APPROVED: Ulliana li Jim 10/15/19 (Department Ejector) (Date)	APPROVED:(Division Head) (Date)		of At. Louis	Travel paid for by the Women's Foundation	Account No Account Title	a) City Funds b) Special Funds	TRIP EXPENSES TO BE PAID BY:	Arrival Time: 12:30	Departure Time: 4:05	Arrival Time: 11:10	Departure Time: 6:50	PROPOSED ITINERARY	Convention/Meeting: Commencement Time 11:00 AM Day/Date W (Enclose a copy of Convention/Seminar/Meeting announcement with request).	Purpose:Women Funded 2019	Destination: City San Francisco	Dept./Section Parking	Tishaura O. Jones NameT	
APPROVED: (Comptroller)	APPROVED:(Federal Grants)	Advance payment approved: \$	Airline Tickets Required (Prepaid Fare) Yes	Breakfasts Lunches	*Indicate below meals covered by Registration Fees:	*Food \$	*Registration \$417.00 Total	Hotel @/Night \$Others	Air Coach Fare \$ 377.00 Limousine \$	ESTIMATE OF TRIP EXPENSES	Indicate One-Way/Mileage If Traveling By Auto	Method of Travel: ☐ Air ☐ Rail ☐ Bus ☐ F	Wednesday, 9/11/19 Adjournment Time 2:00 ☐ AM ☐ Ay/Date		State CA	Dept. No. 343	TitleOffice Telephone:	
(Date)	(Date)		No_	sDinners	9.		\$1,784.00	₩	ine \$			☐ Private Auto ☐ City Car	Priday, 9/13/19				314-622-3434	



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES (Note the Travel Regulations on Reverse Side)

DATE ______ DARLENE GREEN

Comptroller

212 City Hall St. Louis, MO.

Name Tishaura O. Jones			Phone 31	14-622-343	4 Dept	Park	dai		No 34 =
Trip To: San Francisco, C			Phone 314-622-3434 Dept. Parking Method of Travel: Air					110	
Purpose: Women Funde	d 2019								
					<u>Tim</u>			Day/	
Leave St. Louis						50 □ AM ——— ■ PM	Tuesda	ay, 9/10/19	<u>Date</u>
Arrive SFO						10 □ AM	Brokers and property and	· · · · · · · · · · · · · · · · · · ·	
Convention/Meeting Cor					11:	19			
Convention/Meeting Adj		2:							
Leave SFO				•	4:				
Arrive St. Louis					12:		Saturd	ay, 9/14/19	
Enter Expenses in App	ropriate Da	te Column,	Indicate "A	\" for Meals	Served by		for Meals	Provided b	v Registration
	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL
Date 🕸	9/10/19	9/11/19	9/12/19	9/13/19					
Fare	377								377
Registration	417								417
Limo - To Airport									0
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel		330	330	330					990
Other:									0
									0
									0
			***************************************						0
TOTAL	794	330	330	330	0	0	0	0	1784
REMARKS:						<u> </u>	Less	Advance	
Travel paid for by the Wor									
							Less Pre	paid Fare	1,784.00
							Amo	ount Due	0.00
					***************************************	Char	ge to Acc	ount No.	
certify that the above counting of my expe	is a true ai nses.	nd accura	te			А	PPROVE	D:	
Signature)	<u> </u>		(Dat	te) (De	puty Comptro	oller-Federal (Grants)		(Date)
Department Head)	gruu		10/15/	(P) (Co.	mptroller)				
, ,			(Dai	, (00)	inpubliet)				(Date)