

**TRAVEL REQUEST (Review Travel Regulations)**

Date: 7/1/19

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

Dept./Section Packaging Div. Dept. No. 343

City New York State NY

Purpose: YEO Women's Conference - Speaking Engagement

Convention/Meeting: Commencement Time 6p  AM  PM Day/Date 1/31/19 Adjournment Time 3p  AM  PM Day/Date 2/3/19  
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: 835  AM  PM Day/Date Thursday, 1/31/2019 Method of Travel:  Air  Rail  Bus  Private Auto  City Car

Arrival Time: 1035  AM  PM Day/Date \_\_\_\_\_ Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_

Departure Time: 455  AM  PM Day/Date Sunday, 2/3/2019 **ESTIMATE OF TRIP EXPENSES**

Arrival Time: 750  AM  PM Day/Date \_\_\_\_\_ Air Coach Fare \$ 301.96 Limousine \$ \_\_\_\_\_

Hotel @ 3 /Night \$ 697.50 Others \$ \_\_\_\_\_

\*Registration \$ \_\_\_\_\_ Total \$ 999.46

\*Food \$ \_\_\_\_\_

*Travel, meals & accommodations paid for by People for the American Way.*

\*Indicate below meals covered by Registration Fees:  
3 Breakfasts 3 Lunches 3 Dinners  
 Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No X

Advance payment approved: \$ 0

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

APPROVED: Tishaura O. Jones (Department Director) 7/1/19 (Date) APPROVED: \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)



# REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN DATE: 7/1/2019  
Comptroller

212 City Hall  
St. Louis, MO.

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

Trip To: New York, NY Method of Travel: Air

Purpose: YEO Women's Conference - Speaking Engagement Prior Approval By:

	Time	Day/Date
Leave St. Louis STL	8:35 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 1/31/2019
Arrive LGA	10:35 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Convention/Meeting Commencement	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 1/31/2019
Convention/Meeting Adjournment	3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, 2/3/2019
Leave LGA	4:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, 2/3/2019
Arrive St. Louis STL	7:50 <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
	1/31	2/1	2/2	2/3					
Fare	301.96								301.96
Registration									0
Limo - To Airport				63.72					63.72
Limo - From Airport	29.82			28.53					58.35
Breakfast				706.65					706.65
Lunch									0
Dinner									0
Hotel				697.50					697.5
Other:									0
A/V				359.23					359.23
Taxi			13.07						13.07
									0
<b>TOTAL</b>	331.78	0	13.07	1855.63	0	0	0	0	2200.48

REMARKS:	Less Advance	
Air, travel and meals covered by People for the American Way	Less Registration	
Other expenses paid for by Treasurer Jones	Less Prepaid Fare	2,200.48
	Amount Due	0.00
	Charge to Account No.	

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

APPROVED:

(Signature) \_\_\_\_\_ (Date) 7/1/19 (Deputy Comptroller-Federal Grants) \_\_\_\_\_ (Date) \_\_\_\_\_  
 (Department Head) *Tishaura O. Jones* (Comptroller) \_\_\_\_\_ (Date) \_\_\_\_\_

