



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 9-27-2018

212 City Hall
St. Louis, MO.

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

Trip To: Washington, DC Method of Travel: Air

Purpose: Panelist (Black Millennial Event at CBC) and
Award Recipient at Walker's Legacy Women in Economic

Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	12. 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, September 12, 2018
Arrive <u>Washington, DC</u>	2. 55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, September 12, 2018
Convention/Meeting Commencement	12. 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, September 13, 2018
Convention/Meeting Adjournment	4. 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, September 15, 2018
Leave <u>Washington, DC</u>	11. 50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, September 16, 2018
Arrive St. Louis	12. 55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, September 16, 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
	9/12/2018	9/13/2018	9/14/2018	9/15/2018	9/16/2018				
Fare	314.96								314.96
Registration	0	0	0	0	0				0
Limo - To Airport	0	0	0	0	0				0
Limo - From Airport	0	0	0	0	0				0
Breakfast	0	0	0	0	0				0
Lunch	0	0	0	0	0				0
Dinner	0	0	0	0	0				0
Hotel	400.00	0	0	0	0				400
Other:	0	0	0	0	0				0
									0
									0
									0
TOTAL	714.96	0	0	0	0	0	0	0	714.96

REMARKS:	Less Advance	
No reimbursement necessary.	Less Registration	714.96
Hotel - BFHQ (Black Feminist Headquarters)	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:

Tishaura O. Jones (Signature) 9/27/18 (Date)
(Department Head) (Date)

(Deputy Comptroller-Federal Grants) (Date)

(Comptroller) (Date)



TRAVEL REQUEST (Review Travel Regulations)

Name Tishaura O. Jones Title Treasurer Date: _____
 Office Telephone: 314.366.3099

Dept./Section Parking Dept. No. 343

Destination: City Washington DC State District of Columbia

Purpose: Recipient - Walker's Legacy Women in Economic Development and Civic Leadership Award

Convention/Meeting: Commencement Time 12:30 AM PM Day/Date Thurs., Sept. 13, 2018
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).
 Adjournment Time 2:30 AM PM Day/Date Thurs., Sept. 13, 2018

PROPOSED ITINERARY

Method of Travel: Air Rail Bus Private Auto City Car
 Indicate One-Way/Mileage if Traveling By Auto _____

Departure Time:	Day/Date	Day/Date
12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, September 12, 2018	
2:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, September 12, 2018	
11:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, September 16, 2018	
12:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, September 16, 2018	

ESTIMATE OF TRIP EXPENSES

Air Coach Fare \$ 314.96 Limousine \$ 0
 Hotel @ 4 Night \$ 100.00 Others \$ 0
 *Registration \$ 0 Total \$ 314.96
 *Food \$ _____

*Indicate below meals covered by Registration Fees:

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

Advance payment approved: \$ _____

Expenses covered by Treasurer.

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

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

APPROVED: Tishaura O. Jones (Department Director) 8/30/18 (Date) APPROVED: _____ (Comptroller) _____ (Date)

TRAVEL REQUEST (Review Travel Regulations)

Date: 8-30-2018

Name Trishaura O. Jones

Title Treasurer

Office Telephone: 314.366.3099

Dept./ Section Parking

Dept. No. 343

Destination: City Washington DC

State District of Columbia

Purpose: Business - Guest Panelist at the Black Millennial Event at CBE Congressional Black Caucus) 2018

Convention/Meeting: Commencement Time 1:30 AM PM Day/Date Sat. Sept. 15, 2018 Adjournment Time 4:00 AM PM Day/Date Sat. Sept. 15, 2018
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 12:00 AM PM Day/Date Wed. Sept. 12, 2018

Arrival Time: 2:55 AM PM Day/Date Wed. Sept. 12, 2018

Departure Time: 11:50 AM PM Day/Date Sun. Sept. 16, 2018

Arrival Time: 12:55 AM PM Day/Date Sun. Sept. 16, 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 \$ 314.96 Limousine \$ 0

Hotel @ Night \$ TBD Others \$ 0

*Registration \$ 0 Total \$ 314.96 ~~400~~

*Food \$ _____

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

Account No. 5645000 Account Title Travel

Expenses covered by Treasurer (personal funds) and host organization.

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Trishaura O. Jones (Department Director) 8-30-2018 (Date)

APPROVED: _____ (Comptroller) _____ (Date)