TRAVEL REQUEST

(Date)	(Comptroller)	BD-100 (Rev. 6/01ML) (Date)
	APPROVED:	in let
(Date)	(Federal Grants)	(Division Head) (Date)
	APPROVED:	APPROVED:
	Advance payment approved: \$ M / A	
No	Airline Tickets Required (Prepaid Fare) Yes NA	personal expense.
TBD Dinners	BreakfastsLunches	for the right of 1/15/16 as a
	*Indicate below meals covered by Registration Fees:	Account No. 5645000 Account Title Travel
	*Food \$ TBD	a) City Funds b) Special Funds
\$ TBD	*Registration \$ COMPLIMENTARY Total	TRIP EXPENSES TO BE PAID BY:
\$ TBD	Hotel @ 2_/Night \$75 00	Arrival Time: 6:00 AM / By Day/Date Sun. 6/26/2016
Φ \$	Air Coach Fare \$ Limousine \$	Departure Time: 3:00 AM /FM) Day/Date Svn. 6/26/2016
	ESTIMATE OF TRIP EXPENSES	Arrival Time: 6.00 AM / BW Day/Date Fri. 6/24/2016
9.8 mi	Indicate One-Way/Mileage If Traveling By Auto 179.8 m	Departure Time: 3:00 AM / PM) Day/Date Fri. 6/24/20(6
Auto City Car X	Method of Travel: Air Rail Bus Private Auto	PROPOSED ITINERARY
AM Day/Date Scot. 6/25/201	Adjournment Time 3:30	Convention/Meeting: Commencement Time 6:00 pm Day/Date Fri. 6/24/2016 (Enclose a copy of Convention/Seminar/Meeting announcement with request).
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		Convention - MO Mor
Dept. INO.		Destination: City Osage Beach State MO
Dent No 343	Dept. Parking	Name lishaura Jones Title Treasurer
	(Note the Travel Regulations on Reverse Side) Date: 6/6/20/6	(Note the Travel Reg