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

DARLENE GREEN
Comptroller

Name: Tishaura O. Jones
Phone: 314.366.3099
Dept: 
Parking: 
No: 343

Trip To: Los Angeles, CA
Method of Travel: Air

Purpose: Business - Cities for Financial Empowerment
Prior Approval By: 

Coalition Forum

Leave St. Louis ..................................................
Arrive Los Angeles .......................................... 
Convent/Meeting Commencement 
Convent/Meeting Adjournment 
Leave Los Angeles ...........................................
Arrive St. Louis ................................................

<table>
<thead>
<tr>
<th>Time</th>
<th>Day/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.45</td>
<td>Monday, April 30, 2018</td>
</tr>
<tr>
<td>7.50</td>
<td>Monday, April 30, 2018</td>
</tr>
<tr>
<td>12.00</td>
<td>Monday, April 30, 2018</td>
</tr>
<tr>
<td>4.00</td>
<td>Wednesday, May 2, 2018</td>
</tr>
<tr>
<td>12.15</td>
<td>Wednesday, May 2, 2018</td>
</tr>
<tr>
<td>6.00</td>
<td>Wednesday, May 2, 2018</td>
</tr>
</tbody>
</table>

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

<table>
<thead>
<tr>
<th>Date</th>
<th>Day/Date</th>
<th>Day/Date</th>
<th>Day/Date</th>
<th>Day/Date</th>
<th>Day/Date</th>
<th>Day/Date</th>
<th>Day/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30</td>
<td>311.96</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5/1</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
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<td>0</td>
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</tbody>
</table>

TOTAL: 311.96

REMARKS:
- No reimbursement requested.
- Less Advance
- Less Registration 311.96
- Less Prepaid Fare
- Amount Due 0.00
- Charge to Account No.

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

Signature: Tishaura O. Jones
(Date): 8-30-2018

APPROVED:

(Signature) (Comptroller) (Date)
TRAVEL REQUEST (Review Travel Regulations)

Name: Tishaura O. Joncs
Dept./Section: Parking
Destination: City: Los Angeles
Purpose: Business - Cities for Financial Empowerment Coalition Forum

Date: 8-30-2018
Office Telephone: 314.366.3099
Dept. No: 343
State: CA

Convention/Meeting: Commencement Time: 10:00 AM Day/Date: Mon, Apr 30, 2018 Adjournment Time: 4:00 PM Day/Date: Wed, May 2, 2018
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

<table>
<thead>
<tr>
<th>Departure Time</th>
<th>AM</th>
<th>PM</th>
<th>Day/Date</th>
<th>Mon, April 30, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Time</td>
<td></td>
<td></td>
<td>Day/Date</td>
<td>Mon, April 30, 2018</td>
</tr>
<tr>
<td>Departure Time</td>
<td></td>
<td></td>
<td>Day/Date</td>
<td>Wed, May 2, 2018</td>
</tr>
<tr>
<td>Arrival Time</td>
<td></td>
<td></td>
<td>Day/Date</td>
<td>Wed, May 2, 2018</td>
</tr>
</tbody>
</table>

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: TBD
- Limousine: 0
- Hotel: TBD/Night
- Others: 0
- Registration: TBD
- Food: TBD
- Total: 0.00

*Indicate below meals covered by Registration Fees:

- Breakfasts: TBD
- Lunches: TBD
- Dinners: TBD

Airline Tickets Required (Prepaid Fare): Yes  No

Advance payment approved: $

APPROVED: Tishaura O. Joncs
Division Head
8-30-2018

APPROVED: [Signature]
Department Director
8-30-2018

APPROVED: [Signature]
(Federal Grants)

APPROVED: [Signature]
(Comptroller)