



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 8-13-2018

212 City Hall
St. Louis, MO.

Name Tishaura Jones Phone 314.622.3434 Dept. Parking No. 343

Trip To: Washington, DC Method of Travel: Air

Purpose: Business - RESULTS Conference Prior Approval By: _____

Guest Speaker _____

Time

Day/Date

Leave St. Louis	12 . 51 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, July 15, 2018
Arrive <u>Washington, DC</u>	3 . 59 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, July 15, 2018
Convention/Meeting Commencement	9 . 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Monday, July 16, 2018
Convention/Meeting Adjournment	9 . 45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Monday, July 16, 2018
Leave <u>Washington, DC</u>	7 . 50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, July 17, 2018
Arrive St. Louis	9 . 25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, July 17, 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
	7/15/2018	7/16/2018	7/17/2018						
Fare	0	0	0						0
Registration	0	0	0						0
Limo - To Airport	0	0	0						0
Limo - From Airport	0	0	0						0
Breakfast	0	0	0						0
Lunch	0	0	0						0
Dinner	0	0	0						0
Hotel	502.82	0	0						502.82
Other:									0
									0
									0
									0
TOTAL	502.82	0	0	0	0	0	0	0	502.82

REMARKS:	Less Advance	
Host covered flight and hotel.	Less Registration	502.82
	Less Prepaid Fare	
	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) 8/13/18
(Department Head) (Date)

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



TRAVEL REQUEST (Review Travel Regulations)

Date: 6-1-2018

Name Tishaura Jones Title Treasurer Office Telephone: 314.622.3434

Dept./ Section Parking Dept. No. 343

Destination: City Washington DC State District of Columbia

Purpose: Business - Speaker at the RESULTS Conference

The Conference is providing one (1) round-trip flight to DC from St. Louis; DC transport to/from the hotel; and, two (2) nights at the conference hotel.

Convention/Meeting: Commencement Time AM PM Day/Date Sun, July 15, 2018
 Adjournment Time AM PM Day/Date Tues, July 17, 2018
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 12:51 AM PM Day/Date Sunday, July 15, 2018
 Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 3:59 AM PM Day/Date Sunday, July 15, 2018
 Indicate One-Way/Mileage if Traveling By Auto

Departure Time: 7:50 AM PM Day/Date Tuesday, July 17, 2018
ESTIMATE OF TRIP EXPENSES

Arrival Time: 9:25p AM PM Day/Date Tuesday, July 17, 2018
 Air Coach Fare \$ Limousine \$ 0.00
 Hotel @ 2 /Night \$ 219.00 Others \$

TRIP EXPENSES TO BE PAID BY:

a) City Funds b) Special Funds X Total \$502.82
~~219.00~~

Account No. 5645000 Account Title TRAVEL
 *Indicate below meals covered by Registration Fees:

Breakfasts Lunches Dinners
 Airline Tickets Required (Prepaid Fare) Yes No

Advance payment approved: \$

APPROVED: *Tishaura Jones* (Division Head) 6/1/18 (Date)

APPROVED: (Federal Grants) (Date)

APPROVED: (Department Director) 6-1-2018 (Date)

APPROVED: (Comptroller) (Date)