



*Copy sent to Beth
Scripps on 6/28/17*

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 6/20/2017
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: The Collective National Training Conference Prior Approval By: Tishaura O. Jones

	Time	Day/Date
Leave St. Louis	9. 10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thurs., June 15, 2017
Arrive Washington DC	12. 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., June 15, 2017
Convention/Meeting Commencement	12. 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., June 15, 2017
Convention/Meeting Adjournment	6. 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., June 17, 2017
Leave Washington DC	6. 55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., June 17, 2017
Arrive St. Louis	8. 10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., June 17, 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
	Thurs, 6/15	Fri, 6/16	Sat, 6/17						
Fare									0
Registration									0
Limo - To Airport									0
Limo - From Airport	24.55								24.55
Breakfast									0
Lunch									0
Dinner									0
Hotel									0
Other:	11.23	7.69	8.00						26.92
Other:		10.05	10.63						20.68
									0
									0
TOTAL	35.78	17.74	18.63	0	0	0	0	0	72.15

REMARKS:	Less Advance	
*The Collective PAC covered travel expenses (hotel and airfare)	Less Registration	
**Ms. Jones did not have transportation expenses to the airport	Less Prepaid Fare	72.15
	Amount Due	0.00
	Charge to Account No.	5645000

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

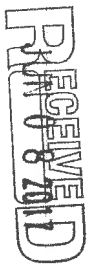
APPROVED:

(Signature) Tishaura O. Jones (Date) 6/20/17
(Department Head) (Date)

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



TRAVEL REQUEST (Review Travel Regulations)



Date: 6/07/2017

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

Dept./Section Parking City Washington DC State Dept. No. 343

Purpose: The Collective National Training Conference

Convention/Meeting: Commencement Time 12:00 AM PM Day/Date Thurs., June 15, 2017 Adjournment Time 6:00 AM PM Day/Date Sat., June 17, 2017
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 9:10 AM PM Day/Date Thurs., June 15, 2017
 Arrival Time: 12:05 AM PM Day/Date Thurs., June 15, 2017
 Departure Time: 6:55 AM PM Day/Date Sat., June 17, 2017
 Arrival Time: 8:10 AM PM Day/Date Sat., June 17, 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 \$ 574.96 Limousine \$ TBD

Hotel @ 2 /Night \$ 172.00 Others \$ TBD

*Registration \$ 0.00 Total \$ ~~746.96~~ TBD

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners

Airline Tickets Required (Prepaid Fare) Yes No X

Advance payment approved: \$ N/A

Account No. 5645000 Account Title Travel
 Travel expenses covered by
 The collective PAC

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

APPROVED: *Tishaura O. Jones* (Department Director) 6/7/2017 (Date) APPROVED: _____ (Comptroller) _____ (Date)