

TRAVEL REQUEST (Review Travel Regulations)

Date: 2-14-2019

Name Tishaura O. Jones Title Treasurer Office Telephone: 314.366.3099

Dept./Section Parking Dept. No. 343

Destination: City New Orleans State Louisiana

Purpose: Speaking Engagement

Power Rising Conference

Convention/Meeting: Commencement Time 6:00 AM PM Day/Date Thurs., Feb. 21, 2019 Adjournment Time 2:00 AM PM Day/Date Sun., Feb. 24, 2019
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 2:55 AM PM Day/Date Thursday, February 21, 2019 Method of Travel: Air Rail Bus Private Auto City Car

Arrival Time: 7:40 AM PM Day/Date Thursday, February 21, 2019 Indicate One-Way/Mileage If Traveling By Auto _____

Departure Time: 3:55 AM PM Day/Date Saturday, February 23, 2019 **ESTIMATE OF TRIP EXPENSES**

Arrival Time: 5:40 AM PM Day/Date Saturday, February 23, 2019 Air Coach Fare \$ 271.98 Limousine \$ 0

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds x _____

Account No. 56450000 Account Title TRAVEL

Hotel @ 2 Night \$ 338.00 Others \$ 0

*Registration \$ 175- Total \$ 0.00

*Food \$ td

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

Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

Expenses will be covered out of Treasurer's Personal Funds. Power Rising (host) is covering registration fee.

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

APPROVED: Tishaura O. Jones (Department Director) 2/15/19 (Date) APPROVED: _____ (Comptroller) _____ (Date)



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

RECEIVED
AUG 06 2019



DARLENE GREEN
Comptroller

DATE: 7/1/2019

212 City Hall
St. Louis, MO.

Name: Tishaura O. Jones Phone: 314-622-3434 Dept: Parking No: 343

Trip To: New Orleans, LA Method of Travel: Air

Purpose: Power Rising - Speaking Engagement Prior Approval By: _____

	Time	Day/Date
Leave St. Louis <u>STL</u>	2:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Thursday, 2/21/2019</u>
Arrive <u>MSY</u>	7:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Thursday, 2/21/2019</u>
Convention/Meeting Adjournment	2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Sunday, 2/23/2019</u>
Leave <u>MSY</u>	3:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<u>Sunday, 2/23/2019</u>
Arrive St. Louis <u>STL</u>	5:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

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
	2/21	2/22	2/23						
Fare	271.98								271.98
Registration									0
Limo - To Airport			34.53						34.53
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel			216.96						216.96
Other:									0
Taxi		10.40							10.4
									0
									0
TOTAL	271.98	10.4	251.49	0	0	0	0	0	533.87

REMARKS:	Less Advance	
Air, travel and meals covered by Treasurer Jones	Less Registration	
	Less Prepaid Fare	533.87
	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) 7/1/19
(Department Head) (Comptroller)

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

