



# 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 Tishai M. O. Jones Phone 314.366.3099 Dept. Parking No. 343

Trip To: Atlanta, GA Method of Travel: Air

Purpose: Power Rising Summit Prior Approval By: \_\_\_\_\_

	Time		Day/Date
Leave St. Louis .....	3 : 50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Thursday, February 22, 2018
Arrive Atlanta, GA .....	5 : 20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Thursday, February 22, 2018
Convention/Meeting Commencement .....	7 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Thursday, February 22, 2018
Convention/Meeting Adjournment .....	1 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Sunday, February 25, 2018
Leave Atlanta, GA .....	3 : 05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Sunday, February 25, 2018
Arrive St. Louis .....	4 : 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Sunday, February 25, 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	TOTAL
	2/22/2018	2/23/2018	2/24/2018	2/25/2018					
Fare	343.96	0	0	0					343.96
Registration	0	0	0	0					0
Limo - To Airport	0	0	0	0					0
Limo - From Airport	0	0	0	0					0
Breakfast	0	0	0	0					0
Lunch	0	0	0	0					0
Dinner	0	0	0	0					0
Hotel	0	0	0	0					0
Other:	0	0	0	0					0
									0
									0
									0
<b>TOTAL</b>	343.96	0	0	0	0	0	0	0	343.96

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	343.96
Hotel covered by 3 Point Strategies.	Less Prepaid Fare	
Remaining expenses covered by the Treasurer.	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) \_\_\_\_\_ (Date)

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



**TRAVEL REQUEST (Review Travel Regulations)**

Date: 9-13-2018

Name Tishaura O. Jones Title Treasurer Office Telephone: 314.366.3099

Dept./ Section Parking Dept. No. 343

Destination: City Atlanta State Georgia

Purpose: Power Rising Summit

Convention/Meeting: Commencement Time tbd  AM  PM Day/Date tbd Adjournment Time tbd  AM  PM Day/Date tbd  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 3:50  AM  PM Day/Date Thursday, February 22, 2018  
Arrival Time: 5:20  AM  PM Day/Date Thursday, February 22, 2018  
Departure Time: 3:05  AM  PM Day/Date Sunday, February 25, 2018  
Arrival Time: 4:45  AM  PM Day/Date Sunday, February 25, 2018

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 \$ 343.96 Limousine \$ 0.00  
Hotel @ \_\_\_\_\_/Night \$ \_\_\_\_\_ Others \$ 0.00  
\*Registration \$ 0.00 Total \$ 343.96  
\*Food \$ \_\_\_\_\_

**TRIP EXPENSES TO BE PAID BY:**

a) City Funds \_\_\_\_\_ b) Special Funds <sup>x</sup> \_\_\_\_\_  
Account No. 5645000 Account Title \_\_\_\_\_

\*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 9-13-2018  
(Department Director) (Date)

APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)

*To be covered by the Treasurer.*