



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 6/13/2017
Comptroller

212 City Hall
St. Louis, MO.

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

Trip To: New Orleans, LA Method of Travel: Air

Purpose: International Parking Institute Conference & Expo Prior Approval By: Tishaura O. Jones

	Time	Day/Date
Leave St. Louis	6 . 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sun., May 21, 2017
Arrive <u>New Orleans, LA</u>	7 . 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sun., May 21, 2017
Convention/Meeting Commencement	12 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., May 20, 2017
Convention/Meeting Adjournment	2 . 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., May 24, 2017
Leave <u>New Orleans, LA</u>	12 . 55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., May 24, 2017
Arrive St. Louis	2 . 40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., May 24, 2017

Sent to both
 Sent to on 6/13/17

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
	Sun., 5/21	Mon., 5/22	Tues., 5/23	Wed., 5/24					
Fare	355.95	220.00							575.95
Registration	799.00								799
Limo - To Airport									0
Limo - From Airport	41.40								41.4
Breakfast									0
Lunch									0
Dinner									0
Hotel	199.93	199.93	199.93						599.79
Other:			12.00						12
									0
									0
									0
TOTAL	1396.28	419.93	211.93	0	0	0	0	0	2028.14

REMARKS:	Less Advance	
	Less Registration	0.00
	Less Prepaid Fare	2,028.14
	Amount Due	0.00
	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) 6/13/17
(Department Head) (Date)

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



TRAVEL REQUEST (Review Travel Regulations)

*mailed for both
submit on 5/11/17*

Date: 4/21/2017

Name Tishaura O. Jones Title Treasurer Office Telephone: 314-622-3434

Dept./Section Parking Dept. No. 343

Destination: City New Orleans State LA

Purpose: 2017 International Parking Institute Conference & Expo

Convention/Meeting: Commencement Time 12:00 AM PM Day/Date Sat., May 20, 2017 Adjournment Time 2:30 AM PM Day/Date Wed., May 24, 2017
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 6:05 AM PM Day/Date Sun., May 21, 2017
 Arrival Time: 7:45 AM PM Day/Date Sun., May 21, 2017
 Departure Time: 9:30 AM PM Day/Date Sat., May 27, 2017
 Arrival Time: 11:15 AM PM Day/Date Sat., May 27, 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 \$ 355.95 Limousine \$ TBD
 Hotel @ 3 avg! /Night \$ 180.84 Others \$ TBD
 *Registration \$ 799.00 Total \$ ~~1,235.79~~ TBD
 *Food \$ TBD

Account No. 5645000 Account Title Travel
 a) City Funds _____ b) Special Funds X

**Ms. Jones will personally cover expenses for 3-night hotel stay from 5/24/17 to 5/27/17*

*Indicate below meals covered by Registration Fees:
 N/A _____ Breakfasts _____ N/A _____ Lunches _____ N/A _____ Dinners _____
 Airline Tickets Required (Prepaid Fare) Yes _____ No X
 Advance payment approved: \$ _____

APPROVED: _____ (Division Head) _____ (Date) APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: *Tishaura O. Jones* (Department Director) 4/21/17 (Date) APPROVED: _____ (Comptroller) _____ (Date)