



write on 8/9/17
REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
 (Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 7/24/2017
 Comptroller

212 City Hall
 St. Louis, MO.

Name Tishaura O. Jones Phone 314-622-3434 Dept. Parking No. 343

Trip To: Aspen, CO Method of Travel: Air

Purpose: Aspen Institute Symposium Prior Approval By: Tishaura O. Jones

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	11 . 50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Wed., July 19, 2017
Arrive <u>Aspen, CO</u>	3 . 18 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., July 19, 2017
Convention/Meeting Commencement	6 . 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., July 19, 2017
Convention/Meeting Adjournment	1 . 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Fri., July 21, 2017
Leave <u>Aspen, CO</u>	12 . 42 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., July 22, 2017
Arrive St. Louis	5 . 46 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sat., July 22, 2017

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
	Wed., 7/19	Thur., 7/20	Fri., 7/21	Sat., 7/22					
Fare									0
Registration									0
Limo - To Airport									0
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel									0
Other:									0
Other:									0
									0
									0
TOTAL	0	0	0	0	0	0	0	0	0

REMARKS:	Less Advance	
*The Aspen Institute covered travel expenses	Less Registration	
**Ms. Jones' flight was cancelled Friday, causing her to stay in Aspen another night. Expenses were covered by the Aspen Institution.	Less Prepaid Fare	
	Amount Due	0.00
	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) 7/25/17
 (Department Head) (Date)

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