

Commercial Card Statement



ACCOUNT NUMBER	BILLING DATE	DUE DATE	NEW BALANCE	ENTER PAYMENT AMOUNT
**** * 9764	07/25/13	08/08/13	0.00	DO NOT PAY

PIMA COUNTY
 PAULA S MAXWELL
 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: **** * 9764 BILLING DATE: 07/25/13 DUE DATE: 08/08/13 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	1,223.70	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
07/25	07/24	RENAISSANCE 9671X WORTH FT. WORTH TX REF NO: 24610433205004067115741 AUTH NO: 094582 CHECK IN DATE: NO SHOW: EXTRAS: 0.00 DAILY ROOM RATE FOOD/BEVERAGE MINI BAR LAUNDRY TELEPHONE 0.00 0.00 0.00 0.00 0.00 MOVIES BUSINESS CENTER HEALTH CLUB PARKING/VALET PREPAID 0.00 0.00 0.00 0.00 0.00 TOTAL NON ROOM FOLIO CASH CONCESSION TOTAL TAXES OTHER 0.00 0.00 0.00 0.00 0.00 CUSTOMER ID LOCAL TAX INCL NAT'L TAX INCL OTHER TAX 0.00 0 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	1,223.70		
TOTAL ACTIVITY			1,223.70	0.00	

THE ABOVE LISTED TRANSACTIONS HAVE TRANSFERRED TO THIS ACCOUNT'S ASSOCIATED CENTRAL BILL ACCOUNT. THE NET BALANCE WAS 1,223.70

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

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 reverse side for important information regarding certain types of charges or dispute charges.

Paula S Maxwell

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RENAISSANCE[®]
HOTELS

RENAISSANCE WORTHINGTON HOTEL

GUEST FOLIO

916 ZZ/CARROLL/RAYMOND 179.00 07/22/13 13:22 7756 15163
 ROOM NAME RATE DEPART TIME ACCT# GROUP
 CD PIMA COUNTY 64 07/16/13 18:35
 TYPE ARRIVE TIME
 17 1
 ROOM VSXXXXXXXXXXXX9764
 CLERK TUCSON AZ 85701 PAYMENT RWD#:
 ADDRESS

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
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07/16	ROOM GR	916, 1	179.00	
07/16	STATETAX	916, 1	24.95	
07/17	ROOM GR	916, 1	179.00	
07/17	STATETAX	916, 1	24.95	
07/18	ROOM GR	916, 1	179.00	
07/18	STATETAX	916, 1	24.95	
07/19	ROOM GR	916, 1	179.00	
07/19	STATETAX	916, 1	24.95	
07/20	ROOM GR	916, 1	179.00	
07/20	STATETAX	916, 1	24.95	
07/21	ROOM GR	916, 1	179.00	
07/21	STATETAX	916, 1	24.95	
07/22	CASH OSTAT		.00	
07/23	CCARD-VS		1223.70	

*add state tax
149.70*

PAYMENT RECEIVED BY: VISA

XXXXXXXXXXXX9764

.00

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

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RENAISSANCE[®]
HOTELS

RENAISSANCE WORTHINGTON HOTEL
 200 MAIN STREET
 FORT WORTH, TX 76102

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 check-out, you will owe us interest from the check-out 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 _____

Attachment 2

TA #: 06/9/2013

PIMA COUNTY TRAVEL AUTHORIZATION #1

1. NAME: Ray Carroll 2. DEPARTMENT: Board of Supervisor - District 4
 3. PLANNED DEPARTURE DATE: July 16, 2013 4. PLANNED RETURN DATE: July 22, 2013
 5. DESTINATION: Fort Worth, Texas
 6. PURPOSE OF TRAVEL: 2013 County Solutions and Idea Market place NACo Conference & Meeting Dallas County Supervisors.

7. ESTIMATED EXPENDITURES:

ITEM	AMOUNT	VOUCHER
a. Transportation	\$ 130.00	_____
b. Lodging	\$ 1,200.00	_____
c. Per Diem	\$ 156.00	_____
d. Registration	\$ 490.00	_____
e. Other		_____
f. Total	\$ 1,976.00	_____

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] 6/12/2013
 Employee/Traveler Signature Date

9. [Signature] 6/12/2013
 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

- Enter employee's name.
- Enter employee's Department.
- Enter planned departure date.
- Enter planned return date.
- Enter place of destination.
- Describe purpose of travel.
- a.-e. Enter estimated expenditure amounts by category.
- f. Add 7.a. - 7.e. and enter result in 7.f.
- Signature of employee/traveler and date.
- 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.