

**CLAIM AGAINST PIMA COUNTY, ARIZONA
BY MEMBER OF THE BOARD OF SUPERVISORS**

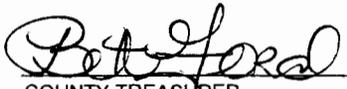
VOUCHER #

The following claim is presented in compliance with A.R.S. §11-626*

This form is to be used for reimbursement to a member of the Board of Supervisors for mileage, travel, petty cash expenditure or other authorized out-of-pocket expenditures incurred in the conduct of County business. Receipts must be attached when applicable.

(1) NAME: Sharon Bronson	(2) DELIVERY INSTRUCTIONS:
(3) DESCRIPTION/USE: Treo 2014 Executive Mission Washington, DC	

(4) INVOICE LINE AMOUNT	(5) INVOICE NUMBER	(6) INVOICE DATE	(7) FUND	(8) ACCOUNT NUMBER	(9) CENTER	(10) INVOICE GROSS
\$ 168.00	09152014-09182014	09/24/2014	1000	5141	0023	\$ 168.00

<p>(11) SUPERVISOR CERTIFICATION:</p> <p>I have examined this demand; expenditure is for a valid purpose and funds have been appropriated or are otherwise available for payment of this demand; and if the funds are from a grant, contract or other funding source, this demand is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby requested.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ SIGNATURE OF SUPERVISOR </div> <div style="text-align: center;"> 10-3-14 _____ DATE </div> </div>	<p>(12) APPROVALS:</p> <p>I have reviewed the expenses for this action and find them to be satisfactory for reimbursement</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ MEMBER BOARD OF SUPERVISORS </div> <div style="text-align: center;"> Oct. 6/2014 _____ DATE </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ COUNTY TREASURER </div> <div style="text-align: center;"> 10/7/14 _____ DATE </div> </div>
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A.R.S. §11-626, Claims by Supervisors: "A claim against the county presented by a member of the board of supervisors shall be verified as other claims, and shall bear the written approval of at least one member of the board other than the claimant, and of the county treasurer".

FOR FINANCE DEPARTMENT USE ONLY: AUDIT DATE _____ AUDITED BY _____ APPROVED BY _____ DUE DATE _____ VENDOR # _____

PIMA COUNTY
FINAL TRAVEL RECONCILIATION
(to be completed upon traveler's return)

Traveler's Name:	Sharon Bronson	Destination:	Washington D.C.
Vendor Number:		Purpose:	2014 TREO Executive Mission
Department Name:	Board of Supervisor - Chairwomen	Departure Date/Time:	September 15, 2014 5:00 am
		Return Date/Time:	September 18, 2014 500.pm

Travel Expenditures Itemized Per Day

Date	Registration	Transportation	Mileage Expense (Mileage x Rate)	Lodging	Per Diem	Other	Line Total
09/15/2014	1,500.00	421.20		0.00	39.00	25.00	1,985.20
09/16/2014					20.00		20.00
09/17/2014					20.00		20.00
09/18/2014					39.00	25.00	64.00
Total Allowable Expense:							\$2,089.20

Advances/Prepaid Expenses

Type Of Expense	Document Type	Document Number	Amount	Prepaid Payee	Line Total
Registration:	TREO Executive Mission		1,500.00	P-Card	1,500.00
Transportation:	American Airlines		421.20	P-Card	421.20
Lodging:					0.00
Per Diem:					0.00
Other:					0.00
Total Advances/Pre-Paid Expenses					\$1,921.20

Amount Due Employee: **\$168.00**

Travel Payment No.: _____ Date _____

Amount Due Pima County: _____

Cash Receipt No.: _____ Date _____

I hereby certify that the above travel was completed in the performance of official duties, that the information given above is true in all respects, and that no travel payment (TP) document has before been made for any part thereof, and that i am not indebted to Pima County in any manner.

Sharon Bronson
Traveler's Signature

10-3-14
Date

*Note: Receipts must be attached for Lodging, Transportation, and Miscellaneous expenses.

DEPT: BOS
FUND Unit: 1060-0023
OBJ: 5141

Time-Sensitive Materials - Reply before August 6th.

**TREO Executive Mission
Washington, DC**

Tuesday, September 16th - Wednesday, September 17th, 2012



REGISTRATION & RELEASE FORM; DUE AUGUST 6th

We cannot hold a space for you without a registration form.

The fee for the 2014 TREO Executive Mission is \$1500

This fee covers expenses including hotel accommodations,
TREO events and meeting materials.

Participants are responsible for their own round trip airfare.

Payments must be received by Wednesday, August 13th.



**YES, I accept this non-transferable invitation to attend the
TREO Executive Mission to Washington, DC.**

NOTE: Participants are responsible for their own round trip airfare. Participants are asked to arrive by 8:00am Tuesday, September 16th and depart after 5:00pm Wednesday, September 17th.



NO, I am unable to attend.

I understand that refunds will not be issued after August 13th. All refunds WILL BE subject to a \$500 administration fee. I understand that I may not designate a substitute for myself in the event that I am unable to attend.

