



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



DARLENE GREEN DATE 11/21/2017
Comptroller

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone 314-622-3434 Dept. Parking No. 343

Trip To: Atlanta, GA Method of Travel: Air

Purpose: National League of Cities Municipal Financial Prior Approval By: Tishaura O. Jones

Inclusion Summit speaking engagement

Leave St. Louis

Arrive Atlanta, GA

Convention/Meeting Commencement

Convention/Meeting Adjournment

Leave Atlanta, GA

Arrive St. Louis

Time	Day/Date
10 . 25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Tues., Sept. 26, 2017
1 . 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues., Sept. 26, 2017
6 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues., Sept. 26, 2017
3 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., Sept. 28, 2017
3 . 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., Sept. 28, 2017
4 . 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thurs., Sept. 28, 2017

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
	Tues, 9/26	Wed, 9/27	Thurs, 9/28						
Fare	167.96								167.96
Registration									0
Limo - To Airport									0
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel									0
Other:									0
Other:									0
TOTAL	167.96	0	0	0	0	0	0	0	167.96

REMARKS:	Less Advance	
National League of Cities covered hotel costs and will reimburse	Less Registration	
the airfare	Less Prepaid Fare	167.96
	Amount Due	0.00
	Charge to Account No.	5645000

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

APPROVED:

(Signature) Tishaura O. Jones (Date) 11/21/17
(Department Head) (Date)

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

Sent to Dan Swartz 10/2/17

TRAVEL REQUEST (Review Travel Regulations)

RECEIVED
SEP 25 2017

Date: 09/18/2017

Name: Tishuara O. Jones Title: Treasurer Office Telephone: 314-622-3434

Dept./ Section: Parking Dept. No.: 343

Destination: City: Atlanta State: Georgia

Purpose: National League of Cities Municipal Financial Inclusion Summit speaking engagement

Convention/Meeting: Commencement Time: 6:00 AM 3:00 PM Day/Date: 09/26/2017

(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	AM	PM	Day/Date
10:25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/26/2017
Arrival Time:	AM	PM	Day/Date
1:05	<input type="checkbox"/>	<input checked="" type="checkbox"/>	09/26/2017
Departure Time:	AM	PM	Day/Date
3:30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	09/28/2017
Arrival Time:	AM	PM	Day/Date
4:05	<input type="checkbox"/>	<input checked="" type="checkbox"/>	09/28/2017

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds

Account No. 5445000 Account Title TRAVEL

Airfare to be reimbursed by NLC
NLC covering hotel costs.

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 \$ _____ Limousine \$ 0.00

Hotel @ _____/Night \$ 0.00 Others \$ 0.00

*Registration \$ 0.00 Total \$ 0.00

*Food \$ _____

*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: *Suhana b gmm* 9/20/17
(Department Director)