



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 9-13-2018

212 City Hall
St. Louis, MO.

Name Tishaura O. Jones Phone 314.366.3099 Dept. Parking No. 343

Trip To: Jefferson City, MO Method of Travel: Fleet Car

Purpose: Business (Legislative Outreach) Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	<input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, January 22, 2018
Arrive Jefferson City, MO	<input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, January 22, 2018
Convention/Meeting Commencement	<input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, January 22, 2018
Convention/Meeting Adjournment	<input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, January 22, 2018
Leave Jefferson City, MO	<input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, January 23, 2018
Arrive St. Louis	<input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, January 23, 2018

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
	1/22/2018	1/23/2018								
Fare	0	0								0
Registration	0	0								0
Limo - To Airport	0	0								0
Limo - From Airport	0	0								0
Breakfast	0	0								0
Lunch	0	0								0
Dinner	0	0								0
Hotel	150.65									150.65
Other:	0	0								0
										0
										0
										0
TOTAL	150.65	0	0	0	0	0	0	0	0	150.65

REMARKS:	Less Advance	
No reimbursement requested. Fleet car driven.	Less Registration	150.65
Paid for by the Treasurer.	Less Prepaid Fare	
	Amount Due	0.00
	Charge to Account No.	

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

APPROVED:

(Signature) _____ (Date) 9/19/18
 (Department Head) Tishaura O. Jones (Date)

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



TRAVEL REQUEST (Review Travel Regulations)

Date: 9-19-2018

Name Tishaura O. Jones Title Treasurer Office Telephone: 314.366.3099

Dept./ Section Parking Dept. No. 343

Destination: City Jefferson City State Missouri

Purpose: Business (Legislative Outreach)

Convention/Meeting: Commencement Time AM PM Day/Date Mon., Jan. 22, 2018 Adjournment Time AM PM Day/Date Tue., Jan. 23, 2018
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: AM PM Day/Date Monday, January 22, 2018

Arrival Time: AM PM Day/Date Monday, January 22, 2018

Departure Time: AM PM Day/Date Tuesday, January 23, 2018

Arrival Time: AM PM Day/Date Tuesday, January 23, 2018

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds ^x _____

Account No. 5645000 Account Title TRAVEL

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 \$	<u>0.00</u>	Limousine \$	<u>0.00</u>
Hotel @ <u>1</u> /Night \$	<u>100.00</u>	Others \$	<u>0.00</u>
*Registration \$	<u>0.00</u>	Total \$	<u>100.00</u>

*Food \$ _____

*Indicate below meals covered by Registration Fees:

n/a Breakfasts n/a Lunches n/a Dinners

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: Tishaura O. Jones 9-19-2018
(Department Director) (Date)

APPROVED: _____ (Comptroller) _____ (Date)