



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 26 February 2014

212 City Hall
St. Louis, MO.

Name Tishauna O. Jones

Department _____ No. _____

Trip To: New York

Method of Travel: Air

Purpose: meeting with Clinton Global Initiative

Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	6:10 AM	Fri 2/14/14
Arrive <u>Newark, NJ</u>	12:00 PM	
Convention/Meeting Commencement	1:30 PM	
Convention/Meeting Adjournment	2:30 PM	
Leave <u>Albany, NY</u>	11:30 AM	Mon 2/17/14
Arrive St. Louis	3:39 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
	2/14								
Fare	448								448
Registration									
Limo - To Airport									
Limo - From Airport									
Breakfast									
Lunch									
Dinner									
Hotel									
Other:									
TOTAL	448								448
REMARKS:	Less Advance								
	Less Registration								
	Less Prepaid Fare								
	Amount Due								448
	Charge to Account No.								

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

APPROVED:

(Signature)

Tishauna O. Jones

(Department Head)
COMP-34 (Rev. 6/01ML)

(Date)

2/26/14

(Date)

(Deputy Comptroller-Federal Grants)

(Comptroller)

(Date)

(Date)

Sent to Gamma Steering
on 2/16/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 5 Feb 2014

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

Destination: City New York State NY

Purpose: Meeting with Kimberly Conlert at the Clinton Global Initiative in New York

Convention Meeting: Commencement Time 1:00 ^{AM} ~~PM~~ Day/Date 2/14/14 Adjournment Time 3:00 ^{AM} ~~PM~~ Day/Date 2/14/14
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 6:10 ^{AM} ~~PM~~ Day/Date 2/14/14

Arrival Time: 12:00 ^{AM} ~~PM~~ Day/Date 2/14/14

Departure Time: 11:30 ^{AM} ~~PM~~ Day/Date 2/17/14

Arrival Time: 3:31 ^{AM} ~~PM~~ Day/Date 2/17/14

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds 1520

Account No. 5045000 Account Title TRAVEL

Taking train to Albany at my own expense.

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 \$ 488 — Limousine \$ TBD

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

*Registration \$ n/a 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) _____
APPROVED: _____ (Federal Grants) _____ (Date) _____

APPROVED: Isabella D. Jones 2/5/14 (Department Director) (Date)
APPROVED: _____ (Comptroller) _____ (Date)
BD-100 (Rev. 6/01ML)