

**PIMA COUNTY  
FINAL TRAVEL RECONCILIATION**

(to be completed upon traveler's return)

|                  |                                  |                      |                          |
|------------------|----------------------------------|----------------------|--------------------------|
| Traveler's Name: | Ray Carroll                      | Destination:         | Flagstaff, Arizona       |
| Vendor Number:   | 03212013                         | Purpose:             | 2013 WIR NACO Conference |
| Department Name: | Board of Supervisor - District 4 | Departure Date/Time: | May 22, 2013 / 6:30 am   |
|                  |                                  | Return Date/Time:    | May 24, 2013 / 4:30 am   |

| Travel Expenditures Itemized Per Day |              |                |                                     |         |          |       |            |
|--------------------------------------|--------------|----------------|-------------------------------------|---------|----------|-------|------------|
| Date                                 | Registration | Transportation | Mileage Expense<br>(Mileage x Rate) | Lodging | Per Diem | Other | Line Total |
| 5/22/2013                            | 420.00       | 30.00          |                                     | 113.69  | 39.00    |       | 602.69     |
| 5/23/2013                            |              |                |                                     | 113.69  | 39.00    |       | 152.69     |
| 5/24/2013                            |              |                |                                     |         | 39.00    |       | 39.00      |
|                                      |              |                |                                     |         |          |       | 0.00       |
| Total Allowable Expense:             |              |                |                                     |         |          |       | \$794.38   |

| Advances/Prepaid Expenses        |               |                 |        |               |            |
|----------------------------------|---------------|-----------------|--------|---------------|------------|
| Type Of Expense                  | Document Type | Document Number | Amount | Prepaid Payee | Line Total |
| Registration:                    |               |                 | 420.00 | PCard         | 420.00     |
| Transportation:                  |               |                 |        |               | 0.00       |
| Lodging:                         |               |                 | 227.38 | PCard         | 227.38     |
| Per Diem:                        |               |                 |        |               | 0.00       |
| Other:                           |               |                 |        |               | 0.00       |
| Total Advances/Pre-Paid Expenses |               |                 |        |               | \$647.38   |

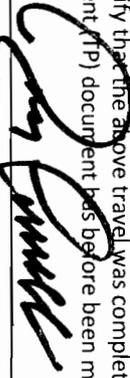
Amount Due Employee: **\$147.00**

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 (TRP) document has been made for any part thereof, and that I am not indebted to Pima County in any manner.

Traveler's Signature:  Date: 6/18/13

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

Attachment 1

**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: Ray Carroll (2) DELIVERY INSTRUCTIONS: call Jade SQA 520 724-8094

(3) DESCRIPTION/USE: 2015 WIR NACo Conference

| (4) INVOICE LINE AMOUNT | (5) INVOICE NUMBER | (6) INVOICE DATE | (7) FUND | (8) ACCOUNT NUMBER | (9) CENTER | (10) INVOICE GROSS |
|-------------------------|--------------------|------------------|----------|--------------------|------------|--------------------|
| \$ 147 00               | 05212015           | 6-17-2015        | 1000     | 5140               | 0024       | \$ 147 00          |
|                         |                    |                  |          |                    |            |                    |
|                         |                    |                  |          |                    |            |                    |

(11) SUPERVISOR CERTIFICATION:

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.

*Ray Carroll*  
SIGNATURE OF SUPERVISOR

6/18/13  
DATE

(12) APPROVALS:

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

*Bob Stord*  
MEMBER BOARD OF SUPERVISORS

*Ray Carroll*  
COUNTY TREASURER

6/19/13  
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."

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



**My Information**

**Upcoming Events**

**Open Invoices**

**Workshop Recordings**

**Submit a Job Listing**

**Shopping Cart | Receipt - Hotel**

**Thank you for your order.**

Your Confirmation Number is **VUHEA68E64D3**. You may [Print](#) this page for your records.

**NACo Online Community**

- **My Groups**
- **Events Calendar**
- **Resources**
- **My Discussions**
- **My Contacts**

| 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    |

**Logout**

**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 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 \(no hotel registrations needed\)](#)



Ray Carroll  
United States

Room No. : 302  
Arrival : 05-22-13  
Departure : 05-24-13  
Page No. : 1 of 1  
Folio No. :  
Conf. No. : 1975602  
Cashier No. : 15

**INFORMATION INVOICE**

Membership No. :  
A/R Number :  
Group Code : 130522CNAC  
Company Name : National Association of Counties

05-24-13 03:11:54 AM EST

| Date           | Text             | Charges       | Credits       |
|----------------|------------------|---------------|---------------|
| 05-22-13       | Room             | 102.00        |               |
| 05-22-13       | State Tax 7.737% | 7.89          |               |
| 05-22-13       | City Tax 3.721%  | 3.80          |               |
| 05-23-13       | Room             | 102.00        |               |
| 05-23-13       | State Tax 7.737% | 7.89          |               |
| 05-23-13       | City Tax 3.721%  | 3.80          |               |
| <b>Total</b>   |                  | <b>227.38</b> | <b>0.00</b>   |
| <b>Balance</b> |                  |               | <b>227.38</b> |

**Thank You For Staying With Us**

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature \_\_\_\_\_

WELCOME TO YH  
 WHITEHILLS CHEVRON  
 320 CASTLE LN  
 CAMP VERDE AZ 86327  
 928-554-0731

DATE 05/25/13 09  
 PUMP # 05  
 SERVICE LEVEL: SE  
 PRODUCT: REGUNL  
 GALLONS: 7.9  
 PRICE/G: \$ 3.75  
 FUEL SALE \$ 30.00  
 Payment from Primary  
 XXXXXXXX XXXXXX3

Stn# 0058748  
 Debit  
 Inv# D036170  
 Auth# 533706

Learn how to  
 EARN REWARDS  
 with a Chevron  
 or Texaco  
 Credit Card  
 See application  
 for details

SAFEMAY  
 Acct/Card #:  
 XXXXXXXX2290  
 Stan: 0124193956  
 Rwd ID: 45643883  
 Your Rewards Amount  
 is \$0.10/gallon

THANK YOU  
 HAVE A GREAT DAY!  
 FUEL USE TAX RATE  
 .26 CENTS PER GALLON

Attachment 2

TA #: 03212013

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 WIR NACo Conference

7. ESTIMATED EXPENDITURES:

| ITEM              | AMOUNT    | VOUCHER |
|-------------------|-----------|---------|
| a. Transportation | \$ 10.00  | _____   |
| 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 instituted.

- 8. [Signature] 4/2/13  
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.