

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

OF ASSESSED	TOURS ME
	STLOUISMO H

DARLENE GREEN DATE _____ 212 City Hall St. Louis, MO. Comptroller Name ______ Phone _____ Dept._____ No. _____ Trip To: _____ Method of Travel: Prior Approval By: Day/Date <u>Time</u> \square AM Leave St. Louis _ □ PM \square AM Arrive ____ DM □ AM Convention/Meeting Commencement ____ DM Convention/Meeting Adjournment \square AM Leave \square AM Arrive St. Louis _ □ PM Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration Day/Date Day/Date Day/Date Day/Date Day/Date Day/Date Day/Date Day/Date **TOTAL** Date 🖾 Fare Registration Limo - To Airport Limo - From Airport Breakfast Lunch Dinner Hotel Other: TOTAL **REMARKS:** Less Advance Less Registration Less Prepaid Fare **Amount Due** Charge to Account No. I certify that the above is a true and accurate APPROVED: accounting of my expenses. (Deputy Comptroller-Federal Grants) (Signature) (Date) (Date)

(Comptroller)

(Date)

COMP-34 (Rev. 10/15 ML)

(Department Head)

Constant

(Date)