

Send for Vicki  
approval on 6/11/16

### TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 6/16/2016

Name Tishauna Jones Title Treasurer State GA Dept. Parking Dept. No. 343

Destination: City Atlanta

Purpose: Conferences - GAH & NASP

Convention/Meeting: Commencement Time 6:30 <sup>AM</sup> ~~PM~~ Day/Date SUN. June 12, 16 Adjournment Time 2:30 <sup>AM</sup> ~~PM~~ Day/Date Wed. 6/15/16  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

#### PROPOSED ITINERARY

Departure Time: 2:20 <sup>AM</sup> ~~PM~~ Day/Date Sat. 6/11/16

Arrival Time: 5:31 <sup>AM</sup> ~~PM~~ Day/Date Sat. 6/11/16

Departure Time: 5:00 <sup>AM</sup> ~~PM~~ Day/Date Wed. 6/15/16

Arrival Time: 5:45 <sup>AM</sup> ~~PM~~ Day/Date Wed. 6/15/16

#### TRIP EXPENSES TO BE PAID BY:

a) City Funds \_\_\_\_\_ b) Special Funds ✓

Account No. 5645000 Account Title Travel

Note: Flight to Atlanta will be covered by Latino Center for Leadership Development.

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

APPROVED: Michelle Spivey (Department Director) 6/16/16 (Date)

Method of Travel: Air X Rail \_\_\_\_\_ Bus \_\_\_\_\_ Private Auto \_\_\_\_\_ City Car \_\_\_\_\_  
Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_

#### ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 357.18 Limousine \$ TBD

Hotel @ 4 Night \$ 191.00 Others \$ TBD

\*Registration \$ 125.00 Total \$ TBD

\*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: \$ N/A

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

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



**REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES**  
(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 20 June 2016

212 City Hall  
St. Louis, MO.

Name Tishauna O Jones  
Trip To: Atlanta GA  
Purpose: Conferences CCI & NASP

Department Parking No. 343  
Method of Travel: Air  
Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis <u>Dallas, TX</u>	<u>2:20 P M</u>	<u>Sat 6/11/16</u>
Arrive <u>Atlanta GA</u>	<u>5:31 P M</u>	
Convention/Meeting Commencement	<u>6:30 P M</u>	<u>Sun 6/12/16</u>
Convention/Meeting Adjournment	<u>2:30 P M</u>	<u>Wed 6/15/16</u>
Leave <u>Atlanta, GA</u>	<u>5:00 P M</u>	<u>Wed 6/15/16</u>
Arrive St. Louis .....	<u>5:45 P M</u>	

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

Date	Day/Date	TOTAL								
	6/11	6/12	6/13	6/14	6/15					
Fare	357.18								357	18
Registration	125								125	-
Limo - To Airport					54.27				54	27
Limo - From Airport	48.09								48	09
Breakfast		10-	10-	10-	10-				40	-
Lunch		15-	15-	15-	-				45	-
Dinner		/	/	/	/				0	-
Hotel		226.50	226.50	226.50	226.50				906	24
Other:										
Taxi		6.75	13.50						20	25
TOTAL	530.27	258.31	245.00	251.50	290.83				1516	03

REMARKS:	Less Advance	
	Less Registration	
	Less Prepaid Fare	1511 03
	Amount Due	85 -
	Charge to Account No.	5645000

I certify that the above is a true and accurate accounting of my expenses.

APPROVED:

(Signature) Tishauna O Jones (Date) 6/20/16  
(Department Head)  
COMP-34 (Rev. 6/01ML)

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