



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 12/5/17

212 City Hall
St. Louis, MO.

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

Trip To: Boston, MA Method of Travel: Air

Purpose: Cities for Financial Empowerment Coalition Prior Approval By: _____

	Time		Day/Date
Leave St. Louis	7:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues 10/24/17
Arrive BOS	11:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues 10/24/17
Convention/Meeting Commencement	9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Wed 10/25/17
Convention/Meeting Adjournment	12:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri 10/27/17
Leave BOS	2:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat 10/28/17
Arrive St. Louis	7:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat 10/28/17

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
	Tues 10/24	Wed 10/25	Thu 10/26	Fri 10/27					
Fare	327.96								327.96
Registration	0								0
Limo - To Airport				0					0
Limo - From Airport	0								0
Breakfast	0	0	0	0					0
Lunch	0	0	0	0					0
Dinner	0	0	0						0
Hotel	290.71	290.71	262.09						843.51
Other:									0
Taxi		0	0	0					0
									0
									0
TOTAL	618.67	290.71	262.09	0	0	0	0	0	1171.47

REMARKS:	Less Advance	
Expenses for 10/28/17 were on my own.	Less Registration	
	Less Prepaid Fare	1,171.47
	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) 12/5/17
(Department Head) (Date)

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





TRAVEL REQUEST (Review Travel Regulations)

*Sent to DOT
Submitted on 8/30/17*

Name Tishaura O. Jones Title Treasurer Date: 8/16/2017

Dept./ Section Parking Dept. No. 343 Office Telephone: 314-622-3434

Destination: City Boston State MA

Purpose: 25th Convening of the CFE Coalition

Convention/Meeting: Commencement Time 8:30 AM PM Day/Date Wed, Oct. 25, 2017 Adjournment Time 12:00 AM PM Day/Date Fri, Oct. 27, 2017
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	7:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Tues., Oct. 24, 2017
Arrival Time:	11:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Tues., Oct. 24, 2017
Departure Time:	4:20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Sat., Oct. 28, 2017
Arrival Time:	8:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Sat., Oct. 28, 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 \$	357.96	Limousine \$	TBD
Hotel @ <u>3</u> /Night \$	245.67	Others \$	TBD
*Registration \$	N/A	Total \$	603.63
*Food \$	TBD		\$1,201.45

*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners

Airline Tickets Required (Prepaid Fare) Yes _____ No X

Advance payment approved: \$ N/A

Treasurer Jones will cover travel expenses from Friday afternoon through Saturday, Oct. 28, 2017.

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

APPROVED: Tishaura O. Jones (Department Director) (Date) 8/16/17 APPROVED: _____ (Comptroller) (Date)