



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



**DARLENE GREEN**  
Comptroller

DATE 10 August 2016

212 City Hall  
St. Louis, MO.

Name Tishaura O. Jones

Department OFE No. 1116

Trip To: Charlotte NC

Method of Travel: \_\_\_\_\_

Purpose: Meeting w/ Foundation for the Carolinas

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

Leave St. Louis .....

Time 7:35 A M Day/Date Wed 7/20/16

Arrive Greensboro, NC

1:50 P M

Convention/Meeting Commencement

9:00 A M Thur 7/21/16

Convention/Meeting Adjournment

11:00 A M

Leave Greensboro, NC

1:30 P M Mon 7/25/16

Arrive St. Louis Philadelphia

2:59 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	
	7/20	7/21								
Fare	655.20								655	20
Registration										
Limo - To Airport										
Limo - From Airport										
Breakfast		10-							10	-
Lunch	15-								15	-
Dinner	25-								25	-
Hotel										
Other:										
TOTAL									705	20

REMARKS:

7/22 - 7/24 in Greensboro was at my own expense

Less Advance

Less Registration

Less Prepaid Fare

Amount Due

Charge to Account No.

655 20

50 -

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

8/10/16

(Department Head)

(Date)

(Comptroller)

(Date)

Sent to Vicki Woodland on 7/11/16

### TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 28 June 2016

Name: Tishana D Jones Title: Treasurer Dept. OFFE Dept. No. 1116

Destination: Charlotte State: NC Purpose: Meeting w/ Foundation for the Carolinas re: Children's Savings

Convention/Meeting: Commencement Time 9:00 AM Day/Date Thur 7/21/16 Adjournment Time 1:00 PM Day/Date 7/21/16  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

#### PROPOSED ITINERARY

Departure Time: 7:35 AM Day/Date Wed 7/20/16 Method of Travel: Air  Rail  Bus  Private Auto  City Car

Arrival Time: 1:30 AM Day/Date Mon 7/25/16 Indicate One-Way/Mileage If Traveling By Auto

Departure Time: 1:30 AM Day/Date Mon 7/25/16 ESTIMATE OF TRIP EXPENSES

Arrival Time: 2:51 AM Day/Date Mon 7/25/16 Air Coach Fare \$ 655.20 Limousine \$ 730

#### TRIP EXPENSES TO BE PAID BY:

a) City Funds \_\_\_\_\_ b) Special Funds X

Account No. 5145000 Account Title TRAVEL

Flight to ASD was less expensive  
lodging in my/own  
Requesting reimbursement for incidentals  
Sat-Mon in my/own

APPROVED: \_\_\_\_\_ (Division Head) \_\_\_\_\_ (Date)

APPROVED: Tishana D Jones (Department Director) 6/28/16 (Date)

APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)

\*Indicate below meals covered by Registration Fees:  
Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_  
Airline Tickets Required (Prepaid Fare) Yes X No \_\_\_\_\_  
Advance payment approved: \$ N/A

APPROVED: \_\_\_\_\_ (Federal Grants) \_\_\_\_\_ (Date)

APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)