

TRAVEL REQUEST (Review Travel Regulations)

Date: 10/15/19

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

Dept./ Section Parkings Dept. No. 343

Destination: City San Francisco State CA

Purpose: Women Funded 2019

Convention/Meeting: Commencement Time 11:00 AM PM Day/Date Wednesday, 9/11/19 Adjournment Time 2:00 AM PM Day/Date Friday, 9/13/19
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time: 6:50 AM PM Day/Date Tuesday, 9/10/19

Arrival Time: 11:10 AM PM Day/Date _____

Departure Time: 4:05 AM PM Day/Date Friday, 9/13/19

Arrival Time: 12:30 AM PM Day/Date Saturday, 9/14/19

TRIP EXPENSES TO BE PAID BY:

a) City Funds _____ b) Special Funds _____

Account No. _____ Account Title _____

Travel paid for by the Women's Foundation of St. Louis

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 \$ 377.00 Limousine \$ _____

Hotel @ 3 /Night \$ 990.00 Others \$ _____

*Registration \$ 417.00 Total \$ 1,784.00

*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) _____ (Federal Grants) (Date)

APPROVED: Shikawa & Spinn (Department Director) (Date) 10/15/19 (Date)

