

TRAVEL REQUEST (Review Travel Regulations)



Date: 7/1/19

Name Tishaura O Jones Title Treasurer

Office Telephone: 314-622-3434

Dept./Section Perkins Dept. No. 343

Destination: City Charleston State SC

Purpose: Opportunity 2020

Convention/Meeting: Commencement Time 500  AM  PM Day/Date Monday, 6/17/19 Adjournment Time 900  AM  PM Day/Date Tuesday, 6/18/19  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 939  AM  PM Day/Date Monday, 6/17/19

Arrival Time: 259  AM  PM Day/Date \_\_\_\_\_

Departure Time: 755  AM  PM Day/Date Tuesday, 6/18/19

Arrival Time: 1146  AM  PM Day/Date \_\_\_\_\_

TRIP EXPENSES TO BE PAID BY:

a) City Funds \_\_\_\_\_ b) Special Funds \_\_\_\_\_

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

*Expenses covered by Travel Day & Treasurer Jones.*

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 \$ 378.00 Limousine \$ \_\_\_\_\_

Hotel @ 1 /Night \$ 169.00 Others \$ \_\_\_\_\_

\*Registration \$ \_\_\_\_\_ Total \$ 547.00

\*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 (Department Director) 7/1/19 (Date)

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

