



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 8-30-2018

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone 314.366.3099 Dept. Parking No. 343

Trip To: Atlanta, GA Method of Travel: Air

Purpose: HOPE Global Forum Prior Approval By: _____

HOPE Annual Retreat - Invitation

	Time	Day/Date
Leave St. Louis	6:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, March 24, 2018
Arrive Atlanta, GA	8:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, March 24, 2018
Convention/Meeting Commencement	7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Monday, March 26, 2018
Convention/Meeting Adjournment	3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Monday, March 26, 2018
Leave Atlanta, GA	11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, March 29, 2018
Arrive St. Louis	12:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, March 29, 2018

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
	3/24/2018	3/25/2018	3/26/2018	3/27/2018	3/28/2018	3/29/2018			
Fare	79.98	0	0	0	0	122.98			202.96
Registration	0	0	0	0	0	0			0
Limo - To Airport	0	0	0	0	0	0			0
Limo - From Airport	0	0	0	0	0	0			0
Breakfast	n/a	n/a	n/a	n/a	n/a	n/a			0
Lunch	n/a	n/a	n/a	n/a	n/a	n/a			0
Dinner	n/a	n/a	n/a	n/a	n/a	n/a			0
Hotel	745.00	—	—	—	—	—			0
Other:									0
									0
									0
									0
TOTAL	824.98	0	0	0	0	122.98	0	0	947.96 202.96

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	947.96 202.96
	Less Prepaid Fare	
	Amount Due	0.00
	Charge to Account No.	

I certify that the above is a true and accurate accounting of my expenses.

APPROVED:

(Signature) Tishaura O. Jones (Date) 8/30/18
(Department Head) _____ (Date) _____

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



TRAVEL REQUEST (Review Travel Regulations)

Date: 8-30-2018

Name Tishaura O. Jones Title Treasurer Office Telephone: 314.366.3099

Dept./Section Parking City Atlanta State Georgia Dept. No. 343

Purpose: HOPE Global Forum
HOPE Annual Board Retreat - Invitation

Convention/Meeting: Commencement Time 7:00 AM PM Day/Date Mon. March 26, 2018 Adjournment Time 3:00 AM PM Day/Date Thu. March 29, 2018
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 6:30 AM PM Day/Date Saturday, March 24, 2018
 Arrival Time: 8:00 AM PM Day/Date Saturday, March 24, 2018
 Departure Time: 11:10 AM PM Day/Date Thursday, March 29, 2018
 Arrival Time: 12:50 AM PM Day/Date Thursday, March 29, 2018

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 \$ 202.96 Limousine \$ 0.00
 Hotel @ _____ /Night \$ _____ Others \$ 0.00
 *Registration \$ _____ Total \$ 202.96
 *Food \$ _____

*Indicate below meals covered by Registration Fees:

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

Advance payment approved: \$ _____

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

APPROVED: *Tishaura O. Jones* (Department Director) 8/30/18 (Date) APPROVED: _____ (Comptroller) _____ (Date)