



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: Washington DC Method of Travel: Air

Purpose: New America's "The Color of Money: Race, Wealth and Communities on the Front Line of Economic Justice"
Prior Approval By: Tishaura O. Jones

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	9 . 15 <input type="checkbox"/> AM <input type="checkbox"/> PM	Tues., Oct. 3, 2017
Arrive <u>Washington DC</u>	12 . 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues., Oct. 3, 2017
Convention/Meeting Commencement	4 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues., Oct. 3, 2017
Convention/Meeting Adjournment	7 . 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tues., Oct. 3, 2017
Leave <u>Washington DC</u>	11 . 35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Wed., Oct. 4, 2017
Arrive St. Louis	12 . 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wed., Oct. 4, 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, 10/3	Wed, 10/4							
Fare									0
Registration									0
Limo - To Airport		20.06							20.06
Limo - From Airport	16.55								16.55
Breakfast									0
Lunch									0
Dinner	25.00								25
Hotel									0
Other:									0
Other:									0
									0
									0
TOTAL	41.55	20.06	0	0	0	0	0	0	61.61

REMARKS:	Less Advance	
New America covered hotel and airfare costs. New America is reimbursing transportation costs.	Less Registration	
	Less Prepaid Fare	36.61
	Amount Due	25.00
	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 Beth Savage 10/2/17

RECEIVED
SEP 25 2017

9/19/2017

TRAVEL REQUEST (Review Travel Regulations)

Name Tishauna O. Jones Title Treasurer Office Telephone: (314) 622-3434
Dept./ Section Parking Dept. No. 343
Destination: City Washington DC State _____

Purpose: Speaking request for New America's "The Color of Money: Race, Wealth and Communities on the Front Line of Economic Justice" event

Convention/Meeting: Commencement Time 4:00 AM PM Day/Date 10/3/2017
Adjournment Time 7 AM PM Day/Date 10/3/2017
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	AM	PM	Day/Date
9:15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/3/2017
12:05	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/3/2017
11:35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/4/2017
12:45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/4/2017

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X
Account No. 5645000 Account Title TRAVEL

New America is covering the costs of this trip.

ESTIMATE OF TRIP EXPENSES

Method of Travel: Air Rail Bus Private Auto City Car
Indicate One-Way/Mileage if Traveling By Auto _____
Air Coach Fare \$ 313.96 Limousine \$ 0.00
Hotel @ 1 /Night \$ 203.15 Others \$ 0.00
*Registration \$ 0.00 Total \$ 517.11
*Food \$ 0.00

*Indicate below meals covered by Registration Fees:
0 Breakfasts 0 Lunches 0 Dinners 0

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ N/A

APPROVED: _____ (Date) _____ (Date)
APPROVED: _____ (Division Head) _____ (Date)
APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Tishauna O. Jones 9/20/17
(Department Director)