



## REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



**DARLENE GREEN** DATE 9-13-2018  
Comptroller

212 City Hall  
St. Louis, MO.

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

Trip To: Oakland, CA Method of Travel: California Air

Finance Forward

	Time	Day/Date
Leave St. Louis .....	7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, January 11, 2018
Arrive <u>Oakland, CA</u>	9:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, January 11, 2018
Convention/Meeting Commencement	11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, January 11, 2018
Convention/Meeting Adjournment	3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, January 11, 2018
Leave <u>Oakland, CA</u>	4:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, January 11, 2018
Arrive St. Louis .....	12:26 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Friday, January 12, 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
	1/11/2018	1/12/2018							
Fare	165.98	442.00							607.98
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	0	0							0
Other:	0	0							0
									0
									0
									0
<b>TOTAL</b>	165.98	442	0	0	0	0	0	0	<b>607.98</b>

REMARKS: No reimbursement. No hotel (no overnight stay).	Less Advance	
	Less Registration	607.98
	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) Tishaura O. Jones (Date) 9/19/18  
(Department Head) (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 Oakland State California

Purpose: Finance Forward Event

Guest Panelist \_\_\_\_\_

Convention/Meeting: Commencement Time 11:00  AM  PM Day/Date Thurs., Jan. 11, 2018 Adjournment Time 3:15  AM  PM Day/Date Thurs., Jan. 11, 2018  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 7:00  AM  PM Day/Date Thurs., January 11, 2018

Arrival Time: 9:40  AM  PM Day/Date Thursday, January 11, 2018

Departure Time: 4:50  AM  PM Day/Date Thursday, January 11, 2018

Arrival Time: 12:26  AM  PM Day/Date Friday, January 12, 2018

**TRIP EXPENSES TO BE PAID BY:**

a) City Funds \_\_\_\_\_ b) Special Funds <sup>x</sup> \_\_\_\_\_

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 \$ 165.98 Limousine \$ \_\_\_\_\_

Hotel @ \_\_\_\_\_/Night \$ \_\_\_\_\_ Others \$ \_\_\_\_\_

\*Registration \$ \_\_\_\_\_ Total \$ 165.98

\*Food \$ \_\_\_\_\_

\*Indicate below meals covered by Registration Fees:

\_\_\_\_\_ Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ 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)