



# 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: Canvassing with Stacy Abrams Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis <u>Charlotte, NC</u>	6:15 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, May 20, 2018
Arrive <u>Atlanta, GA</u>	7:25 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, May 20, 2018
Convention/Meeting Commencement	9:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, May 20, 2018
Convention/Meeting Adjournment	7:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, May 20, 2018
Leave <u>Atlanta, GA</u>	9:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, May 20, 2018
Arrive St. Louis	11:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, May 20, 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	Day/Date	TOTAL
	5/20/2018									
Fare	555.90									555.90
Registration	0									0
Limo - To Airport	0									0
Limo - From Airport	0									0
Breakfast	n/a									0
Lunch	n/a									0
Dinner	n/a									0
Hotel	0									0
Other:	0									0
										0
										0
										0
TOTAL	555.90	0	0	0	0	0	0	0	0	555.90

REMARKS: <u>No hotel.</u>	Less Advance	
<u>No reimbursement requested.</u>	Less Registration	555.90
<u>Costs covered by Center for Popular Democracy.</u>	Less Prepaid Fare	
	Amount Due	<del>555.90</del> 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: \_\_\_\_\_

Name Tishaura O. Jones Title Treasurer Office Telephone: 314.366.3099

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

Purpose: GOTV Canvassing

Convention/Meeting: Commencement Time 9:00  AM  PM Day/Date Sun, May 20, 2018 Adjournment Time 7:00  AM  PM Day/Date Sun, May 20, 2018  
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 6:15  AM  PM Day/Date Sunday, May 20, 2018  
 Arrival Time: 7:25  AM  PM Day/Date Sunday, May 20, 2018  
 Departure Time: 9:35  AM  PM Day/Date Sunday, May 20, 2018  
 Arrival Time: 11:16  AM  PM Day/Date Sunday, May 20, 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 @ \_\_\_\_\_/Night \$ 0 Others \$ \_\_\_\_\_ 0.00  
 \*Registration \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ 0.00  
 \*Food \$ 0

\*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ 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) 5/20/18 (Date)

APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)