



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 30 September 2014

212 City Hall  
St. Louis, MO.

Name Tishauna D. Jones Department \_\_\_\_\_ No. \_\_\_\_\_

Trip To: Washington, DC Method of Travel: \_\_\_\_\_

Purpose: CFED Assets Learning Conf. Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	<u>3:40 P M</u>	<u>Tues 9/16/14</u>
Arrive <u>Washington, DC</u>	<u>6:38 P M</u>	
Convention/Meeting Commencement	<u>8:30 A M</u>	<u>Wed 9/17/14</u>
Convention/Meeting Adjournment	<u>2:00 P M</u>	<u>Fri 9/19/14</u>
Leave <u>Washington, DC</u>	<u>5:05 P M</u>	<u>Fri 9/19/14</u>
Arrive St. Louis .....	<u>6:10 P M</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
	9/16	9/17	9/18	9/19					
Fare	410.20								410 20
Registration	0								0
Limo - To Airport				34-					34 -
Limo - From Airport	25-								25 -
Breakfast	/	/	/	/					
Lunch	/	/	/	/					
Dinner	25-	/	/						25 -
Hotel	302.28	302.28	302.28						906 84
Other:									
TOTAL	762.48	302.28	302.28	34-					1401 04
REMARKS:									
	Less Advance								0
	Less Registration								0
	Less Prepaid Fare								0
	Amount Due								1401 04
	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 D. Jones

9/30/14

mailed to Gamma S.  
on 8/2/14

# TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Name Tishaura D. Jones Title Treasurer Date: 1 August 2014

Destination: City Washington State DC Dept. FISCAL Dept. No. \_\_\_\_\_

Purpose: Assets Learning Conference

Convention/Meeting: Commencement Time 800 <sup>AM</sup> PM Day/Date Wed, 9/17/14 Adjournment Time 200 <sup>AM</sup> PM Day/Date Fri 9/19/14  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

## PROPOSED ITINERARY

Departure Time: 340 AM/PM Day/Date Tues 9/16/14

Arrival Time: 638 AM/PM Day/Date \_\_\_\_\_

Departure Time: 505 AM/PM Day/Date Fri 9/19/14

Arrival Time: 1010 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 \$ 410.20 Limousine \$ TBD

Hotel @ 2104 Night \$ 342-3 = 792.00 Others \$ 0

\*Registration \$ 0 Total \$ 1,202.20

\*Food \$ \_\_\_\_\_

\*Indicate below meals covered by Registration Fees:

3 Breakfasts 3 Lunches 2 Dinners

Airline Tickets Required (Prepaid Fare) Yes ☒ No \_\_\_\_\_

Advance payment approved: \$ 0

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

APPROVED: Tishaura D. Jones (Department Director) 8/1/14 (Date)

APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)