

TRAVEL REQUEST (Review Travel Regulations)

Date: 8/7/19



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

Dept./Section PACKING Dept. No. 343

Destination: City Columbia State SC

Purpose: Speaking Engagement - Mayors Innovation Project

Convention/Meeting: Commencement Time 630 AM PM Day/Date Thursday, 8/1/19 Adjournment Time 300 AM PM Day/Date Saturday, 8/3/19
 (Enclose a copy of Convention/Seminar/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 1100 AM PM Day/Date Thursday, 8/1/19
 Arrival Time: 311 AM PM Day/Date _____
 Departure Time: 548 AM PM Day/Date Saturday, 8/3/19
 Arrival Time: 1047 AM PM Day/Date _____

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds X

Account No. 5645000 Account Title TRAVEL

Expenses covered by Univ. of WI 101 & Mayors Innovation Project

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 \$ 485.46 Limousine \$ _____
 Hotel @ _____/Night \$ _____ Others \$ _____
 *Registration \$ _____ Total \$ 485.46
 *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: Shirleana R. Ginn (Department Director) 8/7/19 (Date)

APPROVED: _____ (Comptroller) _____ (Date)



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE: 8/7/19
Comptroller

RECEIVED
SEP 26 2019

212 City Hall
St. Louis, MO.

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

Trip To: Columbia, SC Method of Travel: Air

Purpose: Speaking Engagement - Mayors Innovation Project Prior Approval By: _____

	<u>Time</u>		<u>Day/Date</u>
Leave St. Louis	11	00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 8/1/19
Arrive <u>CAE</u>	3	11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	6	30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 8/1/19
Convention/Meeting Adjournment	3	00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, 8/3/19
Leave <u>CAE</u>	5	48 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, 8/3/19
Arrive St. Louis	10	47 <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

	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL
Date	8/1	8/2	8/3							
Fare	485.46									485.46
Registration										0
Limo - To Airport										0
Limo - From Airport	19.70									19.7
Breakfast										0
Lunch										0
Dinner										0
Hotel			362.96							362.96
Other:										0
Meals		61	45.75							106.75
										0
										0
TOTAL	505.16	61	408.71	0	0	0	0	0	0	974.87

REMARKS:	Less Advance
Expenses covered by University of Wisconsin &	Less Registration
Mayors Innovation Project	Less Prepaid Fare 974.87
	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) 8/24/19
(Date)

(Deputy Comptroller-Federal Grants) _____ (Date)
(Comptroller) _____ (Date)