

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES (Note the Travel Regulations on Reverse Side)

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DARLENE GREEN DATE Comptroller DATE								212 City Ha St. Louis, N	
NameTishaura O. Jones			Phone 31	14-622-343	4 Dept	Parking			No. 343
Trip To: San Francisco, CA						el: Air			
Purpose: Speaking Enga						By: Tishau		<i>j</i> #	
(Social Capital Markets)					Tim				nto.
Leave St. Louis					1.	45 🗆 AM	Wed.,	<u>Day/D</u> Oct. 11, 2017	
Arrive San Francisco, CA					4.	05 □ AM	-	Oct. 11, 2017	
Convention/Meeting Commencement					8.	■ PM 30 ■ AM	Thurs.	Oct. 12, 201	7
Convention/Meeting Adjournment					6.	□ PM 30 □ AM		Oct. 12, 201	
Leave San Francisco, CA	-	12	■ PM	Fri., Oct. 13, 2017					
						■ PM	-		
Arrive St. Louis	•••••••	••••••		······ -	6 :	05 □ AM ■ PM	Fп., O	ct. 13, 2017	
Enter Expenses in App		te Column,							
Date ☞	Day/Date Wed, 10/11	Th, 10/12	Day/Date Fri, 10/13	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL
Fare	77 cd, 10/11	111, 10/12	F11, 10/13						
Registration									
Limo - To Airport									(
Limo - From Airport									
Breakfast									
Lunch									
Dinner									
Hotel				i e					(
Other:									(
Other:									(
									0
									0
TOTAL	0	0	0	0	0	0	0	0	0
REMARKS:							Less	Advance	
SOCAP (LendUp) covered costs for the airfare. Treasurer Jones					Less Registration				
personally covered hote	el costs.							paid Fare	
								ount Due	0.00
certify that the above	ie a truo a	nd accura	to				rge to Acc		5645000
accounting of my expe	nses.	nu accura	i e			A	PPROVE	D:	
(Signature)	Jonn		(Da	ite) (De	puty Comptro	oller-Federal (Grants)		(Date)
(Department Head)	Time		(Da	te) (Co	mptroller)				(Date)
COMP-34 (Rev. 10/15 ML)		2							

this confound trip SOBAP paid for airfare, hotel and much sho BD-100 (Rev.10/15ML) APPROVED:_ APPROVED: Account No. 5645000 Arrival Time: Departure Time: Arrival Time: Departure Time: Convention/Meeting: Commencement Time (Enclose a copy of Convention/Seminar/Meeting announcement with request). Purpose: Destination: City San Francisco Name Dept./ Section TRAVEL REQUEST (Review Travel Regulations) a) City Funds Tishaura O. Jones Speaking Engagement at SOCAP 2017 (Social Capital Markets) Parking TRIP EXPENSES TO BE PAID BY: 6:05 1:45 12:15 4:05 (Department Disector) PROPOSED ITINERARY (Division Head) PAM PAM PAM PM AM Account Title b) Special Funds 👗 10/13/2017 Day/Date____ Day/Date 10/11/2017 Day/Date Day/Date 8:30 10/13/2107 10/11/2017 PM (Date) Day/Date 10/12/2017 Title APPROVED: APPROVED: Treasurer Advance payment approved: \$_ Airline Tickets Required (Prepaid Fare) Yes *Indicate below meals covered by Registration Fees *Food Hotel @ *Registration \$ Air Coach Fare \$ Indicate One-Way/Mileage If Traveling By Auto Method of Travel: Adjournment Time Breakfasts **ESTIMATE OF TRIP EXPENSES** /Night \$ State Dept. No. ■ Air □ Rail □ Bus □ Private Auto □ City Car (Federal Grants) (Comptroller) 09/18/2017 Date: California 6:30 343 Office Telephone: (314) 622-3434 0.00 0.00 0.00 0.00 PA Lunches Others Limousine \$ Total Day/Date 10/12/2017 8

(Date)

(Date)

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Dinners

0.00

0.00

0.00