



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 1 May 2014

212 City Hall
St. Louis, MO.

Name Tishaura O Jones

Department _____ No. _____

Trip To: Washington, DC

Method of Travel: Air

Purpose: CFED Childrens Savings Conference

Prior Approval By: _____

Leave St. Louis _____

Time
12:05 PM

Day/Date
Mon 4/28/14

Arrive Washington, DC

: _____ M

"

Convention/Meeting Commencement

8:30 AM

Tues 4/29/14

Convention/Meeting Adjournment

2:00 PM

Wed 4/30/14

Leave Washington, DC

3:30 PM

"

Arrive St. Louis _____

4:35 PM

"

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
	<u>4/28</u>	<u>4/29</u>	<u>4/30</u>						
Fare	<u>579</u>								<u>579 -</u>
Registration	<u>PP</u>								<u>PP</u>
Limo - To Airport			<u>34-</u>						<u>34 -</u>
Limo - From Airport	<u>31-</u>								<u>31 -</u>
Breakfast									
Lunch									
Dinner	<u>25-</u>								<u>25 -</u>
Hotel	<u>285.11</u>	<u>285.11</u>							<u>570.22</u>
Other:									
TOTAL	<u>920.11</u>	<u>285.11</u>	<u>34-</u>						<u>1,239.22</u>

REMARKS:

Less Advance

Less Registration

Less Prepaid Fare

Amount Due

Charge to Account No.

1239 22

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

APPROVED:

Tishaura O Jones
(Signature)

5/1/14
(Date)

(Deputy Comptroller-Federal Grants)

(Date)

Tishaura O Jones
(Department Head)

5/1/14
(Date)

(Comptroller)

(Date)

made for Donna Stovink on 4/9/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 2/26/14

Name Theresa D. Jones Title Treasurer Dept. FISCAL Dept. No. _____

Destination: City Washington State DC

Purpose: Children's Savings Conference

Convention/Meeting: Commencement Time 800 ^{AM} PM Day/Date Tues, 4/29/14 Adjournment Time 500 ^{PM} AM Day/Date Wed 4/30/14
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 1205 AM/PM Day/Date Mon 4/28/14

Arrival Time: 255 AM/PM Day/Date " "

Departure Time: 330 AM/PM Day/Date Wed 4/30/14

Arrival Time: 435 AM/PM Day/Date " "

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds 1520

Account No. 5645000 Account Title Travel

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 \$ 579 Limousine \$ TBD

Hotel @ 287.11 Night \$ 570.22 Others \$ _____

*Registration \$ 250 Total \$ 1,399.22

*Food \$ _____

*Indicate below meals covered by Registration Fees:

2 Breakfasts 1 Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes ☒ No _____

Advance payment approved: \$ _____

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

APPROVED: Theresa D. Jones (Department Director) 4/8/14 (Date) _____

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

APPROVED: _____ (Comptroller) _____ (Date) _____