Commercial Card Statement

JPMorganChase

ACCOUNT NUMBER	BILLING DATE	DUE DATE	NEW BALANCE	ENTER PAYMENT AMOUNT
**** **** **** 3044	03/25/13	04/08/13	0.00	DO NOT PAY

PIMA COUNTY
JADE LIZBETH T SIA
130 W CONGRESS 11TH FL
BOS DISTRICT 4
TUCSON, AZ 85701-0000

Please make check payable to:

COMMERCIAL CARD SOLUTIONS
P.O. Box 4471
Carol Stream, IL 60197-4471

Please detach here and send top portion with payment.

ACCOUNT:**** **** **** 3044 BILLING DATE: 03/25/13 DUE DATE: 04/08/13 CREDIT LIMIT 5,000 AVAILABLE CREDIT 5,000

- ACCOUNT SUMMARY -

Previous Balance	(-) Payments, Credits	(+) Charges, Cash Debits	(+) Finance Charges	(+) Fees	(=) New Balance	Payment Due
0.00	0.00	2,413.26	0.00	0.00	0.00	DO NOT PAY

CURRENT CHARGES 0.00 + PAST DUE AMOUNT 0.00 - OUTSTANDING DISPUTES 0.00 = TOTAL 0.00

POST	TRAN	TRANSACTION DETAIL	CHARGES	CREDITS	NOTES
03/11	03/07	HILTON HOTELS WASHNGTN WASHINGTON DC REF NO: 24906043067040100090332 AUTH NO: 037534 CHECK IN DATE: NO SHOW: EXTRAS: 0.00 DAILY ROOM RATE 0.00; FOOD/BEVERAGE 0.00; MINI BAR 0.00; LAUNDRY 0.00; TELEPHONE 0.00 MOVIES 0.00; BUSINESS CENTER 0.00; HEALTH CLUB 0.00; PARKING/VALET 0.00; PREPAID 0.00 TOTAL NON ROOM 0.00; FOLIO CASH 0.00; CONCESSION; TOTAL TAXES 0.00; OTHER 0.00	1,573.26		
03/15	03/14	NATIONAL ASSC COUNTIES 202-3936226 DC REF NO: 24275393073900013000260 AUTH NO: 045820 CUSTOMER ID 4019; LOCAL TAX 0.00; INCL 2; NAT'L TAX 0.00; INCL 0; OTHER TAX 0.00 MERCHANT VAT/GST ID; CUSTOMER VAT/GST ID; MERCH ORDER#; SUMM COMM CD DISCOUNT 0.00; FREIGHT 0.00; DUTY 0.00; VAT REG#; ORDER DATE DESTINATION; CNTRY; SHIP FROM	420.00		
03/15	03/14	NATIONAL ASSC COUNTIES 202-3936226 DC REF NO: 24275393073900013000294 AUTH NO: 069772	420.00		

This is NOT a bill.
Your Company will submit payment for your account.

Payments or credits received after billing date above will appear on the next month's statements.

FOR INQUIRIES ABOUT YOUR ACCOUNT, PLEASE CALL 1-800-270-7760 OR WRITE US: COMMERCIAL CARD SOLUTIONS, PO BOX 57510, SALT LAKE CITY, UTAH 84157-0510.
Do not deduct any amount that is showing in dispute on your statement, this amount has already been deducted from the amount due.
Please see reverside for important information regarding certain types of charges or dispute charges.

Jade Lizbeth Sia

POST	TRAN	TRANSACTION DETAIL	CHARGES	CREDITS	NOTES
		CUSTOMER ID LOCAL TAX INCL NAT'L TAX INCL OTHER TAX 4019 0.00 2 0.00 0 0.00 MERCHANT VAT/GST ID CUSTOMER VAT/GST ID MERCH ORDER# SUMM COMM CD DISCOUNT FREIGHT DUTY VAT REG# ORDER DATE 0.00 0.00 0.00 DESTINATION CNTRY SHIP FROM			
		TOTAL ACTIVITY	2,413.26	0.00	

* * * * *

THE ABOVE LISTED TRANSACTIONS HAVE TRANSFERRED TO THIS ACCOUNT'S ASSOCIATED CENTRAL BILL ACCOUNT. THE NET BALANCE WAS 2,413.26

* * * * *

PLEASE NOTE THAT ANY FOREIGN PURCHASES AND/OR FOREIGN CASH DISBURSEMENT TRANSACTIONS MAY INCLUDE A 1% INTERNATIONAL TRANSACTION FEE.

