Commercial Card Statement

J.P.Morgan

ACCOUNT NUMBER	BILLING DATE	DUE DATE	NEW BALANCE	ENTER PAYMENT AMT
XXXX XXXX XXXX 9764	01/30/15	02/13/15	0.00	DO NOT PAY

115024 CLC 001 020 3015 - NNNNNNNNNNNN
PAULA S MAXWELL
PIMA COUNTY
130 W CONGRESS 11TH FL
BOS DISTRICT 4
TUCSON AZ 85701-1317

30510400202011502401

ACCOUNT NO. XXXX XXXX XXXX 9764 BILLING DATE: 01/30/15 DUE DATE: 02/13/15 CREDIT LIMIT: 5,000.00

- ACCOUNT SUMMARY -

Previous Balance	(-) Payments, Credits	(+) Charges, Cash Debits	(+) Finance Charges	(+) Fees	(=) New Balance	Payment Due
0.00	0.00	86.83	0.00	0.00	0.00	DO NOT PAY

CURRENT TRANSACTIONS (- OUTSTANDING DISPUTES) 0.00 + PAST DUE AMOUNT 0.00 = TOTAL 0.00

POST	TRAN	TRANSACTION DETAIL	CHARGES	CREDITS	NOTES
01/26	01/22	COMFORT INN PHOENIX AZ REF NO: 24692165024000318359102 AUTH NO: 012283 CHECK IN DATE: 01/21/15 NO SHOW: 0 EXTRAS: 000000 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 CLUBS 0.00 PARKING / VALET 0.00 PREPAID EXPENSES 0.00 NON-ROOM CHARGES 0.00 FOLIO CASH 0.00 CONCESSION 0.00 TOTAL TAXES 0.00 OTHER 0.00 CUSTOMER ID 00000000000000000 LOCAL TAX 0.00 INCL 2 NAT'L TAX 0.00 INCL 0 OTHER TAX 0.00 MERCHANT VAT/GST ID 481276450 CUSTOMER VAT/GST ID SUMM COMM CD DISCOUNT 0.00 FREIGHT 0.00 DUTY 0.00 VAT REG # ORDER DATE 00/00/00 DESTINATION CNTRY SHIP FROM	86.83		
		TOTAL ACTIVITY	86.83	0.00	

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

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

FOR INQUIRIES ABOUT YOUR ACCOUNT, PLEASE CALL 1-800-270-7760 OR WRITE US:
COMMERCIAL CARD SOLUTIONS, PO BOX 2030, ELGIN, IL 60121-2030.
FOR TTY/TDD Service CALL: 1-800-955-8060
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 reverse side for important information regarding certain types of charges or disputed charges.

P Maxwell
2/3/15
2/17/2015

BY CHOICE HOTELS

Comfort Inn West (AZ053)

1344 N. 27th Ave.
Phoenix, AZ 85009
(602) 415-1623
GM.AZ053@choicehotels.com

Account: 377837257
Date: 2/3/15
Room: 300 SGM
Arrival Date: 1/21/15
Departure Date: 1/22/15
Check In Time: 1/21/15 3:38 PM
Check Out Time: 1/22/15 8:55 AM
Rewards Program ID:
You were checked out byAA: jgutie
You were checked in by: dradad
Total Balance Due: 0.00

CARROLL, RAY
1111
Tucson, AZ 85701

Post Date	Description	Comment	Amount
1/21/15	Room Charge	#300 CARROLL, RAY	75.99
1/21/15	Occupancy Tax		0.76
1/21/15	City / County Tax		3.80
1/21/15	State Tax		6.28
1/22/15	Visa Payment		(86.83)
		XXXXXXXXXXXX9764	

Folio Summary 1/21/15 - 1/22/15

Room Charge	75.99
State Tax	6.28
City / County Tax	3.80
Occupancy Tax	0.76
Visa Payment	(86.83)
Balance Due:	**0.00**

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

x_____

CHOICEprivileges

You could be earning free nights and other great rewards. Join Choice Privileges today, at www.choiceprivileges.com.

Thank you for your stay. Visit ChoiceHotels.com/VerifiedReviews to post your comments about your recent experience (Click the 'Write a Review' button)

CSA · PK

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

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.

NAME:	DELIVERY INSTRUCTIONS:
Ray Carroll	Call 724-8094 for pick up. Thank you!
DESCRIPTION/USE:	

INVOICE LINE AMOUNT	INVOICE NUMBER	INVOICE DATE	DEPARTMENT	UNIT	OBJECT CODE	INVOICE GROSS
39.00	01/22/2015	01/22/2015	BOS - District 4	0024		39.00

SUPERVISOR CERTIFICATION

I have examined this claim; expenditure is for a valid purpose and funds have been appropriated or are otherwise available for payment of this claim; and if the funds are from a grant, contract, or other funding source, this claim is allowable under the terms of such grant, contract, or source; and payment of the amount claimed is hereby requested.

Ray Carroll — SIGNATURE OF SUPERVISOR — 2/9/15 DATE

APPROVALS

I have reviewed the expenses for this action and find them to be satisfactory for reimbursement.

MEMBER, BOARD OF SUPERVISORS — 2/10/15 DATE

COUNTY TREASURER — 2/10/15 DATE

*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."

Revised: 10-29-14