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

DARLENE GREEN  
Comptroller  

DATE 8-14-2018  

212 City Hall  
St. Louis, MO.

Name  Tishaura O. Jones  
Phone  314.366.3099  

Dept.  Parking  
No.  343

Trip To:  Minneapolis, MN  
Purpose:  Business - 2018 Local Progress Convening  
Method of Travel:  Air

Prior Approval By:  

Time  
Day/Date  

Leave St. Louis .............................................  
Arrive  Minneapolis/St. Paul  
Convention/Meeting Commencement  
Convention/Meeting Adjournment  
Leave  Minneapolis/St. Paul  
Arrive St. Louis .............................................  

Wednesday, July 11, 2018  
Wednesday, July 11, 2018  
Saturday, July 14, 2018  
Saturday, July 14, 2018

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>Fare</th>
<th>Registration</th>
<th>Limo - To Airport</th>
<th>Limo - From Airport</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Hotel</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/11/2018</td>
<td>261.98</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>261.98</td>
</tr>
<tr>
<td>7/12/2018</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7/13/2018</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>7/14/2018</td>
<td>286.20</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>548.18</td>
</tr>
</tbody>
</table>

548.18

REMARKS:  
Host reimbursed flight and covered hotel.  
No reimbursement necessary.

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

(Signature)  
(Tishaura O. Jones)  
(Date)  
(8/14/18)

(Deputy Comptroller-Federal Grants)  
(Date)  

(Comptroller)  
(Date)  

COMP-34 (Rev. 10/15 ML)
**APPROVED: 1/6/18**

**APPROVED:**

**APPROVED:**

**APPROVED:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$179.00</td>
</tr>
<tr>
<td>Registration</td>
<td>$179.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$61.96</td>
</tr>
<tr>
<td>Air Coach Fare</td>
<td>$219.98</td>
</tr>
<tr>
<td>Limo Service</td>
<td>$19.96</td>
</tr>
<tr>
<td>Total</td>
<td>$540.00</td>
</tr>
</tbody>
</table>

**TRIP EXPENSES TO BE PAID BY:**

- **Account No.:** 542000
- **City Funds:** X
- **Special Funds:**

**TRAVEL ITINERARY**

- **Arrival Time:**
  - Day/Date: [ ]
  - AM/PM: [ ]

- **Departure Time:**
  - Day/Date: [ ]
  - AM/PM: [ ]

**Proposed Itinerary**

(Endorse a copy of confirmation/registration/meeting announcement with request.)

**Purpose:** Business - 2018 Local Progress Conference

**Destination:** Minneapolis

**Department:** 343

**Title:** Treasurer

**Office Telephone:** 343.622.3494

**Date:** 5-22-2018

**TRAVEL REQUEST**

**CONTRACT:**

- **Department:** Board of Education
- **Division:** [ ]

**APPROVED:**

**APPROVED:**

**APPROVED:**

**COMPLIANT WITH POLICY COMPLIANCE**

Costs, unable to reimburse expenses made out of

**TRAVEL:**

**Account No.:** 542000

**City Funds:** X

**Special Funds:**

**TRIP EXPENSES TO BE PAID BY:**

- **Account No.:** 542000
- **City Funds:** X
- **Special Funds:**

**TRAVEL ITINERARY**

- **Arrival Time:**
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  - AM/PM: [ ]

- **Departure Time:**
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