D-4 3/25

Washington Hilton

1919 Connecticut Ave. NW • Washington, DC 20009
Phone (202) 483-3000 • Fax (202) 232-0438
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

WONG, JENNIFER

Room 4107/D2
Arrival Date 3/1/2013 8:48:00PM
Departure Date 3/7/2013

Adult/Child 2/0
Room Rate 229.00

RATE PLAN C-NACO

HH#
AL:
CAR:

Folio

HHONORS
HILTON WORLDWIDE

CONFIRMATION NUMBER : 3511038390

3/7/2013 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
3/1/2013	GUEST ROOM	GTSUMA	8928408	$229.00		
3/1/2013	ROOM TAX	GTSUMA	8928408	$33.21		
3/2/2013	GUEST ROOM	GTSUMA	8930524	$229.00		
3/2/2013	ROOM TAX	GTSUMA	8930524	$33.21		
3/3/2013	GUEST ROOM	IYEMANE	8932563	$229.00		
3/3/2013	ROOM TAX	IYEMANE	8932563	$33.21		
3/4/2013	GUEST ROOM	IYEMANE	8934771	$229.00		
3/4/2013	ROOM TAX	IYEMANE	8934771	$33.21		
3/5/2013	GUEST ROOM	IYEMANE	8937162	$229.00		
3/5/2013	ROOM TAX	IYEMANE	8937162	$33.21		
3/6/2013	GUEST ROOM	GTSUMA	8939387	$229.00		
3/6/2013	ROOM TAX	GTSUMA	8939387	$33.21		
	BALANCE					$1,573.26

EXPENSE REPORT SUMMARY

	03/01/13	03/02/13	03/03/13	03/04/13
ROOM & TAX	$262.21	$262.21	$262.21	$262.21
DAILY TOTAL	$262.21	$262.21	$262.21	$262.21

	03/05/13	03/06/13	STAY TOTAL
ROOM & TAX	$262.21	$262.21	$1,573.26
DAILY TOTAL	$262.21	$262.21	$1,573.26

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

DATE OF CHARGE

FOLIO NO./CHECK NO.

AUTHORIZATION 1539657 B

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

WALDORF ASTORIA
CONRAD
Hilton
DOUBLETREE
EMBASSY SUITES
Hilton Garden Inn
Hampton
HOMEWOOD SUITES
HOME2
Hilton Grand Vacations

NACo National Association of Counties
The Voice of America's Counties

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Shopping Cart | Receipt - Hotel

Thank you for your order.

Your Confirmation Number is **VTJEA7226D39.** You may Print this page for your records.

item	quantity	price	discount	tax	shipping	net-total
WIR Conference Registration Fee	1.00	420.00	$0.00	$0.00	$0.00	$420.00
Yes, I'd like a Tote Bag	1.00	0.00	$0.00	$0.00	$0.00	$0.00

Billing/Shipping Information

customer name: Wong Jennifer
phone:

billing name: AZPima County

shipping label: Ms. Jennifer Wong
Executive Assistant to
Supervisor Ray Carroll
Pima County
130 W. Congress St., 11th floor
Tucson, AZ 85701

billing label: Pima County
130 W. Congress Street, 6th Floor
County Administration Building
Tucson, AZ 85701-1332

Payment Information

payment amount: 420.00
payment method: VISA
cardholder's name: Jade Lizbeth T. Sia
credit card number: 47**********3044

net-total: $420.00
net-applied: $420.00
net-balance: $0.00

authorization code: 045820
reference number: VTJEA7226D39

Hotel Reservations | EXIT (no hotel registrations needed)

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National Association of Counties 25 Massachusetts Avenue, NW Washington, DC 20001 Phone: 202.393.6226

NACo National Association of Counties
The Voice of America's Counties

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Shopping Cart | Receipt - Hotel

Thank you for your order.

