



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE

1/5/2015

212 City Hall
St. Louis, MO.

Name Tishaura O Jones Department _____ No. _____

Trip To: Washington, DC Method of Travel: Air

Purpose: New DEAL Leaders Conf. Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	10 : 25 A M	Wed 12/3/14
Arrive <u>Washington, DC</u>	1 : 23 P M	
Convention/Meeting Commencement	2 : 00 P M	Wed 12/3/14
Convention/Meeting Adjournment	2 : 00 P M	Fri 12/5/14
Leave <u>Shanghai, China</u>	12 : 30 A M	Tue 12/10/14
Arrive St. Louis	5 : 30 P M	

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
	12/3	12/4	12/5						
Fare									
Registration									
Limo - To Airport									
Limo - From Airport									
Breakfast									
Lunch									
Dinner									
Hotel									
Other:									
Taxi	41-		15-						56-
TOTAL	41-		15-						56-

REMARKS: \$hotel

- Airfare reimbursed by New DEAL
- Subsequent return from China covered by CUSEF

Less Advance

0

Less Registration

0

Less Prepaid Fare

0

Amount Due

56-

Charge to Account No.

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

APPROVED:

(Signature)

(Date)

(Deputy Comptroller-Federal Grants)

(Date)

Tishaura O Jones
(Department Head)

1/5/15
(Date)

(Comptroller)

(Date)

added to Deanne's statement on 11/20/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 13 November 2014

Name: Tishaura D Jones Title: Treasurer Dept. No. _____

Destination: City: Washington DC & Beijing China State: _____

Purpose: New Deaf Leaders Conference (NDL) & Delegation to China as a guest of CUSSEF (China US Exchange Foundation)

Convention/Meeting: Commencement Time: _____ AM PM Day/Date: 12/3/14 Adjournment Time: _____ AM PM Day/Date: 12/16/14
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 10:15 AM / PM Day/Date: Wed, 12/3/14

Arrival Time: 1:30 AM / PM Day/Date: Wed, 12/3/14

Departure Time: 1:30 AM / PM Day/Date: Tue, 12/16/14

Arrival Time: 1:30 AM / PM Day/Date: Tue, 12/16/14

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds: X

Account No. 5045000 Account Title: TRAVEL

Requesting reimbursement of incidental expenses not covered by New Deaf or CUSSEF

ESTIMATE OF TRIP EXPENSES

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

Air Coach Fare \$ 337.20 Limousine \$ _____

Hotel @ _____ /Night \$ _____ Others \$ _____

*Registration \$ _____ Total \$ _____

*Food \$ _____

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

APPROVED: _____ (Division Head) (Date) _____

(Federal Grants) (Date)

APPROVED: Tishaura D Jones 11/13/14 (Department Director) (Date)

(Comptroller) (Date)