



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: Palm Springs, CA Method of Travel: Air
Purpose: e: Republic Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	<u>2:35 PM</u>	<u>11/3/13</u>
Arrive <u>Palm Springs, CA</u>	<u>5:35 PM</u>	
Convention/Meeting Commencement	<u>6:30 PM</u>	<u>11/3/13</u>
Convention/Meeting Adjournment	<u>11:00 AM</u>	<u>11/5/13</u>
Leave <u>Palm Springs, CA</u>	<u>3:00 PM</u>	<u>11/5/13</u>
Arrive St. Louis	<u>11:44 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		
	11/3	11/4	11/5								
Fare	<u>542.60</u>								<u>542</u>	<u>60</u>	
Registration											
Limo - To Airport											
Limo - From Airport											
Breakfast											
Lunch											
Dinner											
Hotel	<u>113.00</u>	<u>113.00</u>							<u>226</u>	<u>12</u>	
Other:											
TOTAL	<u>655.60</u>	<u>113.00</u>							<u>768</u>	<u>72</u>	
REMARKS:									Less Advance	---	
									Less Registration	---	
									Less Prepaid Fare	---	
									Amount Due	<u>768</u>	<u>72</u>
									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)

TRAVEL REQUEST
(Note the Travel Regulations on Reverse Side)

Date: 7 October 2013

Name: Tishaura Jones Title: Treasurer Dept. FISCAL Dept. No. 343

Destination: City Palm Springs State CA

Purpose: Republican XII Conf. (see attached)

Convention/Meeting: Commencement Time 1030 ^{AM} ~~PM~~ Day/Date 11/3/13 Adjournment Time 11 ^{AM} ~~PM~~ Day/Date 11/5/13
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 235 ^{AM} ~~PM~~ Day/Date Sun 11/3/13

Arrival Time: 546 ^{AM} ~~PM~~ Day/Date _____

Departure Time: 306 ^{AM} ~~PM~~ Day/Date Tues 11/5/13

Arrival Time: 1144 ^{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 \$ 542.60 Limousine \$ TBD

Hotel @ \$99 Night \$ 226.12 Others \$ _____

*Registration \$ 0 Total \$ 768.72

*Food \$ _____

*Indicate below meals covered by Registration Fees:

2 Breakfasts 1 Lunches 1 Dinners

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ 0

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Tishaura Jones (Department Director) 10/7/13 (Date)

APPROVED: _____ (Comptroller) _____ (Date)