

TRAVEL REQUEST (Review Travel Regulations)



Name Tishaura O. Jones Title Treasurer Date: 7/1/19 Office Telephone: 314-622-3434

Dept./ Section Backline Division Dept. No. 343

Destination: City Philadelphia State PA

Purpose: Netroots Nation - Speaking Engagement with Vote Run Lead

Convention/Meeting: Commencement Time 800 AM PM Day/Date Wednesday, 7/10/19 Adjournment Time 10 AM PM Day/Date Sunday, 7/14/19
 (Enclose a copy of Convention/Seminar/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 415 AM PM Day/Date Wednesday, 7/10/19
 Arrival Time: 730 AM PM Day/Date _____
 Departure Time: 735 AM PM Day/Date Saturday, 7/13/19
 Arrival Time: 1110 AM PM Day/Date _____

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 \$ 461.98 Limousine \$ _____
 Hotel @ 3 /Night \$ 477.00 Others \$ _____
 *Registration \$ _____ Total \$ 938.98
 *Food \$ _____

a) City Funds _____ b) Special Funds X

Account No. 545500 Account Title TRAVEL

Expenses covered by Vote Run lead

*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: Shirana D. Gunn (Department Director) 7/1/19 (Date) APPROVED: _____ (Comptroller) _____ (Date)



RECEIVED
AUG 07 2019



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

DARLENE GREEN DATE 7/17/19
Comptroller

212 City Hall
St. Louis, MO.

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

Trip To: Philadelphia, PA Method of Travel: Air

Purpose: Speaking Engagement - NetRoots Nation Prior Approval By: _____

	<u>Time</u>	<u>Day/Date</u>
Leave St. Louis	4:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, 7/10/19
Arrive <u>PHL</u>	7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	8:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 7/11/19
Convention/Meeting Adjournment	10:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, 7/14/19
Leave <u>PHL</u>	7:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, 7/13/19
Arrive St. Louis	11:10 <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
	7/10	7/11	7/12	7/13					
Fare				461.98					461.98
Registration									0
Limo - To Airport				33.20					33.2
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel				555.06					555.06
Other:									0
Taxi		17.37	18.36	18.88					54.61
									0
									0
TOTAL	0	17.37	18.36	1069.12	0	0	0	0	1104.85

REMARKS:	Less Advance	_____
Expenses paid for by Vote Run Lead and Treasurer Jones	Less Registration	_____
	Less Prepaid Fare	1,104.85
	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
(Department Head)

(Date) 7/17/19
(Date)

(Deputy Comptroller-Federal Grants)
(Comptroller)

(Date)
(Date)

