



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE \_\_\_\_\_  
Comptroller

212 City Hall  
St. Louis, MO.

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

Trip To: Atlanta, GA Method of Travel: Air

Purpose: DNC African American Leadership Summit and  
Black Leadership School Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thu. July 19, 2018
Arrive Atlanta, GA	10 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thu. July 19, 2018
Convention/Meeting Commencement	: : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Convention/Meeting Adjournment	: : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Leave Atlanta, GA	12 : 15 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, July 25, 2018
Arrive St. Louis .....	1 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, July 25, 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
	7/19	7/20	7/21	7/22	7/23	7/24			
Fare	173. <sup>98</sup>					281. <sup>98</sup>			455.96
Registration	0	0	0	0	0	0			0
Limo - To Airport	0	0	0	0	0	0			0
Limo - From Airport	0	0	0	0	0	0			0
Breakfast	n/a	n/a	n/a	n/a	n/a	n/a			0
Lunch	n/a	n/a	n/a	n/a	n/a	n/a			0
Dinner	n/a	n/a	n/a	n/a	n/a	n/a			0
Hotel	568. <sup>06</sup>								0
Other:	0	0	0	0	0	0			568.06
									0
									0
									0
TOTAL	742.04	0	0	0	0	281.98	0	0	1,024.02

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	1,024.02
	Less Prepaid Fare	
	Amount Due	<del>1,024.02</del> 0.00
	Charge to Account No.	

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

APPROVED:

(Signature) Tishaura O. Jones (Date) 8/30/18  
(Department Head) (Date)

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



**TRAVEL REQUEST (Review Travel Regulations)**

Name Tishaura O. Jones

Treasurer

Date: 8-30-2018

Office Telephone: 314.366.3099

Dept./ Section Parking

Dept. No. 343

Destination: City Atlanta

State Georgia

Purpose: DNC African American Leadership Summit and Black Campaign School

Convention/Meeting: Commencement Time  AM  PM Thurs., July 19, 2018 Adjournment Time  AM  PM Sun., July 22, 2018  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 8:00  AM  PM Day/Date Thu. July 19, 2018

Arrival Time: 10:30  AM  PM Day/Date Thu. July 19, 2018

Departure Time: 12:15  AM  PM Day/Date Wednesday, July 25, 2018

Arrival Time: 1:00  AM  PM Day/Date Wednesday, July 25, 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 \$ TBD Limousine \$ 0.00

Hotel @ 3 /Night \$ 461.31 Others \$ 0.00

\*Registration \$ TBD Total \$ 0.00

\*Food \$ TBD n/a

**TRIP EXPENSES TO BE PAID BY:**

a) City Funds \_\_\_\_\_ b) Special Funds x \_\_\_\_\_

Account No. 5645000 Account Title TRAVEL

*No reimbursement to be requested.*

\*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners \_\_\_\_\_

Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance payment approved: \$ \_\_\_\_\_

APPROVED: \_\_\_\_\_ (Division Head) \_\_\_\_\_ (Date) \_\_\_\_\_ (Federal Grants) \_\_\_\_\_ (Date)

APPROVED: Tishaura O. Jones 8/30/18 \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Department Director) \_\_\_\_\_ (Comptroller)