	0	0	0	30.52

REMARKS:	Less Advance
*AARP covered travel expenses (hotel and airfare)	Less Registration
	Less Prepaid Fare
	Amount Due
	30.52
	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)



TRAVEL REQUEST (Review Travel Regulations)

Date: 4/24/2017

Office Telephone: 314-622-3434

Name: Tishauna O. Jones

Title: Treasurer

Dept./ Section: Parking

Dept. No.: 343

Destination: City: Washington DC

State:

Purpose: New America Savings Innovation Forum

Convention/Meeting: Commencement Time 9:00 AM PM Day/Date Thurs., May 4, 2017
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).
 Adjournment Time 4:00 AM PM Day/Date Thurs., May 4, 2017

PROPOSED ITINERARY

Departure Time: 5:10 AM PM Day/Date Wed., May 3, 2017

Arrival Time: 8:20 AM PM Day/Date Wed., May 3, 2017

Departure Time: 7:30 AM PM Day/Date Thurs., May 4, 2017

Arrival Time: 8:55 AM PM Day/Date Thurs., May 4, 2017

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 \$ 430.20 Limousine \$ TBD
 Hotel @ 1 /Night \$ 445.41 Others \$ TBD
 *Registration \$ N/A Total \$ 875.64
 *Food \$ TBD

Account No. 5645000 Account Title Travel
 a) City Funds _____ b) Special Funds X
 *ARRP will cover travel expenses

*Indicate below meals covered by Registration Fees:

Breakfasts X Lunches TBD Dinners

Airline Tickets Required (Prepaid Fare) Yes _____ No X

Advance payment approved: \$ N/A

APPROVED: _____ (Division Head) (Date)

APPROVED: _____ (Federal Grants) (Date)

APPROVED: *Tishauna O. Jones* (Department Director) 4/26/17 (Date)

APPROVED: _____ (Comptroller) (Date)