



*Sent to Both
Sawright on 8/19/17*

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 7/24/2017

212 City Hall
St. Louis, MO.

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

Trip To: Aspen, CO Method of Travel: Air

Purpose: Aspen Institute Symposium Prior Approval By: Tishaura O. Jones

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	11 . 50 <input type="checkbox"/> AM <input type="checkbox"/> PM	<u>Wed., July 19, 2017</u>
Arrive <u>Aspen, CO</u>	3 . 18 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Wed., July 19, 2017</u>
Convention/Meeting Commencement	6 . 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Wed., July 19, 2017</u>
Convention/Meeting Adjournment	1 . 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Fri., July 21, 2017</u>
Leave <u>Aspen, CO</u>	12 . 42 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Sat., July 22, 2017</u>
Arrive St. Louis	5 . 46 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Sat., July 22, 2017</u>

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., 7/19	Thur., 7/20	Fri., 7/21	Sat., 7/22					
Fare									0
Registration									0
Limo - To Airport									0
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel									0
Other:									0
Other:									0
									0
									0
TOTAL	0	0	0	0	0	0	0	0	0

REMARKS:	Less Advance	
*The Aspen Institute covered travel expenses	Less Registration	
**Ms. Jones' flight was cancelled Friday, causing her to stay in Aspen another night. Expenses were covered by the Aspen Institution.	Less Prepaid Fare	
	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) 7/25/17
(Department Head) (Date)

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



TRAVEL REQUEST (Review Travel Regulations)

*copy to both
sample on 6/28/17*

Date: 6/22/2017

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

Dept./Section Parking City Aspen State CO Dept. No. 343

Destination: Aspen Institute Symposium

Purpose: Aspen Institute Symposium

Convention/Meeting: Commencement Time 5:30 AM PM Day/Date Wed., July 19, 2017 Adjournment Time 3:00 AM PM Day/Date Fri., July 21, 2017
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 11:50 AM PM Day/Date Wed., July 19, 2017 Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 3:18 AM PM Day/Date Wed., July 19, 2017 Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: 5:05 AM PM Day/Date Fri., July 21, 2017 **ESTIMATE OF TRIP EXPENSES**

Arrival Time: 11:23 AM PM Day/Date Fri., July 21, 2017 Air Coach Fare \$ 855.98* Limousine \$ TBD

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title Travel *Registration \$ 0.00 Total \$ 1,496.48*

*Travel expenses are covered by The Aspen Institute

*Indicate below meals covered by Registration Fees:
 X _____ Breakfasts TBD _____ 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: Tishaura O. Jones (Department Director) 6/23/17 (Date) APPROVED: _____ (Comptroller) _____ (Date)