



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
 Trip To: Philadelphia, PA
 Purpose: BNC

Department Fiscal No. 343
 Method of Travel: _____
 Prior Approval By: _____

	Time	Day/Date
Leave St. Louis <u>Greensboro</u>	1 : 30 P M	MON 7/25/16
Arrive <u>Philadelphia</u>	2 : 59 P M	
Convention/Meeting Commencement	2 : 00 P M	Tues 7/26/16
Convention/Meeting Adjournment	3 : 00 P M	Wed 7/27/16
Leave <u>Philadelphia</u>	9 : 40 A M	Thur 7/28/16
Arrive St. Louis	11 : 15 A 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		
	7/25	7/26	7/27	7/28							
Fare	586.20								586	20	
Registration											
Limo - To Airport				44.29					44	29	
Limo - From Airport	41.46								41	46	
Breakfast		10-	10-						20	-	
Lunch	15-	15-	15-						45	-	
Dinner	25-	25-	25-						75	-	
Hotel											
Other:											
Taxi	34.73	34.73	33.25						67	58	
TOTAL									879	53	
REMARKS:									Less Advance		
<u>lodging on my own</u>									Less Registration		
									Less Prepaid Fare		739 53
									Amount Due		140 -
									Charge to Account No.		

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

APPROVED:

(Signature) Tishaura O Jones (Date) 8/10/16
 (Department Head) _____ (Date) _____

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

Sent to Mike's
mailbox on 7/11/16

TRAVEL REQUEST
(Note the Travel Regulations on Reverse Side)

Date: 28 June 2016

Name Tishaura D. Jones Title Treasurer Dept. FISCAL Dept. No. 343

Destination: City Philadelphia State PA

Purpose: DNC - Speaker on panel & attending New Deal Reception

Convention/Meeting: Commencement Time _____ AM _____ PM Day/Date _____
(Enclose a copy of Convention/Seminar/Meeting announcement with request).
Adjournment Time _____ AM _____ PM Day/Date _____

PROPOSED ITINERARY

Departure Time: 130 AM/PM Day/Date Mon 7/25/16
Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 259 AM/PM Day/Date _____
Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: 940 AM/PM Day/Date Thurs 7/28/16
ESTIMATE OF TRIP EXPENSES

Arrival Time: 1115 AM/PM Day/Date _____
Air Coach Fare \$ 586.20 Limousine \$ TBD

Hotel @ _____ /Night \$ 0 Others \$ TBD
Registration \$ 0 Total \$ 586.20

a) City Funds _____ b) Special Funds X
*Food \$ TBD

Account No. 5045000 Account Title TRAVEL
*Indicate below meals covered by Registration Fees:
Breakfasts _____ Lunches _____ Dinners _____
Airline Tickets Required (Prepaid Fare) Yes No

Logging on my own - requesting reimbursement for incidentals
Advance payment approved: \$ N/A

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

APPROVED: Tishaura D. Jones (Department Director) _____ (Date) _____ (Comptroller) _____ (Date)