



**TRAVEL REQUEST** (Review Travel Regulations)

Sent for Dave  
San Francisco 10/2/17

RECEIVED  
SEP 25 2017

Name Tishaura O. Jones Title Treasurer Date: 09/18/2017

Dept./Section Parking San Francisco Dept. No. 343 Office Telephone: (314) 622-3434

Destination: City San Francisco State California

Purpose: Speaking Engagement at SOCAP 2017 (Social Capital Markets)

Convention/Meeting: Commencement Time 8:30  AM  PM Day/Date 10/12/2017  
Adjournment Time 6:30  AM  PM Day/Date 10/12/2017  
(Enclose a copy of Convention/Seminar/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 1:45  AM  PM Day/Date 10/11/2017 Method of Travel:  Air  Rail  Bus  Private Auto  City Car

Arrival Time: 4:05  AM  PM Day/Date 10/11/2017 Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_

Departure Time: 12:15  AM  PM Day/Date 10/13/2017

Arrival Time: 6:05  AM  PM Day/Date 10/13/2017

**ESTIMATE OF TRIP EXPENSES**

Air Coach Fare \$ 0.00 Limousine \$ 0.00  
Hotel @ 1 /Night \$ 0.00 Others \$ 0.00  
\*Registration \$ 0.00 Total \$ 0.00  
\*Food \$ 0.00

a) City Funds \_\_\_\_\_ b) Special Funds X

Account No. 5445000 Account Title TRAVEL

*SOCAP paid for airfare, hotel and meals for this conference trip.*

\*Indicate below meals covered by Registration Fees:  
0 \_\_\_\_\_ Breakfasts 0 \_\_\_\_\_ Lunches 0 \_\_\_\_\_ 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) 9/20/17 (Date) APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)