

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

TOURS OF THE STATE	
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DARLENE G Comptrol					212 City H St. Louis, I					
lame Phone				Dept.	•		No			
Trip To:				Meth	od of Trav	el:				
Purpose:				Prior	Prior Approval By:					
					Tim	e		Day/I	Date	
Leave St. Louis					:			<u> </u>	<u> </u>	
Arrive					:	- ANA				
						□ AM □ PM				
Convention/Meeting Commencement				-						
Convention/Meeting Adjournment				-		DM				
Leave					:	DM				
Arrive St. Louis					:	□ AM ——— □ PM				
Enter Expenses in App		te Column,	T .	" for Meals	Served by		" for Meals	Provided by	y Registration	
Date ☞	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL	
Fare										
Registration Limo - To Airport										
Limo - From Airport										
Breakfast										
Lunch										
Dinner										
Hotel										
Other:										
TOTAL										
REMARKS:	•	•	•	•		•	Less	Advance		
							Less Re	gistration		
	Less Prepaid Fare						paid Fare			
							Amo	ount Due		
					Charge to Account No.					
certify that the above accounting of my expe		and accura	ate			-	APPROVE	D:		

(Signature)	(Date)	(Deputy Comptroller-Federal Grants)	(Date)
(Department Head)	(Date)	(Comptroller)	(Date)

COMP-34 (Rev. 10/15 ML)

TRAVEL REQUEST (Review Travel Regulations) Name ______ Title _____ Office Telephone: _____ Dept./ Section _____ Dept. No. _____ Destination: City _____ Purpose: ______ \square AM Convention/Meeting: Commencement Time _____ | ON | Day/Date _____ Adjournment Time ____ PM Day/Date ____ (Enclose a copy of Convention/Seminar/Meeting announcement with request). PROPOSED ITINERARY Method of Travel: ☐ Air ☐ Rail ☐ Bus ☐ Private Auto ☐ City Car Day/Date _____ □РМ Departure Time: Indicate One-Way/Mileage If Traveling By Auto _____ \square AM Arrival Time: ☐ PM Day/Date **ESTIMATE OF TRIP EXPENSES** \square AM Air Coach Fare \$_____ Departure Time: ☐ PM Day/Date Limousine \$ \square AM Hotel @ _____/Night \$ _____ Arrival Time: □РМ Day/Date _____ Others *Registration \$ _____ Total TRIP EXPENSES TO BE PAID BY: b) Special Funds _____ a) City Funds _____ *Food Account No. _____ Account Title _____ *Indicate below meals covered by Registration Fees: Lunches Dinners Breakfasts Airline Tickets Required (Prepaid Fare) Yes No Advance payment approved: \$_____ APPROVED: APPROVED: (Division Head) (Federal Grants) (Date) (Date) APPROVED:_____ APPROVED: (Department Director) (Comptroller) (Date) (Date)

BD-100 (Rev.10/15ML)