



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 11/20/2017
 Comptroller 212 City Hall
St. Louis, MO.

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

Trip To: Chicago, IL Method of Travel: Air

Purpose: New Leaders Council Millennial Compact Prior Approval By: Tishaura O. Jones

Conference speaking engagement

Leave St. Louis

Arrive Chicago, IL

Convention/Meeting Commencement

Convention/Meeting Adjournment

Leave Chicago, IL

Arrive St. Louis

Time	Day/Date
2 . 15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri., Sept. 15, 2017
3 . 20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri., Sept. 15, 2017
4 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri., Sept. 15, 2017
12 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Sept. 16, 2017
3 . 15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Sept. 16, 2017
4 . 20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Sept. 16, 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, 9/15	Sat, 9/16							
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
New Leaders Council paid for airfare, hotel, and meals for this conference trip	Less Registration
	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) 11/21/17
 (Department lead) _____ (Date) _____

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



Sent to Dean
Sawyer 10/2/17

RECEIVED
SEP 25 2017

TRAVEL REQUEST (Review Travel Regulations)

Date: September 12, 2017

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

Dept./ Section Parking Dept. No. 343 State IL

Destination: Chicago
Purpose: New Leaders Council Millennial Compact Conference speaking engagement.

Convention/Meeting: Commencement Time 4:00 AM PM Day/Date September 15, 2017 AM PM noon AM PM Day/Date September 16, 2017

PROPOSED ITINERARY

Departure Time:	Day/Date	September 15, 2017
2:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Arrival Time:	Day/Date	September 15, 2017
3:20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Departure Time:	Day/Date	September 16, 2017
3:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Arrival Time:	Day/Date	September 16, 2017
4:20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

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 \$ 0.00 Limousine \$ 0.00
 Hotel @ /Night \$ 0.00 Others \$ 0.00
 *Registration \$ 0.00 Total \$ 0.00
 *Food \$ 0.00

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title TRAVEL

New leaders council paid for airfare, hotels and meals for this conference trip.

*Indicate below meals covered by Registration Fees:
 0 _____ Breakfasts _____ Lunches _____ Dinners _____
 Airline Tickets Required (Prepaid Fare) Yes _____ No X

Advance payment approved: \$ NA

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

APPROVED: Tishaura O. Jones 9/20/17 (Date)
 (Department Director) _____ (Comptroller) _____ (Date)