



sent original to Comptroller on 7/23/13

# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 7/22/13  
Comptroller

212 City Hall  
St. Louis, MO.

Name Tishaura O Jones

Department \_\_\_\_\_ No. \_\_\_\_\_

Trip To: Washington DC

Method of Travel: Air

Purpose: Black Chamber of Commerce meeting at the White House

Prior Approval By: \_\_\_\_\_

Leave St. Louis .....

Time 3:30 PM Day/Date Thurs / 7/18

Arrive Washington, DC

Time 6:25 PM

Convention/Meeting Commencement

Time 9:00 AM Day/Date Fri / 7/19

Convention/Meeting Adjournment

Time 12:00 PM

Leave Washington, DC

Time 3:40 PM Day/Date Fri / 7/19

Arrive St. Louis .....

Time 4:45 PM

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

Date	Day/Date								TOTAL	
	7/18	7/19								
Fare	255.90	297.90								553.80
Registration	—	—								—
Limo - To Airport		26								26
Limo - From Airport	24									24
Breakfast		10								10
Lunch		15								15
Dinner	25	25								50
Hotel	136.26									136.26
Other:										
TOTAL	541.16	373.90								915.06

REMARKS: Flt #1525 was delayed and I did not return home until after 10pm on 7/19/13

Less Advance	0	—
Less Registration	0	—
Less Prepaid Fare	0	—
Amount Due	915	06
Charge to Account No.		

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

APPROVED:

Tishaura O Jones 7/22/13  
(Signature) (Date)

\_\_\_\_\_  
(Deputy Comptroller-Federal Grants) (Date)

\_\_\_\_\_  
(Department Head) (Date)

\_\_\_\_\_  
(Comptroller) (Date)

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Sent to Gamma S.  
on 7/17/13

Date: 7/12/13

Name Tishauna D Jones Title Treasurer Dept. \_\_\_\_\_ Dept. No. \_\_\_\_\_

Destination: City Washington State DC Purpose: Black Member of Commerce

meeting @ the White House

Convention/Meeting: Commencement Time 9 <sup>AM</sup> <sub>PM</sub> Date 7/19/13 Adjournment Time 12 <sup>AM</sup> <sub>PM</sub> Date 7/19/13

(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

Proposed Itinerary

Departure Time: 3:30 <sup>PM</sup> <sub>AM</sub> Date 7/18 Private Auto \_\_\_\_\_ City Car \_\_\_\_\_

Arrival Time: 6:25 <sup>PM</sup> <sub>AM</sub> Date \_\_\_\_\_ Method of Travel: Air  Rail \_\_\_\_\_ Bus \_\_\_\_\_

Departure Time: 3:40 <sup>PM</sup> <sub>AM</sub> Date 7/19 Indicate One-Way/Mileage If Traveling by Auto \_\_\_\_\_

Arrival Time: 4:45 <sup>PM</sup> <sub>AM</sub> Date \_\_\_\_\_ Estimate of Trip Expenses

Trip Expenses To Be Paid By:

a) City Funds \_\_\_\_\_ b) Special Funds  Air Coach Fare \$ 653.80 Limousine \$ unknown

Account No. 511500 Acct. Title TRAVEL Hotel @ 119 /Night \$ \_\_\_\_\_ Others \$ \_\_\_\_\_

Was This Trip Authorized Last Year? Yes \_\_\_\_\_ No  \*Registration \$ n/a Total \$ \_\_\_\_\_

List Trips Taken Within Past 12 Months: \*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_

Travel Order Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance Payment Requested: Yes \_\_\_\_\_ No  Advance Payment Approved: \$ \_\_\_\_\_

Date \_\_\_\_\_ (Federal Grants) Date \_\_\_\_\_

Approved \_\_\_\_\_ (Dept. Director) \_\_\_\_\_ (Date) \_\_\_\_\_

Approved \_\_\_\_\_ (Division Head) \_\_\_\_\_ (Date) \_\_\_\_\_

Approved \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date) \_\_\_\_\_