

**TRAVEL REQUEST (Review Travel Regulations)**



Date: 7/17/19

Name Tishaura O. Jones Title Treasurer Office Telephone: \_\_\_\_\_

Dept./ Section Parkings Div Dept. No. 343

Destination: Washington City Washington State DC

Purpose: Speaking Engagement - Black Campaign School

Convention/Meeting: Commencement Time 200  AM  PM Day/Date Thursday, 7/18/19 Adjournment Time 530  AM  PM Day/Date Saturday, 7/21/19  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time:	915	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Day/Date	Thursday, 7/18/19
Arrival Time:	1215	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	
Departure Time:	825	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day/Date	Friday, 7/19/19
Arrival Time:	940	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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 \$	747.96	Limousine \$	
Hotel @ <u>1</u> /Night \$	271.91	Others \$	
*Registration \$		Total \$	1,019.87
*Food \$			

\*Indicate below meals covered by Registration Fees:

Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_

Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

Advance payment approved: \$ \_\_\_\_\_

*Expenses partially covered by the Collective PPE*

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

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

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

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

APPROVED: *Tishaura O. Jones* (Department Director) 7/17/19 (Date)

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



RESOLVED  
AUG 07 2019



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)

**DARLENE GREEN** DATE 7/23/19  
Comptroller

212 City Hall  
St. Louis, MO.

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

Trip To: Washington, DC Method of Travel: Air

Purpose: Speaking Engagement - Black Campaign School Prior Approval By: \_\_\_\_\_

	Time	Day/Date
Leave St. Louis .....	9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 7/18/19
Arrive <u>DCA</u>	12:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 7/18/19
Convention/Meeting Adjournment	5:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, 7/21/19
Leave <u>DCA</u>	8:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Friday, 7/19/19
Arrive St. Louis .....	9:40 <input checked="" type="checkbox"/> AM <input 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
	7/18	7/19							
Fare		747.96							747.96
Registration									0
Limo - To Airport		22.08							22.08
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel		271.91							271.91
Other:									0
									0
									0
TOTAL	0	1041.95	0	0	0	0	0	0	1041.95

*22.08 Paid with Company CC*

REMARKS:	
Expenses partially paid for by the Collective PAC	Less Advance
	Less Registration
	Less Prepaid Fare
	Amount Due
	Charge to Account No.
	1,041.95
	0.00

I certify that the above is a true and accurate accounting of my expenses.

APPROVED:

(Signature) Tishaura O. Jones (Date) 7/23/19  
(Department Head)

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