



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 O Jones Department _____ No. _____

Trip To: Washington DC Method of Travel: _____

Purpose: Governing & Congressional Prior Approval By: _____

Black Caucus & Mtg @ the White House

Leave St. Louis Time 3:40 PM Day/Date mon 9/22/14

Arrive Washington, DC 6:30 PM

Convention/Meeting Commencement : M

Convention/Meeting Adjournment : M

Leave Washington, DC 10:05 AM Fri 9/26/14

Arrive St. Louis 11:05 AM

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	Day/Date	TOTAL
	9/22	9/23	9/24	9/25	9/26					
Fare	0									0
Registration	0									0
Limo - To Airport					29-					29 -
Limo - From Airport	22									22 -
Breakfast	/	/	/	10-	10-					20 -
Lunch	/	/	15-	15-	/					30 -
Dinner	25-	25	25	25	/					100 -
Hotel			250.76	250.76						501 52
Other:										
Taxi	15-	13.74	15-	41.47	6.85					92 06
TOTAL	62-	38.74	305.76	342.23	45.85					794 58

REMARKS:

Airfare & hotel partially covered by
Governing

Less Advance

Less Registration

Less Prepaid Fare

Amount Due

Charge to Account No.

0

0

0

794 58

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

APPROVED:

(Signature)

(Date)

(Deputy Comptroller-Federal Grants)

(Date)

Tishauna O Jones

9/30/14

invald to Joanne Stoddink
on 9/15/14

TRAVEL REQUEST

(Note the Travel Regulations on Reverse Side)

Name Tishauna Jones

Title Treasurer

Date: 10 September 2014

Destination: Washington

State DC

Dept. FISCAL

Dept. No. _____

Purpose: Congressional Black Caucus Annual Legislative Conference

Convention/Meeting: Commencement Time 8:00 AM PM Day/Date Wed 9/24/14 Adjournment Time 930 AM PM Day/Date Sat 9/27/14
(Enclose a copy of Convention/Seminar/Meeting announcement with request.)

PROPOSED ITINERARY

Departure Time: 340 AM / PM Day/Date Mon 9/22/14

Arrival Time: 540 AM / PM Day/Date Mon 9/22/14

Departure Time: 1005 AM / PM Day/Date Fri 9/26/14

Arrival Time: 1105 AM / PM Day/Date Fri 9/26/14

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5445000 Account Title TRAVEL

Travel & hotel partially covered by Governing Conf on Cost of Govt where I am presiding from 9/22-9/24.

APPROVED: Tishauna Jones (Division Head) 9/10/14 (Date)

APPROVED: _____ (Department Director) _____ (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 \$ 0 Limousine \$ TBD

Hotel @ 251 Night \$ 502 Others \$ _____

*Registration \$ _____ Total \$ _____

*Food \$ _____

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: _____ (Comptroller) _____ (Date)