



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 6/21/2018
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura Jones Phone 314.622.3434 Dept. Parking No. 343

Trip To: Washington D.C Method of Travel: Air

Purpose: Business - Black Millennial Convention Committee Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	12 . 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, June 21, 2018
Arrive <u>Washington, DC</u>	3 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, June 21, 2018
Convention/Meeting Commencement	12 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, June 21, 2018
Convention/Meeting Adjournment	8 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, June 21, 2018
Leave <u>Washington, DC</u>	3 . 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, June 22, 2018
Arrive St. Louis	5 . 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, June 22, 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
	6/21/2018	6/22/2018							
Fare	389.96								389.96
Registration	0	0							0
Limo - To Airport	0	0							0
Limo - From Airport	0	0							0
Breakfast	0	0							0
Lunch	0	0							0
Dinner	0	0							0
Hotel	159.00								159
Other:									0
									0
									0
									0
TOTAL	548.96	0	0	0	0	0	0	0	548.96

REMARKS:	Less Advance	
Conference covered one hotel night stay.	Less Registration	
The Treasurer paid for flight from personal funds.	Less Prepaid Fare	548.96
NO reimbursement requested.	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) 6/21/18
(Department Head) _____ (Comptroller)

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



TRAVEL REQUEST (Review Travel Regulations)

Name Tishaura Jones Title Treasurer Date: 6-11-2018

Dept./Section Parking Office Telephone: 314.622.3099

Destination: City Washington DC Dept. No. 343

Purpose: Business: Guest Speaker State District of Columbia

Hosted by the Black Millennial Political Convention (BMPC) Committee

Convention/Meeting: Commencement Time 12:00 AM PM Day/Date Thurs., June 21, 2018
 (Enclose a copy of Convention/Seminar/Meeting announcement with request.)
 Adjournment Time 8:00 AM PM Day/Date Thurs., June 21, 2018

PROPOSED ITINERARY

Departure Time:	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Thursday, June 21, 2018
Arrival Time:	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Thursday, June 21, 2018
Departure Time:	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Friday, June 22, 2018
Arrival Time:	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Friday, June 22, 2018

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____
 Account No. 5645000
 b) Special Funds x
 Account Title TRAVEL

*Conference is covering hotel stay.
 Treasurer paid for flight from personal funds.*

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 \$ 389.96 Limousine \$ 0

Hotel @ 1 Night \$ 159.⁰⁰ Others \$ _____

*Registration \$ 0 Total \$ 548.96 ~~600~~

*Food \$ TBD

*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: Tishaura Jones (Department Director) 6-11-2018 (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: _____ (Comptroller) _____ (Date)