



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: Austin, TX Method of Travel: Air

Purpose: Business - LCLD Leadership Academy Prior Approval By: _____

Guest Speaker _____

Leave St. Louis Orlando, FL

Arrive Austin, TX

Convention/Meeting Commencement

Convention/Meeting Adjournment

Leave Austin, TX

Arrive St. Louis

Time	Day/Date
10:20 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, June 7, 2018
2:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, June 7, 2018
2:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, June 8, 2018
3:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, June 8, 2018
6:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, June 8, 2018
9:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, June 8, 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
	6/7/2018	6/8/2018							
Fare	371.60								371.6
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	0	0							0
Other:									0
									0
									0
									0
TOTAL	371.6	0	0	0	0	0	0	0	371.6

REMARKS:	Less Advance	
LCLD (Latino Center for Leadership Development) covered one	Less Registration	
round-trip flight; ground transportation reimbursement (of the	Less Prepaid Fare	371.60
Treasurer's personal funds spent) and, one hotel night stay.	Amount Due	0.00
Treasurer used personal funds for flight. NO reimbursement.	Charge to Account No.	

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

APPROVED:

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

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



TRAVEL REQUEST (Review Travel Regulations)

Date: 4-20-2018

Name Tishaura Jones Title Treasurer

Office Telephone: 314.622.3434

Dept./Section Parking

Dept. No. 343

Destination: City Austin

State TX

Purpose: Business- LCLLD (Latino Center for Leadership Development) Speaker Invitation

The LCLLD will cover one (1) RT flight; ground transportation reimbursement; and one (1) night hotel accommodations.

Convention/Meeting: Commencement Time 2:30 AM PM Day/Date Friday, June 8, 2018
Adjournment Time 3:30 AM PM Day/Date Friday, June 8, 2018

PROPOSED ITINERARY

Departure Time: 10:20 AM PM Day/Date Thursday, June 7, 2018

Arrival Time: 2:45 AM PM Day/Date Thursday, June 7, 2018

Departure Time: 6:15 AM PM Day/Date Friday, June 8, 2018

Arrival Time: 9:50p AM PM Day/Date Friday, June 8, 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 @ 1 /Night \$ _____ Others \$ _____

*Registration \$ _____ Total \$ 0.00

*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)