I understand that accommodations will be reserved at a hotel in Washington, DC and that room charges (excluding personal incidentals), for the nights of September 15th, September 16th and September 17th are covered by the registration fee. Participants will be required to provide the hotel with a personal credit card at check in to cover any personal incidental charges.

I understand that I may be requested to provide my full legal name, date of birth, Social Security Number, citizenship status, country of birth and other personal information for security reasons to gain access to certain federal government buildings and to attend certain meetings. I understand that someone from the TREO office will contact me directly by phone to obtain this information. This information will be destroyed after it is provided to the government agency(ies) requesting this information.

EB Initial

Registration: Please complete all areas below

Name (as it appears on ID): Sharon Bronson

Address: 130 N. Congress, Floor 11

City: Tucson State: AZ ZIP: 85701

Business Phone: (520) 724-8051

Mobile Phone: (520) 465-5707

Dietary Restrictions (detail)

Upon completion of this registration form, you receive an invoice for the trip.

FORM OF PAYMENT (Trip Cost: \$1500):

Check (I understand that payment is due upon receipt of invoice.)

Credit card

Security

Number: _____ Exp: ✓ Code: _____

Name and/or billing address, if different from above:
Deborah Haro, 130 N. Congress, Floor 10, 85701

**TUCSON REGIONAL ECONOMIC OPPORTUNITIES, INC.
RELEASE AND WAIVER OF LIABILITY**

In consideration of my participation in the Tucson Regional Economic Opportunities, Inc (TREO) 2014 Executive Mission, I hereby release, discharge and hold harmless the TREO and its officers, directors, employees, members, subsidiaries, agents, successors, and assigns from any and all liability that may arise, directly or indirectly, now or in the future, by reason of any injury, damage, loss, or expense incurred in connection with my participation in TREO 2014 Executive Mission including that caused solely or in part by the fault (including but not limited to negligence, gross negligence and/or recklessness) of the above-named parties. This Release and Waiver of Liability shall be binding on my heirs, executors, administrators, successors, and assigns.

I HAVE READ AND UNDERSTOOD THIS REGISTRATION AND RELEASE FORM AND ENTER INTO IT IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE TREO 2012 LEADERSHIP EXCHANGE.

Signature: Sharon Bronson

Printed Name: Sharon Bronson Date: 08-04-14

RETURN COMPLETED FORM BY AUGUST 6th, 2014
FAX to 520-243-1910 or email scanned form to jarah.yassine@treoaz.org
Mail checks to: TREO, 120 North Stone Ave., Suite 200, Tucson AZ, 85701

Maura Kwiatkowski

From: American Airlines@aa.com <notify@aa.globalnotifications.com>
Sent: Monday, August 04, 2014 10:43 AM
To: Maura Kwiatkowski
Subject: AA eTDS Notification-ZLLYHM

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Issued: Aug 4, 2014

Deborah Haro,

Thank you for choosing American Airlines / American Eagle, a member of the oneworld® Alliance.

This receipt is for services purchased below.

If you reside in the U.S. and have any questions regarding your reservations, please contact American Airlines at 1-800-433-7300. If you reside outside the U.S., please visit Customer Service for the AA office nearest you.

For product terms and conditions, please visit www.aa.com/OptionalServices

If you have a customer service issue, please Contact AA.



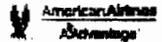
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Earn up to 40,000 bonus miles and a free checked bag. **Apply now »**


Up to 30% off plus up to 3,000 AAdvantage® bonus miles. **Start now »**

Record Locator **ZLLYHM**



Receipt

Passenger	Document #	Description	Amount	Tax	Total
M Charle Huckelberry	0010654045665	PREFERRED SEATS/TUS-DFW	22.28 USD	1.67	23.95 USD
M Charle Huckelberry	0010654045665	PREFERRED SEATS/DFW-DCA	44.55 USD	3.34	47.89 USD
M Charle Huckelberry	0010654045665	PREFERRED SEATS/DCA-DFW	35.25 USD	2.64	37.89 USD
M Charle Huckelberry	0010654045665	PREFERRED SEATS/DFW-TUS	17.63 USD	1.32	18.95 USD
X M Sharon Bronson	0010654045666	PREFERRED SEATS/TUS-DFW	22.28 USD	1.67	23.95 USD
X M Sharon Bronson	0010654045666	PREFERRED SEATS/DFW-DCA	44.55 USD	3.34	47.89 USD
X M Sharon Bronson	0010654045666	PREFERRED SEATS/DCA-DFW	35.25 USD	2.64	37.89 USD
X M Sharon Bronson	0010654045666	PREFERRED SEATS/DFW-TUS	17.63 USD	1.32	18.95 USD

En Visa XXXXXXXXXXXXX1623	\$ 257.36
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128.68 X 2 =



Conditions of Carriage Special Assistance Flight Check-in Flight
 Status Notification

NRID: I6652523548231572882616

GUEST FOLIO

Washington Marriott at Metro Center • 775 12th Street NW Washington D.C., 20005 • 202.737.2200 • Marriott.com/WASMC



807	BRONSON/SHARON	369.00	09/18/14	12:00	4410	16306
Room	Name	Rate	Depart	Time	ACCT#	GROUP
GD	TREO		09/15/14	18:34		
Type			Arrive	Time		
55						

RWD#:

Room Clerk	Address	Payment			
DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE	

SETTLED TO: AMERICAN EXPRESS

\$.00

TO EXPEDITE YOUR CHECK-OUT PLEASE USE OUR VOICE MAIL CHECK-OUT SERVICE AT EXTENSION 6565. THANK YOU FOR STAYING AT THE METRO CENTER MARRIOTT.

