



# 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: Cleveland, OH Method of Travel: Air

Purpose: CAHN Fellows Reunion Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	8:25 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, April 12, 2018
Arrive <u>Cleveland, OH</u>	9:55 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, April 12, 2018
Convention/Meeting Commencement	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs. April 12, 2018
Convention/Meeting Adjournment	8:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri. April 13, 2018
Leave <u>Baltimore/Washington, MD</u>	2:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sun. April 15, 2018
Arrive St. Louis .....	7:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sun. April 15, 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
	4/12/2018	4/13/2018	4/14/2018	4/15/2018					
Fare	158.96	—	—	482.58					641.54
Registration	0	0	0	0					0
Limo - To Airport	0	0	0	0					0
Limo - From Airport	0	0	0	0					0
Breakfast	n/a	n/a	n/a	n/a					0
Lunch	n/a	n/a	n/a	n/a					0
Dinner	n/a	n/a	n/a	n/a					0
Hotel	0	0	0	0					0
Other:	0	0	0	0					0
									0
									0
									0
<b>TOTAL</b>	158.96	0	0	482.58	0	0	0	0	641.54

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	641.54
<u>Paid for by the Treasurer (Jones).</u>	Less Prepaid Fare	
	Amount Due	0 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)**

Name Tishauna O. Jones Title Treasurer Date: 8-30-2018 Office Telephone: 314.366.3099

Dept./ Section Parking Dept. No. 343

Destination: Cleveland State OH

Purpose: CAHN Fellows Reunion

Convention/Meeting: Commencement Time 6:00  AM  PM Thurs., April 12, 2018 Day/Date Sat., April 14, 2018 Day/Date  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time:	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, April 12, 2018
Arrival Time:	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, April 12, 2018
Departure Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<u>TBD</u>
Arrival Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<u>TBD</u>

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 \$ TBD Limousine \$ 0  
 Hotel @ \_\_\_\_\_ /Night \$ TBD Others \$ 0  
 \*Registration \$ TBD Total \$ 0.00  
 \*Food \$ TBD

**TRIP EXPENSES TO BE PAID BY:**

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

\*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners \_\_\_\_\_

Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance payment approved: \$ \_\_\_\_\_

APPROVED: \_\_\_\_\_ (Division Head) \_\_\_\_\_ (Date) \_\_\_\_\_ (Federal Grants) \_\_\_\_\_ (Date)

APPROVED: Tishauna O. Jones 8/30/18 \_\_\_\_\_ (Date) \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)