REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

DARLENE GREEN
Comptroller

DATE 30 July 2015

212 City Hall
St. Louis, MO.

Name Tishaura O Jones

Department Parking Division No. 343

Trip To: Las Vegas

Method of Travel: Air

Purpose: IPI Annual Conference

Prior Approval By:

	Time	Day/Date
Leave St. Louis	9 : 30 AM	Sun June 28, 2015
Arrive Las Vegas	3 : 30 PM	
Convention/Meeting Commencement	1 : 00 PM	Sun June 28, 2015
Convention/Meeting Adjournment	6 : 00 PM	Thur July 2, 2015
Leave Los Angeles	4 : 34 PM	
Arrive St. Louis	10 : 15 PM	Sat July 4, 2015

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL	
Date ☞	6/28	6/29	6/30	7/1						
Fare	483.90								483	90
Registration										
Limo - To Airport										
Limo - From Airport	22—								22	—
Breakfast		10—	10—	10—					30	—
Lunch		15—	15—						30	—
Dinner	25—	25—	25—						75	—
Hotel 166.88 ~~573.21~~		166.88	166.88						~~500 573~~	~~14 21~~ 500.64
Other:										
Internet									19	95
TOTAL									1161	49

REMARKS:

Trip to Los Angeles was on my own

RECEIVED
AUG 4 2015
COMPTROLLER'S OFFICE

Less Advance	—
Less Registration	—
Less Prepaid Fare	483 90
Amount Due	677 59
Charge to Account No.	3670000

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

APPROVED:

(Signature) 8/3/15 (Date)

(Department Head) Tishaura O Jones 7/30/15 (Date)

(Deputy Comptroller-Federal Grants) (Date)

(Comptroller) (Date)

COMP-34 (Rev. 6/01ML)

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 1 April 2015

Name Tishaura O Jones Title Treasurer Dept. Fiscal Dept. No. _____

Destination: City Las Vegas State NV

Purpose: IPI Annual Conference

Convention/Meeting: Commencement Time _____ AM/PM Day/Date Mon 6/29/15 Adjournment Time 1 AM/PM Day/Date Thu 7/2/15
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 925 (AM)/PM Day/Date Sun 6/28/15

Arrival Time: 122 AM/(PM) Day/Date _____

Departure Time: 434 AM/(PM) Day/Date Sat 7/4/15

Arrival Time: 1015 AM/(PM) Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title TRAVEL

Travel to LAX will be at my expense.

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 $ 483.90 Limousine $ TBD

Hotel @ 169 /Night $ 534.24 Others $ _____

*Registration $ 573.75 Total $ 1,226.65

*Food $ TBD

*Indicate below meals covered by Registration Fees:

_____ Breakfasts _____ Lunches _____ Dinners

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: $ N/A

APPROVED: _____ (Division Head) 4/3/15 (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Tishaura O Jones (Department Director) 4/1/15 (Date)

APPROVED: _____ (Comptroller) _____ (Date)

BD-100 (Rev. 6/01ML)