



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 - Testify on HB 2383 Prior Approval By: _____

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	<input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, February 27, 2018
Arrive <u>Jefferson City, MO</u>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, February 27, 2018
Convention/Meeting Commencement	<input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, February 27, 2018
Convention/Meeting Adjournment	<input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, February 27, 2018
Leave <u>Jefferson City, MO</u>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday, February 28, 2018
Arrive St. Louis	<input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday, February 28, 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
	2/27/2018	2/28/2018							
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	89.49								89.49
Other:	0	0							0
									0
									0
TOTAL	89.49	0	0	0	0	0	0	0	89.49

REMARKS:	Less Advance	
No reimbursement requested.	Less Registration	89.49
All costs covered by the Treasurer from personal funds.	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: 9-13-2018

Name Tishaura O. Jones Title Treasurer Office Telephone: 314.366.3099

Dept./ Section Parking Dept. No. 343

Destination: City Jefferson City State MO

Purpose: Business: Testify on HB 2383

Convention/Meeting: Commencement Time AM PM Day/Date Tues., Feb. 27, 2018 Adjournment Time AM PM Day/Date Tues., Feb. 27, 2018
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: AM PM Day/Date Tuesday, February 27, 2018

Arrival Time: AM PM Day/Date Tuesday, February 27, 2018

Departure Time: AM PM Day/Date Wednesday, February 28, 2018

Arrival Time: AM PM Day/Date Wednesday, February 28, 2018

TRIP EXPENSES TO BE PAID BY:

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

Treasurer to cover cost.

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:

<u>0</u> _____ Breakfasts	<u>0</u> _____ Lunches	<u>0</u> _____ Dinners
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Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

APPROVED: _____ (Division Head) _____ (Date)

APPROVED: Tishaura O. Jones (Department Director) 9-13-2018 (Date)

APPROVED: _____ (Federal Grants) _____ (Date)

APPROVED: _____ (Comptroller) _____ (Date)