



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 <u>STL</u>	8 . 35 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 1/31/2019
Arrive <u>LGA</u>	10 . 35 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Convention/Meeting Commencement	6 . 00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 1/31/2019
Convention/Meeting Adjournment	3 . 00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, 2/3/2019
Leave <u>LGA</u>	4 . 55 <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, 2/3/2019
Arrive St. Louis <u>STL</u>	7 . 50 <input 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 ^{EXP}	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
AV				359.23					359.23
Taxi			13.07						13.07
									0
TOTAL	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) _____ (Comptroller) _____ (Date) _____



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

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RECEIVED
AUG 06 2019



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 Orleans, LA Method of Travel: Air

Purpose: Power Rising - Speaking Engagement Prior Approval By: _____

	Time	Day/Date
Leave St. Louis <u>STL</u>	2:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 2/21/2019
Arrive <u>MSY</u>	7:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Thursday, 2/21/2019
Convention/Meeting Adjournment	2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, 2/23/2019
Leave <u>MSY</u>	3:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday, 2/23/2019
Arrive St. Louis <u>STL</u>	5:40 <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
	2/21	2/22	2/23						
Fare	271.98								271.98
Registration									0
Limo - To Airport			34.53						34.53
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel			216.96						216.96
Other:									0
Taxi		10.40							10.4
									0
									0
TOTAL	271.98	10.4	251.49	0	0	0	0	0	533.87

REMARKS:	Less Advance
Air, travel and meals covered by Treasurer Jones	Less Registration
	Less Prepaid Fare
	Amount Due
	Charge to Account No.
	533.87
	0.00

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

APPROVED:

(Signature) Tishaura O. Jones (Date) 7/1/19
(Department Head) (Date)

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



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DARLENE GREEN DATE 7/1/19
Comptroller

212 City Hall
St. Louis, MO.

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

Trip To: Denver, CO Method of Travel: Air

Purpose: NewDEAL Ideas Summit Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	8:50 <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, 5/6/19
Arrive <u>DEN</u>	10:10 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Convention/Meeting Commencement	11:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, 5/6/19
Convention/Meeting Adjournment	2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Tuesday, 5/7/19
Leave <u>DEN</u>	7:20 <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday, 5/8/19
Arrive St. Louis	10:20 <input 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
	5/6	5/7	5/8						
Fare	209.95								209.95
Registration									0
Limo - To Airport			66						66
Limo - From Airport	32.83								32.83
Breakfast	12	12.50							24.5
Lunch	22.50	22.50							45
Dinner	47								47
Hotel	237.29	237.29							474.58
Other:									0
Taxi		9.85							9.85
Transportation	25.70								25.7
									0
TOTAL	587.27	282.14	66	0	0	0	0	0	935.41

REMARKS:	Less Advance	
Hotel, meals, and transportation covered by The New DEAL and	Less Registration	
Treasurer Jones.	Less Prepaid Fare	935.41
	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 (Date) 7/1/19
(Department Head) _____ (Comptroller) _____

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





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AUG 07 2019

REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

(Note the Travel Regulations on Reverse Side)



DARLENE GREEN
Comptroller

DATE 7/17/19

212 City Hall
St. Louis, MO.

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

Trip To: Philadelphia, PA Method of Travel: Air

Purpose: Speaking Engagement - NetRoots Nation Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	4:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Wednesday, 7/10/19
Arrive <u>PHL</u>	7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Convention/Meeting Commencement	8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 7/11/19
Convention/Meeting Adjournment	10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sunday, 7/14/19
Leave <u>PHL</u>	7:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Saturday, 7/13/19
Arrive St. Louis	11:10 <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
	7/10	7/11	7/12	7/13					
Fare				461.98					461.98
Registration									0
Limo - To Airport				33.20					33.2
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel				555.06					555.06
Other:									0
Taxi		17.37	18.36	18.88					54.61
									0
									0
TOTAL	0	17.37	18.36	1069.12	0	0	0	0	1104.85

REMARKS:	Less Advance	_____
Expenses paid for by Vote Run Lead and Treasurer Jones	Less Registration	_____
	Less Prepaid Fare	1,104.85
	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 (Date) 7/17/19
(Department Head) _____ (Date) _____

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





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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	<i>Paid with Company CC</i>						22.08
Limo - From Airport									0
Breakfast									0
Lunch									0
Dinner									0
Hotel		271.91							271.91
Other:									0
									0
									0
									0
TOTAL	0	1041.95	0	0	0	0	0	0	1041.95

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) _____



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
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AUG 07 2019



DARLENE GREEN DATE 8/6/19
Comptroller

212 City Hall
St. Louis, MO.

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

Trip To: Detroit Method of Travel: Air

Purpose: Speaking Engagement and Conference Prior Approval By: _____
Local Progress Annual Convening

	Time	Day/Date
Leave St. Louis	8:10 <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday, 7/24/19
Arrive DTW	10:40 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Convention/Meeting Commencement	3:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday, 7/24/19
Convention/Meeting Adjournment	6:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Saturday, 7/27/19
Leave DTW	4:10 <input type="checkbox"/> AM <input type="checkbox"/> PM	Saturday, 7/27/19
Arrive St. Louis	4:45 <input 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
	7/24	7/25	7/26	7/27					
Fare	297.96								297.96
Registration	60.00								60
Limo - To Airport				66.61	Paid with Company CC				66.61
Limo - From Airport	40.17	Paid with Company CC							40.17
Breakfast									0
Lunch									0
Dinner									0
Hotel				877.40					877.4
Other									0
									0
									0
									0
TOTAL	398.13	0	0	944.01	0	0	0	0	1342.14

REMARKS: Hotel and airfare partially covered by Center for Popular Democracy and Treasurer Jones	Less Advance	
	Less Registration	
	Less Prepaid Fare	1,342.14
	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 (Date) 8/7/19
(Department Head)

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



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES

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DARLENE GREEN
Comptroller

DATE 8/7/19

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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: _____

	Time	Day/Date
Leave St. Louis	11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Thursday, 8/1/19
Arrive CAE	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 CAE	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

Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL
	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 & Mayors Innovation Project	Less Registration	
	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

(Date) 8/21/19

(Deputy Comptroller-Federal Grants) _____
(Comptroller)

(Date) _____
(Date)