## REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

The state of the s	
vo. <u>343</u>	

DARLENE GREEN DATE 4 May 2015 212 City Ha Comptroller St. Louis, M Tishawa O Jones Department Trip To: \_ Atlanta Method of Travel: Purpose: Meeting w/ (PS Securities \_ Prior Approval By: \_ Leave St. Louis Arrive AHANTA GA Convention/Meeting Commencement Convention/Meeting Adjournment Atlanta GA Arrive St. Louis ..... Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration Day/Date Day/Date Day/Date Day/Date Day/Date Day/Date Day/Date TOTAL Date 🖙 Fare Registration Limo - To Airport Limo - From Airport Breakfast Lunch Dinner Hotel Other: **TOTAL** 604 **REMARKS:** 579.63 Less Advance Less Registration Less Prepaid Fare Amount Due Charge to Account No. I certify that the above is a true and accurate APPROVED:

accounting of my expenses.

(Signature)
= lahaman
Jahamad John
(Department Head)
COMP 04 (Para Cloubells)

(Date)

(Deputy Comptroller-Federal Grants)

(Date)

(Comptroller)

(Date)

## TRAVEL REQUEST

(Note the Travel	(Note the Travel Regulations on Reverse Side)  Date: 9 April 2015	
Name TIShawa O Johns Title Treasurer	Dept. Fisc P	Dept. No.
Destination: City Atlanta State Co	4	
Purpose: Meeting with IFS Securities		
Convention/Meeting: Commencement TimePM Day/Date(Enclose a copy of Convention/Seminar/Meeting announcement with request).	Day/Date UVL 4/29/2015 Adjournment Time AM Day/Date twith request).	thus 4/30/16
PROPOSED ITINERARY	Method of Travel: Air Rail Bus Private Auto	Auto City Car
Departure Time: 1258 AM /PM Day/Date Wed 4/24/35	Indicate One-Way/Mileage If Traveling By Auto	
Arrival Time: 335 AM / (FM) Day/Date	ESTIMATE OF TRIP EXPENSES	
Departure Time: 213 AM /PM Day/Date 4 Mu 4/30/15	Air Coach Fare \$ 257,20 Limousine \$	\$ TRO
Arrival Time: 25% AM / PM Day/Date	Hotel @ \(\(\mathcal{P}\) Night \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6
TRIP EXPENSES TO BE PAID BY:	*Registration \$Total	\$ 453.42
a) City Fundsb) Special Funds	*Food \$	
Account No. 5645000 Account Title TONE	*Indicate below meals covered by Registration Fees:	
ä	Breakfasts Lunches	Dinners
no conference.	Airline Tickets Required (Prepaid Fare) Yes	No_
spheduled a mtg	Advance payment approved: \$ WA	
with IFS Seeunities. (Date)	APPROVED: (Federal Grants)	(Date)
APPROVED: Ashamal Grant 4/9/15 (Department Director) (Date)	APPROVED: (Comptroller)	
	(Comptroller)	(Date)