



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 11/21/2017
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: Aspen-Rodel Fellowships All-Class Reunion Prior Approval By: Tishaura O. Jones

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	11 . 00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sat., Oct. 7, 2017
Arrive <u>Washington DC</u>	2 . 16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Oct. 7, 2017
Convention/Meeting Commencement	6 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Oct. 7, 2017
Convention/Meeting Adjournment	2 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Mon., Oct. 9, 2017
Leave <u>Washington DC</u>	3 . 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Mon., Oct. 9, 2017
Arrive St. Louis	5 . 15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Mon., Oct. 9, 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
	Sat, 10/7	Sun, 10/8	Mon, 10/9						
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: The Aspen Institute covered hotel and airfare costs.	Less Advance	
	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) 11/27/17
(Department Head) (Date)

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

*sent to Betty
Sawyer on 8/30/17*

RECEIVED
AUG 17 2017

TRAVEL REQUEST (Review Travel Regulations)

Date: 8/15/2017

Name: Tishaura O. Jones
Title: Treasurer
Office Telephone: 314-622-3434
Dept./ Section: Parking
Dept. No.: 343
Destination: City: Washington DC
State: _____
Purpose: Aspen-Rodel Fellowships All-Class Reunion

Convention/Meeting: Commencement Time: 6:00 AM PM Sat., Oct. 7, 2017
Adjournment Time: 2:00 AM PM Mon., Oct. 9, 2017
(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

PROPOSED ITINERARY

Departure Time:	Arrival Time:	Day/Date	Day/Date
11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Oct. 7, 2017	Sat., Oct. 7, 2017
2:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	3:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., Oct. 7, 2017	Mon., Oct. 9, 2017
3:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Mon., Oct. 9, 2017	Mon., Oct. 9, 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 \$ 437.40
Hotel @ 2 /Night \$ 478.61 ^{total} _{cost} Others \$ TBD
*Registration \$ N/A Total \$ ~~916.01~~ TBD
*Food \$ TBD

TRIP EXPENSES TO BE PAID BY:

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

*The Aspen Institute is covering
Ms. Jones' travel expenses.*

*Indicate below meals covered by Registration Fees:
 Breakfasts Lunches Dinners

Airline Tickets Required (Prepaid Fare) Yes No

Advance payment approved: \$ N/A

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

APPROVED: *Sibana D. Jam* 8/16/17
(Department Director) (Date)