



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 25 January 2016
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O Jones Department _____ No. _____
 Trip To: Atlanta GA Method of Travel: Air
 Purpose: Operation Hope Global Forum & Board Meeting Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	<u>12:25 P M</u>	<u>Tue 1/12/16</u>
Arrive <u>Atlanta, GA</u>	<u>2:55 P M</u>	
Convention/Meeting Commencement	<u>8:00 A M</u>	<u>Wed 1/13/16</u>
Convention/Meeting Adjournment	<u>4:30 P M</u>	<u>Fri 1/15/16</u>
Leave <u>Atlanta, GA</u>	<u>1:35 P M</u>	<u>Fri 1/15/16</u>
Arrive St. Louis	<u>2:20 P M</u>	

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		
	1/12	1/13	1/14	1/15							
Fare	212.96								212.96	96	
Registration	0								0		
Limo - To Airport			40.03						40	03	
Limo - From Airport	34.52								34	52	
Breakfast		/	10-	10-					20	-	
Lunch	15-	/	/						15	-	
Dinner	25-	25-	25-						75	-	
Hotel				409.84					409	84	
Other: XXXX	XXXX										
Taxi	4.51		3.75						8	26	
TOTAL	291.99	25	38.75	459.87					815	61	
REMARKS:									Less Advance	0	-
									Less Registration	0	-
									Less Prepaid Fare	705	61
									Amount Due	110	-
									Charge to Account No.	5645000	

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

APPROVED:

(Signature) Tishaura O Jones
(Date) 1/25/16
(Department Head)
COMP-34 (Rev. 6/01ML)

(Date) 1/25/16
(Date)

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

missed the Vicki
workshop on 12/18/15

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 9 December 2015

Name: Tishaura D Jones Title: Treasurer Dept: FISCAL Dept. No. 340

Destination: City Atlanta State GA

Purpose: Operation Hope Global Forum

Convention/Meeting: Commencement Time 11/13/15 AM 11/15/16 PM
(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

PROPOSED ITINERARY

Departure Time: 1225 AM/PM Day/Date Tues 11/2/16

Arrival Time: 205 AM/PM Day/Date _____

Departure Time: 135 AM/PM Day/Date Fri 11/15/16

Arrival Time: 220 AM/PM Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds

Account No. 5145000 Account Title TRAVEL

*Applied previous credit for cancelled trip.
See attached.*

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 \$ 825 Limousine \$ TBD

Hotel @ 209 Night \$ 8027 Others \$ _____

*Registration \$ 0 Total \$ _____

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

TBD Breakfasts TBD Lunches TBD Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ N/A

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

APPROVED: Tishaura D Jones (Department Director) 12/9/15 (Date) _____ (Comptroller) _____ (Date)