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK! SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

To secure your next stay, go to marriott.com

Record
Locator

ZLLYHM



Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
 American	1584	TUCSON MON 15SEP 8:50 AM	DALLAS FT WORTH 1:00 PM	Q
	Charle Huckelberry Seat 14B	Economy		Food For Purchase
	Sharon Bronson Seat 14D	Economy		Food For Purchase
 American	2237	DALLAS FT WORTH MON 15SEP 2:25 PM	WASHINGTON REAGAN 6:15 PM	Q
	Charle Huckelberry Seat 17C	Economy		Food For Purchase
	Sharon Bronson Seat 17D	Economy		Food For Purchase
 American	1267	WASHINGTON REAGAN THU 18SEP 11:00 AM	DALLAS FT WORTH 1:15 PM	Q
	Charle Huckelberry Seat 17C	Economy		Food For Purchase
	Sharon Bronson Seat 17D	Economy		Food For Purchase
 American	1009	DALLAS FT WORTH THU 18SEP 2:50 PM	TUCSON 3:05 PM	Q
	Charle Huckelberry Seat 15B	Economy		Food For Purchase
	Sharon Bronson Seat 15D	Economy		Food For Purchase

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
Charle Huckelberry	0012391950437	349.76	71.44	421.20
Sharon Bronson	0012391950438	349.76	71.44	421.20
Visa XXXXXXXXXXXXX1623				\$ 842.40

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -TUSDCA-No free checked bags/ American Airlines BAG ALLOWANCE -DCATUS-No free checked bags/ American Airlines 1STCHECKED BAG FEE-TUSDCA-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-DCATUS-USD25.00/ American Airlines

PASSENGER AND BAGGAGE CHECK IN

ISSUED BY **American Airlines**

PASSENGER RECEIPT 1

DATE OF ISSUE **18SEP14** ISSUING OFFICE CODE **09101105**
ISS. AGENT ID **DCA CS3** PLACE OF ISSUE **/AA.COM**

NAME OF PASSENGER (NOT TRANSFERABLE) **BRONSON / SHARON**
FROM ****NOT VALID FOR**** CARR. FLIGHT CLASS DATE TIME
TO ****TRANSPORTATION*** REVALIDATION
ENDORSEMENTS/RESTRICTIONS **PSGR TICKET 0012391950438**

DCADFW-AA DFWTUS-AA
01 UPT050LB 23KG AND62LI 158LCM 25.00

USD 25.00 FP AXXXXXXXXXXXX3004 164590
NA
NA
NA
USD 25.00

PNR CODE _____ PNR CODE _____
ZLHYM/

0 001 0273125664 4

4 American Airlines
REFUNDABLE ONLY WITH
US RELATED FLIGHT CPN
RETAIN THIS RECEIPT
6 THROUGHOUT YOUR
JOURNEY
FOR CONDITIONS OF
CONTRACT SEE TIME
PASSENGER TICKET AND
BAGGAGE CHECK
NOT VALID FOR TRAVEL

*** PASSENGER TICKET AND BAGGAGE CHECK ***
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY **American Airlines**

PASSENGER RECEIPT 1

DATE OF ISSUE **15SEP14** ISSUING OFFICE CODE **03102105**
ISS. AGENT ID **TUS 42N** PLACE OF ISSUE **/TUCSON**

NAME OF PASSENGER (NOT TRANSFERABLE) **BRONSON / SHARON**
FROM ****NOT VALID FOR**** CARR. FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
TO ****TRANSPORTATION*** REVALIDATION
ENDORSEMENTS/RESTRICTIONS **PSGR TICKET 0012391950438**

ISDFW-AA DFWDCA-AA
ORIGINAL ISSUE
1 UPT050LB 23KG AND62LI 158LCM
FARE CALCULATION

ISSUED IN EXCHANGE FOR 25.00

PNR CODE _____ PNR CODE _____
ZLHYM/
CONL. TKT. NO.

FARE 25.00
TAX/FEE/CHARGE NA
TAX/FEE/CHARGE NA
TAX/FEE/CHARGE NA
TOTAL 25.00
EQUIV. FARE PAID
FORM OF PAYMENT **FP AXXXXXXXXXXXX3004 508924**
PCS CK. WT. UNCK. WT. SEQ. NO. ALLOW PCS CK. WT. UNCK. WT.
STOCK CONTROL NUMBER TX COUPON AIRLINE FORM SERIAL NO. CK
00119536250252 0 001 0273010440 0

5 American Airlines
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JOURNEY

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AA 1584/15 DFW

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4001578517



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