



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



**DARLENE GREEN**  
Comptroller

DATE

1 July 2014

212 City Hall  
St. Louis, MO.

Name

Tishauna D Jones

Department

Fiscal

No.

Trip To:

Denver, CO

Method of Travel:

Air

Purpose:

Clinton Global Initiative

Prior Approval By:

Time

Day/Date

Leave St. Louis

5:15 A M

6/24/14

Arrive

Denver, CO

9:30 A M

Convention/Meeting Commencement

5:00 P M

6/23/14

Convention/Meeting Adjournment

3:30 P M

6/25/14

Leave

Denver, CO

6:30 P M

6/25/14

Arrive St. Louis

9:30 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
Fare	6/24	6/25							355 -
Registration	0								0 -
Limo - To Airport		80 -							80 -
Limo - From Airport	80								80 -
Breakfast									
Lunch									
Dinner									
Hotel		228.35							228 35
Other:									
TOTAL	435 -	308.35							743 35

REMARKS:

Less Advance

0

Less Registration

0

Less Prepaid Fare

0

Amount Due

743 35

Charge to Account No.

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

APPROVED:

(Signature)

(Date)

(Deputy Comptroller-Federal Grants)

(Date)

(Date)

(Comptroller)

(Date)

sent to Gamma Standing on 6/3/14 (50)

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Name Tekawana D. Jones Title Treasurer Date: 5/29/14

Destination: City Denver State CO Dept. Fiscal Dept. No. \_\_\_\_\_

Purpose: Clinton Global Initiative (CGI) America Conference

Convention/Meeting: Commencement Time 700 <sup>AM</sup> PM Day/Date Mon 6/23/14 Adjournment Time 330 <sup>AM</sup> PM Day/Date Wed 6/25/14  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 415 AM / PM Day/Date Mon 6/23/14

Arrival Time: 535 AM / PM Day/Date \_\_\_\_\_

Departure Time: 1024 AM / PM Day/Date Wed 6/25/14

Arrival Time: 933 AM / PM Day/Date \_\_\_\_\_

TRIP EXPENSES TO BE PAID BY:

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

Account No. 5645000 Account Title Travel

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 \$ 355 - Limousine \$ TBD

Hotel @ 199 Night \$ 398 - Others \$ \_\_\_\_\_

\*Registration \$ 0 Total \$ 753 -

\*Food \$ TBD

\*Indicate below meals covered by Registration Fees:

2 Breakfasts 2 Lunches 1 Dinners

Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance payment approved: \$ \_\_\_\_\_

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

APPROVED: Tekawana D. Jones (Department Director) 5/29/14 (Date) \_\_\_\_\_  
APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date) \_\_\_\_\_