



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



DARLENE GREEN DATE 8-14-2018
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone 314.366.3099 Dept. Parking No. 343

Trip To: Minneapolis, MN Method of Travel: Air

Purpose: Business - 2018 Local Progress Convening Prior Approval By:

Table with columns: Leave St. Louis, Arrive Minneapolis/St. Paul, Convention/Meeting Commencement, Convention/Meeting Adjournment, Leave Minneapolis/St. Paul, Arrive St. Louis. Includes Time and Day/Date columns with checkboxes for AM/PM.

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

Expense tracking table with columns: Date, Day/Date (7/11/2018, 7/12/2018, 7/13/2018, 7/14/2018), and TOTAL. Rows include Fare, Registration, Limo, Breakfast, Lunch, Dinner, Hotel, and Other.

REMARKS table with columns: Description, Less Advance, Less Registration, Less Prepaid Fare, Amount Due, Charge to Account No. Total: 548.18, 0.00.

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

APPROVED:

(Signature) Tishaura O. Jones (Date) 8/14/18 (Department Head)

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

TRAVEL REQUEST (Review Travel Regulations)

Date: 5-22-2018

Name Tishaura Jones Title Treasurer Office Telephone: 314.622.3434

Dept./ Section Parking City Minneapolis State MIN Dept. No. 343

Purpose: Business - 2018 Local Progress Convening

Cover up to 3 nights hotel @ double occupancy (4 nights if coming in for Thursday programming) - the Women's Caucus Training, city site visits, or the Women's Caucus Reception

Convention/Meeting: Commencement Time 8:00 AM PM Day/Date Thurs, July 12, 2018 Adjournment Time 2:00 AM PM Day/Date Sun, July 15, 2018
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	Day/Date	Method of Travel:	Indicate One-Way/Mileage If Traveling By Auto
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input type="checkbox"/> Private Auto <input type="checkbox"/> City Car	
Arrival Time:	Day/Date		
Departure Time:	Day/Date		
Arrival Time:	Day/Date		

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ <u>261.98</u>	Limousine \$ _____
Hotel @ _____ /Night \$ <u>179.00</u>	Others \$ _____
*Registration \$ _____	Total \$ <u>179.00</u>
*Food \$ _____	

TRIP EXPENSES TO BE PAID BY:

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

Host will reimburse \$200 for flights or mileage costs, unable to reimburse expenses made out of campaign or political committees.

*Indicate below meals covered by Registration Fees:
 Breakfasts _____ Lunches _____ Dinners _____
 Airline Tickets Required (Prepaid Fare) Yes _____ No _____
 Advance payment approved: \$ _____

APPROVED: _____ (Division Head) (Date) _____ (Federal Grants) (Date)

APPROVED: Shilana R. Gunn (Department Director) (Date) 6/20/18
 APPROVED: _____ (Comptroller) (Date) _____