BD-100 (Rev.10/15ML) APPROVED: APPROVED: Account No. Arrival Time: Departure Time: Arrival Time: Opportunity 2020 Departure Time: Convention/Meeting: Commencement Time _____ Destination: Name (Enclose a copy of Convention/Seminar/Meeting announcement with request). Dept./ Section TRAVEL REQUEST (Review Travel Regulations) Expenses covered by third way & Treasurer Jones. Tishaura O Jones a) City Funds City ___ Parking 939 1146 755 TRIP EXPENSES TO BE PAID BY: 259 PROPOSED ITINERARY (Department Director) (Division Head) PM AM ■ □ PM □ ■ PM PM AM Account Title b) Special Funds Day/Date ___ Monday, 6/17/19 Day/Date Day/Date Day/Date Tuesday, 6/18/19 PM (Date) Day/Date ____ Title APPROVED: APPROVED: Treasurer Advance payment approved: \$ *Food Hotel @ Airline Tickets Required (Prepaid Fare) Yes *Indicate below meals covered by Registration Fees: Air Coach Fare \$ Indicate One-Way/Mileage If Traveling By Auto Method of Travel: *Registration \$ Adjournment Time Breakfasts **ESTIMATE OF TRIP EXPENSES** /Night \$ State_ Dept. No. ■ Air (Federal Grants) (Comptroller) 900 343 □ Rail □ Bus 7/1/19 378.00 169.00 Office Telephone: 0.00 PM Others Lunches Total Limousine Day/Date ☐ Private Auto ☐ City Car 314-622-3434 Tuesday, 6/18/19 <u>Z</u> (Date) (Date) Dinners 547.00





REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES (Note the Travel Regulations on Reverse Side) DARLENE GREEN DATE 7/1/19

Comptroller DATE ////								212 City Hall St. Louis, MO.		
NameO. Jones	Phone 31	4-622-3434	Dept.	PArk	pui		No343			
Trip To: Charleston, SC	Phone 314-622-3434 Dept. Packing Method of Travel:									
Purpose: Opportunity 20	20					 Ву:				
					1000000	•	***************************************		Dete	
Leave St. Louis					Time Day/ 9 : 39 ■ AM Monday, 6/17/19			<u>Date</u>		
Arrive CHS					 2 :	——— □ PM 59 □ AM ——— ■ PM		,		
Convention/Meeting Commencement					5 . 00 □ AM Monday, 6/17/19 □ PM					
Convention/Meeting Adjournment					9.		Tuesday, 6/18/19			
Leave					7.	55 🗆 AM	Tuesday, 6/18/19			
Arrive St. Louis					11					
Enter Expenses in App	ropriate Da	te Column.	Indicate "A	" for Meals	Served by		" for Meals	Provided by	v Registration	
	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL	
Date 🖾	6/17	6/18								
Fare	378								378	
Registration										
Limo - To Airport		22.76							22.70	
Limo - From Airport	35.26	30.54							65.	
Breakfast		15.41							15.4	
Lunch		21.33							21.33	
Dinner	31.60								31.0	
Hotel	194.94								194.9	
Other:									(
Taxi		9.51							9.5	
									(
									(
TOTAL	639.8	99.55	0	0	0	0	0	0	739.3	
REMARKS:					Less Advance					
Hotel, meals, and transportation covered by Third Way and					Less Registration					
Treasurer Jones.					Less Prepaid Fare				739.35	
							Amo	ount Due	0.00	
						Cha	rge to Acc	ount No.		
I certify that the above accounting of my expe	is a true a nses.	nd accura	ate			ļ	APPROVE	D:		
(Signature)			(Da	ate) (De	puty Comptro	oller-Federal	Grants)		(Date)	
(Department Head)	1	*****	(Da	ate) (Co	mptroller)				(Date)	

COMP-34 (Rev. 10/15 ML)