



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 18 November 2013
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Department FISCAL No. _____
 Trip To: Atlanta, GA Method of Travel: Air
 Purpose: Operation Hope Global Financial Dignity Summit Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	1:50 PM	11/13/13
Arrive <u>Atlanta, GA</u>	4:18 PM	11/13/13
Convention/Meeting Commencement	6:00 PM	11/13/13
Convention/Meeting Adjournment	6:00 PM	11/14/13
Leave <u>Atlanta, GA</u>	9:05 PM	11/14/13
Arrive St. Louis	9:53 PM	

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	11/13								137 -	
Registration										
Limo - To Airport										
Limo - From Airport										
Breakfast		\$10-							10 -	
Lunch		/							-	
Dinner		\$25-							25 -	
Hotel										
Other:										
TOTAL	11/13	11/14							172 -	
REMARKS:									Less Advance	-
									Less Registration	-
									Less Prepaid Fare	-
									Amount Due	172 -
									Charge to Account No.	

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

APPROVED:

(Signature) Tishaura O. Jones (Date) 11/18/13
 (Department Head) _____ (Date) _____

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

max book \$55
 gamma Stevenson
 on 10/30/13

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 25 October 2013

Name: Tikhauna D. Jones Title: Treasurer Dept.: FISCAL Dept. No. _____

Destination: City Atlanta State GA

Purpose: HOPE Global Financial Dignity Summit

Convention/Meeting: Commencement Time 6:00 AM Day/Date Wed 11/13/14 Adjournment Time 5:00 PM Day/Date 11/14/13 Thu
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 1:50 AM Day/Date Wed 11/13/14

Arrival Time: 4:18 AM Day/Date _____

Departure Time: 9:05 AM Day/Date Thurs 11/14/14

Arrival Time: 9:53 AM Day/Date _____

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 \$ 137- Limousine \$ TBD

Hotel @ 82.85 Night \$ 182.85 Others \$ _____

*Registration \$ _____ Total \$ 319.85

*Food \$ TBD

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ 0

Account No. 5145000 Account Title TRAVEL
Center 3430000

a) City Funds _____ b) Special Funds X 1520

APPROVED: _____ (Division Head) (Date)

APPROVED: _____ (Federal Grants) (Date)

APPROVED: Tikhauna D. Jones (Department Director) (Date) 10/25/13

APPROVED: _____ (Comptroller) (Date)