



**REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES**  
(Note the Travel Regulations on Reverse Side)



DARLENE GREEN  
Comptroller

DATE 24 September 2013

212 City Hall  
St. Louis, MO.

Name Tishaura O Jones

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

Trip To: Washington DC

Method of Travel: Air

Purpose: Congressional Black Caucus  
Legislative Conference

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

Leave St. Louis .....

Time Day/Date  
11:50 AM 9/20/13 Fri

Arrive Washington, DC

2:45 PM 9/20/13

Convention/Meeting Commencement

: M

Convention/Meeting Adjournment

: M

Leave Washington, DC

12:10 PM 9/22/13 Sun

Arrive St. Louis .....

1:25 PM 9/22/13

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	
	9/20	9/21	9/22							
Fare	287.90		259.90						547	80
Registration										
Limo - To Airport			25-						25	-
Limo - From Airport	25-								25	-
Breakfast		10-	10-						20	-
Lunch	15-	15-							30	-
Dinner	25-	25-							50	-
Hotel	182.06	182.06							364	12
Other:										
TOTAL	531.96	232.06	290.90						1057	92

REMARKS:	Less Advance	0	-
	Less Registration	0	-
	Less Prepaid Fare	0	-
	Amount Due	1057	92
	Charge to Account No.		

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

APPROVED:

(Signature) Tishaura O Jones (Date) 9/24/13  
(Department Head) \_\_\_\_\_ (Date) \_\_\_\_\_  
COMP-31 (Rev. 6/11/11)

(Deputy Comptroller-Federal Grants) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Comptroller) \_\_\_\_\_ (Date) \_\_\_\_\_

**TRAVEL REQUEST**

(Note the Travel Regulations on Reverse Side)

Name Tishaura O. Jones Title Treasurer

Date: 9 September 2013

Destination: City Washington, DC State \_\_\_\_\_

Dept: \_\_\_\_\_ Dept. No. \_\_\_\_\_

Purpose: Congressional Black Caucus Act

Convention/Meeting: Commencement Time \_\_\_\_\_ AM  
PM Day/Date \_\_\_\_\_  
(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

Adjournment Time \_\_\_\_\_ AM  
PM Day/Date \_\_\_\_\_

**PROPOSED ITINERARY**

Departure Time: 11:50 AM/PM Day/Date Fri 9/20/13

Arrival Time: 1:50 AM/PM Day/Date \_\_\_\_\_

Departure Time: 12 AM/PM Day/Date Sun 9/22/13

Arrival Time: 1 AM/PM 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 \$ 543.80 Limousine \$ TBD

Hotel @ 151 Night \$ 304.11 Others \$ \_\_\_\_\_

\*Registration \$ n/a Total \$ 907.91

\*Food \$ n/a

\*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_

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

Advance payment approved: \$ n/a

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

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

APPROVED: Tishaura O. Jones (Department Director) 9/21/13 (Date)

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