



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE 3 December 2013
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Department _____ No. _____
Trip To: Washington DC Method of Travel: Air
Purpose: New DEAL Leaders Annual Prior Approval By: _____
Conference

	Time	Day/Date
Leave St. Louis	<u>11:10 AM</u>	<u>Thurs / 11/21/13</u>
Arrive <u>Washington, DC</u>	<u>2:00 PM</u>	
Convention/Meeting Commencement	<u>3:00 PM</u>	<u>Thurs 11/21/13</u>
Convention/Meeting Adjournment	<u>2:00 PM</u>	<u>Sat 11/23/13</u>
Leave <u>Washington, DC</u>	<u>2:55 PM</u>	<u>Sun 11/24/13</u>
Arrive St. Louis	<u>4:10 PM</u>	

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
	<u>11/21</u>	<u>11/22</u>	<u>11/23</u>	<u>11/24</u>					
Fare									
Registration									
Limo - To Airport									
Limo - From Airport	<u>21-</u>								<u>21 -</u>
Breakfast									
Lunch									
Dinner									
Hotel									
Other:									
<u>Taxi</u>	<u>23-</u>								<u>23 -</u>
	<u>12.06</u>								<u>12 06</u>
TOTAL	<u>56 06</u>	<u>0</u>	<u>0</u>	<u>0</u>					<u>56 06</u>

REMARKS: Trip was paid for by New DEAL. I am seeking reimbursement for taxi expenses only.

	Less Advance	<u>0</u>
	Less Registration	<u>0</u>
	Less Prepaid Fare	<u>0</u>
	Amount Due	<u>56 06</u>
	Charge to Account No.	

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

APPROVED:

Tishaura O. Jones 12/3/13
(Signature) (Date)

(Deputy Comptroller-Federal Grants) (Date)

(Department Head) (Date) (Comptroller) (Date)

middle to gamma 5.
on 11/20/13.

TRAVEL REQUEST
(Note the Travel Regulations on Reverse Side)

Date: 11/18/13

Name Theresa J. Jones Title Treasurer Dept. FISCAL Dept. No. _____

Destination: City Washington State DC

Purpose: New DEAR leaders Annual Conference

Convention/Meeting: Commencement Time 3:00 ^{AM} PM Day/Date 11/21/13 Adjournment Time 2:00 ^{AM} PM Day/Date 11/23/13
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 11:10 ^{AM} PM Day/Date 11/21/13 Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 2:00 ^{AM} PM Day/Date _____ Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: 2:56 ^{AM} PM Day/Date 11/24/13 **ESTIMATE OF TRIP EXPENSES**

Arrival Time: 4:10 ^{AM} PM Day/Date _____ Air Coach Fare \$ 0 Limousine \$ TBD

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds 1520

Account No. 5645000 Account Title TRAVEL

*Request for reimbursement of incidentals only.
Travel will be subsidized by the NewDEAR
and hotel*

*Indicate below meals covered by Registration Fees:
Breakfasts _____ Lunches _____ Dinners
Airline Tickets Required (Prepaid Fare) Yes _____ No
Advance payment approved: \$ 0

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

APPROVED: Theresa J. Jones (Department Director) 11/18/13 (Date)
APPROVED: _____ (Comptroller) _____ (Date)