Your Confirmation Number is **VUHEA68E64D3.** You may Print this page for your records.

item	quantity	price	discount	tax	shipping	net-total
WIR Conference Registration Fee	1.00	420.00	$0.00	$0.00	$0.00	$420.00
Yes, I'd like a Tote Bag	1.00	0.00	$0.00	$0.00	$0.00	$0.00

Billing/Shipping Information

customer name: Carroll Raymond
phone: (520)724-8094

billing name: AZPima County

shipping label: Hon. Raymond Carroll
Supervisor
Pima County
130 W Congress St Fl 11
11Th Floor
Tucson, AZ 85701-1317

billing label: Pima County
130 W. Congress Street, 6th Floor
County Administration Building
Tucson, AZ 85701-1332

Payment Information

payment amount: 420.00
payment method: VISA
cardholder's name: Jade Lizbeth T. Sia
credit card number: 47**********3044

net-total: $420.00
net-applied: $420.00
net-balance: $0.00

authorization code: 069772
reference number: VUHEA68E64D3

Hotel Reservations | EXIT (no hotel registrations needed)

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National Association of Counties 25 Massachusetts Avenue, NW Washington, DC 20001 Phone: 202.393.6226

Attachment 2

TA #: 0322 2013

PIMA COUNTY TRAVEL AUTHORIZATION #1

1. NAME: Jennifer Wong
2. DEPARTMENT: Board of Supervisor - D4
3. PLANNED DEPARTURE DATE: May 22, 2013
4. PLANNED RETURN DATE: May 24, 2013
5. DESTINATION: Flagstaff, Arizona
6. PURPOSE OF TRAVEL: 2013 WIA NACo Conference

7. ESTIMATED EXPENDITURES:

ITEM	AMOUNT	VOUCHER
a. Transportation		
b. Lodging	$256.35	
c. Per Diem	$117.00	
d. Registration	$420.00	
e. Other		
f. Total	$793.35	

I, employee, am fully aware that advances made for this trip are to be repaid/closed for this trip within 15 days of the close of the trip, or a lien against my wages and salary may be institute.

8. Employee/Traveler Signature — Date 4/8/2013

9. Authorized Signer (Admin. Procedure 22-10) — Date 4/8/13

THE ORIGINAL OF THE FORM MUST BE FORWARDED TO THE FINANCE DEPARTMENT-ACCOUNTS PAYABLE SECTION

- SEE INSTRUCTIONS ON REVERSE SIDE -

INSTRUCTIONS FOR COMPLETION

1. Enter employee's name.
2. Enter employee's Department.
3. Enter planned departure date.
4. Enter planned return date.
5. Enter place of destination.
6. Describe purpose of travel.

7.a.-e. Enter estimated expenditure amounts by category.

7.f. Add 7.a. - 7.e. and enter result in 7.f.

8. Signature of employee/traveler and date.

9. Signature of Department Authorized Signer (Administrative Procedure 22-10). If the TRAVELER IS AN APPOINTED DEPARTMENT HEAD, OBTAIN SIGNATURE OF COUNTY ADMINISTRATOR, OR BOARD OF SUPERVISORS AS APPROPRIATE.

Attachment 2

TA #: 0321 2013

PIMA COUNTY TRAVEL AUTHORIZATION #1

1. NAME: Ray Carroll
2. DEPARTMENT: Board of Supervisor
3. PLANNED DEPARTURE DATE: May 22, 2013
4. PLANNED RETURN DATE: May 24, 2013
5. DESTINATION: Flagstaff, Arizona
6. PURPOSE OF TRAVEL: 2013 WIB NACo Conference

7. ESTIMATED EXPENDITURES:

ITEM	AMOUNT	VOUCHER
a. Transportation	$ 70 00	
b. Lodging	$ 256.35	
c. Per Diem	$ 117.00	
d. Registration	$ 420.00	
e. Other		
f. Total	$863 35	

I, employee, am fully aware that advances made for this trip are to be repaid/closed for this trip within 15 days of the close of the trip, or a lien against my wages and salary may be initiated.

8. [signature] 4/8/13
Employee/Traveler Signature Date

9. [signature] 3/22/13
Authorized Signer Date
(Admin. Procedure 22-10)

THE ORIGINAL OF THE FORM MUST BE FORWARDED TO THE FINANCE DEPARTMENT-ACCOUNTS PAYABLE SECTION

- SEE INSTRUCTIONS ON REVERSE SIDE -

INSTRUCTIONS FOR COMPLETION

1. Enter employee's name.
2. Enter employee's Department.
3. Enter planned departure date.
4. Enter planned return date.
5. Enter place of destination.
6. Describe purpose of travel.

7.a.-e. Enter estimated expenditure amounts by category.

