



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 9-13-2018

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: Business - Guest Panelist Invitation for Prior Approval By: _____
CSA, Prosperity Summit

	Time	Day/Date
Leave St. Louis	9: 20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, September 4, 2018
Arrive <u>Washington, DC</u>	12: 20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, September 4, 2018
Convention/Meeting Commencement	1: 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, September 4, 2018
Convention/Meeting Adjournment	12: 15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, September 7, 2018
Leave <u>Washington DC</u>	3: 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, September 7, 2018
Arrive St. Louis	4: 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Friday, September 7, 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
	9/4/2018	9/5/2018	9/6/2018	9/7/2018					
Fare	322.96	0	0	0					322.96
Registration	0	0	0	0					0
Limo - To Airport	n/a	n/a	n/a	n/a					0
Limo - From Airport	n/a	n/a	n/a	n/a					0
Breakfast	0	0	0	0					0
Lunch	0	0	0	0					0
Dinner	0	0	0	0					0
Hotel	1009.50	0	0	0					1009.5
Other:									0
									0
									0
									0
TOTAL	1332.46	0	0	0	0	0	0	0	1332.46

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	1,332.46
Host is reimbursing Treasurer Jones \$836.50	Less Prepaid Fare	
Remainder costs covered by Treasurer Jones.	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 O. Jones (Date) 9/19/18
(Department Head) (Date)

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



TRAVEL REQUEST (Review Travel Regulations)

Date: 8-13-2018

Name: Tishaura Jones
Title: Treasurer
Office Telephone: 314.366.3099

Dept./ Section: Parking
Dept. No.: 343

Destination: City: Washington, DC
State: District of Columbia

Purpose: Business - Invitation to be a panelist to speak on CSA (Child Savings Accounts).
Prosperity Summit - Travel (entire trip) covered by organization.

Convention/Meeting: Commencement Time 1:00 AM
Day/Date: Tue., Sept. 4, 2018
Adjournment Time 12:15 AM
Day/Date: Friday, Sept. 7, 2018

PROPOSED ITINERARY

Departure Time:	9:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Day/Date	Tuesday, Sept., 4, 2018
Arrival Time:	12:20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Tuesday, Sept. 4, 2018
Departure Time:	3:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Friday, September 7, 2018
Arrival Time:	4:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Friday, September 7, 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 \$	0.00	Limousine \$	0.00
Hotel @ 4 /Night \$	0.00	Others \$	0.00
*Registration \$	0.00	Total \$	0.00
*Food \$			

TRIP EXPENSES TO BE PAID BY:

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

Entire trip covered by host.

*Indicate below meals covered by Registration Fees:

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

Advance payment approved: \$ _____

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

APPROVED: *Tishaura Jones* 8/13/18 (Date)
(Department Director) (Comptroller)