



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 8-30-2018
Comptroller

212 City Hall
St. Louis, MO.

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

Trip To: Los Angeles, CA Method of Travel: Air

Purpose: Business - Cities for Financial Empowerment Prior Approval By: _____

Coalition Forum

Leave St. Louis	<u>5</u> : <u>45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>Monday, April 30, 2018</u>
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Arrive <u>Los Angeles</u>	<u>7</u> : <u>50</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>Monday, April 30, 2018</u>
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Convention/Meeting Commencement	<u>12</u> : <u>00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Monday, April 30, 2018</u>
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Convention/Meeting Adjournment	<u>4</u> : <u>00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Wednesday, May 2, 2018</u>
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Leave <u>Los Angeles</u>	<u>12</u> : <u>15</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Wednesday, May 2, 2018</u>
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Arrive St. Louis	<u>6</u> : <u>00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Wednesday, May 2, 2018</u>
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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
	4/30/2018	5/1/2018	5/2/2018						
Fare	311.96								311.96
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	0	0	0						0
Other:	0	0	0						0
									0
									0
									0
TOTAL	311.96	0	0	0	0	0	0	0	311.96

REMARKS:	Less Advance
No reimbursement requested.	Less Registration
Hotel cost covered by host.	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.
Tishaura O. Jones 8-30-2018
(Signature) (Date)

APPROVED:

(Deputy Comptroller-Federal Grants) (Date)

(Department Head) (Date)

(Comptroller) (Date)



TRAVEL REQUEST (Review Travel Regulations)

Name Tishaura O. Jones

Treasurer

Date: 8-30-2018

Office Telephone: 314.366.3099

Dept./ Section Parking

Dept. No. 343

Destination: City Los Angeles

State CA

Purpose: Business - Cities for Financial Empowerment Coalition Forum

Convention/Meeting: Commencement Time 12:00 AM PM Day/Date Mon. Apr 30, 2018 Adjournment Time 4:00 AM PM Day/Date Wed. May 2, 2018

(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	<u>5:45</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Day/Date	<u>Mon. April 30, 2018</u>
Arrival Time:	<u>7:50</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Day/Date	<u>Mon. April 30, 2018</u>
Departure Time:	<u>12:15</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	<u>Wed. May 2, 2018</u>
Arrival Time:	<u>6:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	<u>Wed. May 2, 2018</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

*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: Tishaura O Jones (Department Director) 8-30-2018 (Date)

APPROVED: _____ (Comptroller) _____ (Date)