



Sent to Beth Sargent 5/2/18

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 4/6/2018 Comptroller

212 City Hall St. Louis, MO.

Name Tishaura Jones Phone 314.622.3434 Dept. Parking No. 343

Trip To: Minneapolis, MN Method of Travel: Air

Purpose: Business - Children's Savings Account Stakeholder Meeting Prior Approval By:

Table with columns for Time and Day/Date. Rows include: Leave St. Louis (4:00 PM, Tues., April 3, 2018), Arrive Minneapolis, MN (8:55 PM, Tues., April 3, 2018), Convention/Meeting Commencement (12:00 PM, Wed., April 4, 2018), Convention/Meeting Adjournment (4:30 PM, Wed., April 4, 2018), Leave Minneapolis, MN (6:45 PM, Wed., April 4, 2018), Arrive St. Louis (11:00 PM, Wed., April 4, 2018).

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

Expense table with columns: Date, Day/Date, Day/Date, Day/Date, Day/Date, Day/Date, Day/Date, Day/Date, Day/Date, TOTAL. Rows include: Fare, Registration, Limo - To Airport, Limo - From Airport, Breakfast, Lunch, Dinner, Hotel, Other, and a TOTAL row with all zeros.

REMARKS: The Mott Foundation covered hotel, airfare, up to \$75/day of meals and any related (i.e., transport to/from hotel, cab rides, etc.) while in the Twin Cities. Less Advance, Less Registration, 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 Jones (Date) 4/9/18 (Department Head)

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

TRAVEL REQUEST (Review Travel Regulations)
sent to Bob Savoy 3/21/18

Name Tishaura O. Jones Title Treasurer Date: 3-13-2018

Dept./ Section Parking Office Telephone: 314.622.4700

Destination: City Minneapolis Dept. No. 343

Purpose: Business - Children's Savings Account Stakeholder Meeting State MN

The Mott Foundation will cover the cost of hotel, airfare, up to \$75/day of meals and any related travel while in the Twin Cities (i.e., transport to/from hotel, cab rides, etc.)

Convention/Meeting: Commencement Time 12:00 AM PM Day/Date Wed. April 4, 2018
Adjournment Time 4:30 AM PM Day/Date Wed. April 4, 2018
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 4:00 AM PM Day/Date Tue., April 3, 2018 Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 8:55 AM PM Day/Date Tue., April 3, 2018 Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: 6:45 AM PM Day/Date Wed. April 4, 2018

Arrival Time: 11:00 AM PM Day/Date Wed. April 4, 2018

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds x

Account No. 5645000 Account Title TRAVEL

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 276.00 Limousine \$ TBD

Hotel @ 1 Night \$ TBD Others \$ TBD

*Registration \$ TBD Total \$ 276.00

*Food \$ TBD

*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)

APPROVED: _____ (Federal Grants) (Date)

APPROVED: Tishaura O. Jones (Department Director) (Date) 3-13-2018

APPROVED: _____ (Comptroller) (Date)