7.f. Add 7.a. – 7.e. and enter result in 7.f.

8. Signature of employee/traveler and date.

9. Signature of Department Authorized Signer (Administrative Procedure 22-10). If the TRAVELER IS AN APPOINTED DEPARTMENT HEAD, OBTAIN SIGNATURE OF COUNTY ADMINISTRATOR, OR BOARD OF SUPERVISORS AS APPROPRIATE.

Attachment 2

TA #: 0501 2013

PIMA COUNTY TRAVEL AUTHORIZATION #1

1. NAME: Jennifer Wong
2. DEPARTMENT: Board of Supervisors - District 4
3. PLANNED DEPARTURE DATE: March 1, 2013
4. PLANNED RETURN DATE: March 7, 2013
5. DESTINATION: Washington, D.C.
6. PURPOSE OF TRAVEL: 2013 NACo Legislative Conference

7. ESTIMATED EXPENDITURES:

ITEM	AMOUNT	VOUCHER
a. Transportation	490.60	
b. Lodging	786.62	
c. Per Diem	273.00	
d. Registration	515.00	
e. Other		
f. Total	2,065.22	

I, employee, am fully aware that advances made for this trip are to be repaid/closed for this trip within 15 days of the close of the trip, or a lien against my wages and salary may be institute.

8. [signature] 2/4/2013
Employee/Traveler Signature Date

9. [signature] 2/4/2013
Authorized Signer Date
(Admin. Procedure 22-10)

THE ORIGINAL OF THE FORM MUST BE FORWARDED TO THE FINANCE DEPARTMENT-ACCOUNTS PAYABLE SECTION

- SEE INSTRUCTIONS ON REVERSE SIDE -

INSTRUCTIONS FOR COMPLETION

1. Enter employee's name.
2. Enter employee's Department.
3. Enter planned departure date.
4. Enter planned return date.
5. Enter place of destination.
6. Describe purpose of travel.

7.a.-e. Enter estimated expenditure amounts by category.

7.f. Add 7.a. - 7.e. and enter result in 7.f.

8. Signature of employee/traveler and date.
9. Signature of Department Authorized Signer (Administrative Procedure 22-10). If the TRAVELER IS AN APPOINTED DEPARTMENT HEAD, OBTAIN SIGNATURE OF COUNTY ADMINISTRATOR, OR BOARD OF SUPERVISORS AS APPROPRIATE.

Attachment 2

TA #: 0302 2013

PIMA COUNTY TRAVEL AUTHORIZATION #1

1. NAME: Paula Maxwell
2. DEPARTMENT: Board of Supervisors - District 4
3. PLANNED DEPARTURE DATE: March 1, 2013
4. PLANNED RETURN DATE: March 7, 2013
5. DESTINATION: Washington, D.C.
6. PURPOSE OF TRAVEL: 2013 NACo Legislative Conference

7. ESTIMATED EXPENDITURES:

ITEM	AMOUNT	VOUCHER
a. Transportation	490.60	
b. Lodging	786.62	
c. Per Diem	273.00	
d. Registration	515.00	
e. Other		
f. Total	2,065.22	

I, employee, am fully aware that advances made for this trip are to be repaid/closed for this trip within 15 days of the close of the trip, or a lien against my wages and salary may be institute.

8. [signature] 2/4/2013
Employee/Traveler Signature Date

9. [signature] 2/4/2013
Authorized Signer (Admin. Procedure 22-10) Date

THE ORIGINAL OF THE FORM MUST BE FORWARDED TO THE FINANCE DEPARTMENT-ACCOUNTS PAYABLE SECTION

- SEE INSTRUCTIONS ON REVERSE SIDE -

INSTRUCTIONS FOR COMPLETION

1. Enter employee's name.
2. Enter employee's Department.
3. Enter planned departure date.
4. Enter planned return date.
5. Enter place of destination.
6. Describe purpose of travel.

7.a.-e. Enter estimated expenditure amounts by category.

7.f. Add 7.a. - 7.e. and enter result in 7.f.

8. Signature of employee/traveler and date.

9. Signature of Department Authorized Signer (Administrative Procedure 22-10). If the TRAVELER IS AN APPOINTED DEPARTMENT HEAD, OBTAIN SIGNATURE OF COUNTY ADMINISTRATOR, OR BOARD OF SUPERVISORS AS APPROPRIATE.