



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 18 November 2014

212 City Hall  
St. Louis, MO.

Name Tishaura O Jones

Department \_\_\_\_\_ No. \_\_\_\_\_

Trip To: Chicago, IL

Method of Travel: Air

Purpose: Representing the Treasurer's office at Chicago Urban League Dinner

Prior Approval By: \_\_\_\_\_

Leave St. Louis .....

Time 2:37 PM

Day/Date

Fri 11/14/14

Arrive Chicago, IL

3:58 PM

Convention/Meeting Commencement

6:00 PM

Sat 11/15/14

Convention/Meeting Adjournment

10:30 PM

Leave Chicago, IL

1:09 PM

Sun 11/16/14

Arrive St. Louis .....

2:25 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
	11/14	11/15	11/16						
Fare	254.20								254.20
Registration									/
Limo - To Airport			79-						79 -
Limo - From Airport	107-								107 -
Breakfast		10-	10-						20 -
Lunch		15-	/						15 -
Dinner	25-	/	/						25 -
Hotel	226.99	226.99							453.98
Other:									
Taxi		39-							39 -
TOTAL	613.19	290.99	89-						993.18

REMARKS:

Less Advance

0

Less Registration

0

Less Prepaid Fare

0

Amount Due

993.18

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)

Tishaura O Jones  
(Department Head)

11/18/14  
(Date)

\_\_\_\_\_  
(Comptroller)

\_\_\_\_\_  
(Date)

mailed to Jeanne  
standing on 11/20/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Date: 16 October 2014

Name Tishana D Jones Title Treasurer Dept.  Dept. No. 343

Destination: City Chicago State IL

Purpose: Representing the Treasurer's office at Urban League Dinner - guest of BMO Harris Bank

Convention/Meeting: Commencement Time  AM PM Day/Date Sat 11/15/14 Adjournment Time  AM PM Day/Date Sat 11/15/14  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 237 AM/PM Day/Date Fri 11/14/14

Arrival Time: 358 AM/PM Day/Date

Departure Time: 181 AM/PM Day/Date Sun 11/16/14

Arrival Time: 205 AM/PM Day/Date

TRIP EXPENSES TO BE PAID BY:

a) City Funds  b) Special Funds X

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 \$ 254.20 Limousine \$ TBD

Hotel @ 195 Night \$ 390 Others \$ 0

\*Registration \$ 0 Total \$

\*Food \$ TBD

\*Indicate below meals covered by Registration Fees:

Breakfasts  Lunches 1 Dinners

Airline Tickets Required (Prepaid Fare) Yes  No

Advance payment approved: \$ 0

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

APPROVED: Tishana D Jones (Department Director) (Date) 10/16/14 APPROVED:  (Comptroller) (Date)