



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 9 June 2014

212 City Hall
St. Louis, MO.

Name Tishauna O Jones

Department _____ No. _____

Trip To: Dallas, TX

Method of Travel: Air

Purpose: Int'l Parking Institute Conf.

Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	12 : 40 P _M	Sat 5/31/14
Arrive <u>Dallas, TX (DFW)</u>	2 : 30 P _M	
Convention/Meeting Commencement	10 : 00 A _M	Sun 6/1/14
Convention/Meeting Adjournment	: M	Wed 6/4/14
Leave <u>Dallas, TX (DFW)</u>	2 : 00 P _M	Tue 6/3/14
Arrive St. Louis	3 : 35 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
	5/31	6/1	6/2	6/3					
Fare	272-								✓ 272 -
Registration	Prepaid								521 25
Limo - To Airport				35-					✓ 35 -
Limo - From Airport	35-								✓ 35 -
Breakfast	-	10-	10-	10-					✓ 30 -
Lunch	-	-	-	-					0 -
Dinner	25-	25-	25-						✓ 75 -
Hotel		199	199	199					✓ 597 -
Other:									
Room Taxes & Fees				93.29					✓ 93 29
TOTAL	332-	234-	234-	337.29					1,658 54

REMARKS:	Less Advance	0 -
	Less Registration	521 25
	Less Prepaid Fare	0 -
	Amount Due	1,137 29
	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)

Tishauna O Jones

6/9/14

(Comptroller)

(Date)

mailed to Donna
Standing on 5/10/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 8 April 2014

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

Destination: City Dallas State TX

Purpose: International Parking Institute Conf.

Convention/Meeting: Commencement Time 800 ^{AM} PM Day/Date Sun 6/1/14 Adjournment Time 1200 ^{PM} AM Day/Date 6/4/14
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 1240 AM / PM Day/Date Sat 5/31/14

Arrival Time: 230 AM / PM Day/Date _____

Departure Time: 200 AM / PM Day/Date Tues 6/3/14

Arrival Time: 335 AM / PM Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds 1520

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 \$ 272- Limousine \$ TBD

Hotel @ 2 / Night \$ 272 Others \$ _____

*Registration \$ 521.25 Total \$ 1340.25

*Food \$ TBD Total \$ 793.25

*Indicate below meals covered by Registration Fees:

2 Breakfasts 2 Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes X No _____

Advance payment approved: \$ _____

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

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

APPROVED: Tishaura O Jones (Department Director) 4/8/14 (Date)

APPROVED: _____ (Comptroller) _____ (Date) _____