

TRAVEL REQUEST (Review Travel Regulations)

*3127/18
3/17/18*

Name Tishaura Jones Title Treasurer Date: 3-9-2018

Dept./Section Parking City Denver Dept. No. 343 Office Telephone: 314.622.3434

Purpose: Denver Alumnae Chapter Founders Day State CO

Airfare, Lodging, Meals and Ground Transportation are covered by the Delta Sigma Theta Denver Alumnae Chapter.

Convention/Meeting: Commencement Time 10:00 AM PM Day/Date Sat., March 17, 2018
 (Enclose a copy of Convention/Seminar/Meeting announcement with request.) Adjournment Time 1:00 AM PM Day/Date Sun., March 18, 2018

PROPOSED ITINERARY

Departure Time:	11:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Day/Date	Friday, March 16, 2018
Arrival Time:	12:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Friday, March 16, 2018
Departure Time:	04:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Sunday, March 18, 2018
Arrival Time:	6:55	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Sunday, March 18, 2018

TRIP EXPENSES TO BE PAID BY:

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

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 \$ 629.96 Limousine \$ TBD
 Hotel @ 2 /Night \$ TBD Others \$ TBD
 *Registration \$ TBD Total \$ 629.96
 *Food \$ TBD

*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners _____
 Airline Tickets Required (Prepaid Fare) Yes _____ No X

Advance payment approved: \$ _____

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

APPROVED: Tishaura Jones (Department Director) 3-9-2018 (Date) APPROVED: _____ (Comptroller) _____ (Date)

BD-100 (Rev. 10/15ML)

