

**TRAVEL REQUEST (Review Travel Regulations)**

Date: 7/1/2019

Name Tishauna O. Jones Title Treasurer Office Telephone: 314-622-3434

Dept./ Section Barhinds Dept. No. 343

Destination: City Memphis State TN

Purpose: Harvard Cahn Fellows Reunion

Convention/Meeting: Commencement Time 6  AM  PM Day/Date 5/9/2019 Adjournment Time 10  AM  PM Day/Date 5/11/2019  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 12  AM  PM Day/Date Thursday, 5/9/2019 Method of Travel:  Air  Rail  Bus  Private Auto  City Car

Arrival Time: 4  AM  PM Day/Date \_\_\_\_\_ Indicate One-Way/Mileage If Travelling By Auto 283

Departure Time: 10  AM  PM Day/Date Saturday, 5/11/2019 **ESTIMATE OF TRIP EXPENSES**

Arrival Time: 2  AM  PM Day/Date \_\_\_\_\_ Air Coach Fare \$ \_\_\_\_\_ Limousine \$ \_\_\_\_\_

**TRIP EXPENSES TO BE PAID BY:** Hotel @ 2 /Night \$ 499.66 Others \$ \_\_\_\_\_

a) City Funds \_\_\_\_\_ \*Registration \$ \_\_\_\_\_ Total \$ 499.66  
b) Special Funds \_\_\_\_\_ \*Food \$ \_\_\_\_\_

Account No. \_\_\_\_\_ Account Title \_\_\_\_\_

\*Indicate below meals covered by Registration Fees:  
0 \_\_\_\_\_ Breakfasts 0 \_\_\_\_\_ Lunches 0 \_\_\_\_\_ Dinners  
Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No X  
Advance payment approved: \$ 0

APPROVED: \_\_\_\_\_ (Division Head) \_\_\_\_\_ (Date) APPROVED: \_\_\_\_\_ (Federal Grants) \_\_\_\_\_ (Date)

APPROVED: *Tishauna O. Jones* (Department Director) 7/1/19 (Date) APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)



AUG 06 2019

# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



**DARLENE GREEN** DATE 7/1/19  
Comptroller

212 City Hall  
St. Louis, MO.

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

Trip To: Memphis, TN Method of Travel: Car

Purpose: Harvard Cahn Fellows Reunion Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis <u>STL</u>	12.00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 5/9/2019
Arrive <u>MEM</u>	4.00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	6.00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 5/9/2019
Convention/Meeting Adjournment	10.00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Saturday, 5/11/2019
Leave <u>MEM</u>	10.00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Saturday, 5/11/2019
Arrive St. Louis <u>STL</u>	2.00 <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
	5/9	5/10	5/11						
Fare									0
Registration									0
Limo - To Airport									0
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel		236.33	236.33						472.66
Other:									0
									0
									0
									0
<b>TOTAL</b>	0	236.33	236.33	0	0	0	0	0	472.66
<b>REMARKS:</b>									
								Less Advance	
Hotel covered by Charles Cahn								Less Registration	
								Less Prepaid Fare	472.66
								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) \_\_\_\_\_ (Date) \_\_\_\_\_

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

