



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 6-20-2018
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura Jones Phone 314.622.3434 Dept. Parking No. 343

Trip To: Orlando, Florida Method of Travel: Air

Purpose: Business - NAST (Nat'l. Assoc. of State Treasurer's) Prior Approval By: _____

Speaking Engagement at Treasury Mngt. Training Symposium

	Time	Day/Date
Leave St. Louis	3:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, June 5, 2018
Arrive Orlando, FL	7:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, June 5, 2018
Convention/Meeting Commencement	2:05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, June 6, 2018
Convention/Meeting Adjournment	3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, June 6, 2018
Leave	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Arrive St. Louis	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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
	6/5/2018	6/6/2018	6/7/2018						
Fare	163.98	0	0						163.98
Registration	0	0	0						0
Limo - To Airport	0	0	0						0
Limo - From Airport	0	0	0						0
Breakfast	R	R	R						0
Lunch	R	R							0
Dinner	R	R							0
Hotel	223.88	199.00							422.88
Other:									0
									0
									0
									0
TOTAL	387.86	199	0	0	0	0	0	0	586.86

REMARKS:	Less Advance	
The conference covered one hotel stay & registration.	Less Registration	
The Treasurer paid for the flight out of personal expenses and the conference reimbursed her for spending personal funds.	Less Prepaid Fare	586.86
	Amount Due	0.00
NO reimbursement requested from Treasurer.	Charge to Account No.	

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

APPROVED:

(Signature) _____ (Date) 6/20/18
(Department Head)

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

TRAVEL REQUEST (Review Travel Regulations)

Name Tishaura Jones Title Treasurer Date: 4-23-2018

Dept./ Section Parking Office Telephone: 314.622.3434

Destination: City Orlando Dept. No. 343

Purpose: Business - NAST (National Association of State Treasurers), Speaking engagement at the Treasury Management Training Symposium

Conference fee for June 6 is waived for speakers. Treasurer Jones can attend all meals/events on June 6 free of charge.

Convention/Meeting: Commencement Time 2:05 AM PM Day/Date Wed, June 6, 2018
 Adjournment Time 3:15 AM PM Day/Date Wed, June 6, 2018
 (Enclose a copy of Convention/Seminar/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 3:50 AM PM Day/Date Tuesday, June 5, 2018

Arrival Time: 7:10 AM PM Day/Date Tuesday, June 5, 2018

Departure Time: AM PM Day/Date _____

Arrival Time: AM PM Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title TRAVEL

Hilton Buena Vista Palace

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 \$ 163.98 Limousine \$ 0.00

Hotel @ 2 /Night \$ 199.00 Others \$ _____

*Registration \$ 0.00 Total \$ 362.98

*Food \$ _____

*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 Jones* (Department Director) 5-1-2018 (Date)

APPROVED: _____ (Comptroller) _____ (Date)