



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 9-13-2018

212 City Hall
St. Louis, MO.

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

Trip To: Washington, DC Method of Travel: Air

Purpose: 20/20 BiPartisan Justice Center Public Meetings Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	9:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, March 4, 2018
Arrive <u>Washington, DC</u>	11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, March 4, 2018
Convention/Meeting Commencement	7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, March 4, 2018
Convention/Meeting Adjournment	: : <input type="checkbox"/> AM <input type="checkbox"/> PM	_____
Leave <u>Washington, DC</u>	6:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, March 6, 2018
Arrive St. Louis	9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, March 6, 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
	3/4/2018	3/5/2018	3/6/2018						
Fare	554.96								554.96
Registration	0	0	0						0
Limo - To Airport	0	0	0						0
Limo - From Airport	0	0	0						0
Breakfast	0	0	0						0
Lunch	0	0	0						0
Dinner	0	0	0						0
Hotel	607.26								607.26
Other:	0	0	0						0
									0
									0
									0
TOTAL	1162.22	0	0	0	0	0	0	0	1162.22

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	1,162.22
Expenses covered by the Treasurer from personal funds.	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)

(Date)

(Deputy Comptroller-Federal Grants)

(Date)

(Department Head)

(Date)

(Comptroller)

(Date)



TRAVEL REQUEST (Review Travel Regulations)

Name Tishauna O. Jones Title Treasurer Date: 9-13-2018 Office Telephone: 314.366.3099

Dept./ Section Parking Dept. No. 343

Destination: City Washington, D.C. State District of Columbia

Purpose: 20/20 Bipartisan Justice Center Public Meetings

Convention/Meeting: Commencement Time AM PM Day/Date tbid
(Enclose a copy of Convention/Seminar/Meeting announcement with request).
Adjournment Time AM PM Day/Date tbid

PROPOSED ITINERARY

Departure Time:	Arrival Time:	Departure Time:	Arrival Time:	Day/Date	Day/Date	Day/Date	Day/Date
9:40	11:30	6:55	9:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, March 4, 2018	Sunday, March 4, 2018
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, March 4, 2018	Sunday, March 4, 2018
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, March 6, 2018	Tuesday, March 6, 2018
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, March 6, 2018	Tuesday, March 6, 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 \$ _____ Limousine \$ 0.00
Hotel @ 2 /Night \$ _____ Others \$ 0.00
*Registration \$ 0.00 Total \$ 0.00
*Food \$ _____
*Indicate below meals covered by Registration Fees:

TRIP EXPENSES TO BE PAID BY:

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

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

Advance payment approved: \$ _____

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

APPROVED: Tishauna O. Jones 9-13-2018
(Department Director) (Date)