

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 FOOD / BEVERAGE MINI BAR LAUNDRY TELEPHONE 0.00 0.00 0.00 0.00 0.00 MOVIES BUSINESS CENTER HEALTH CLUBS PARKING / VALET PREPAID EXPENSES 0.00 0.00 0.00 0.00 0.00 NON-ROOM CHARGES 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 000000000000000000 0.00 2 0.00 0 0.00 MERCHANT VAT/GST ID CUSTOMER VAT/GST ID SUHIM COMM CO 481276450 DISCOUNT FREIGHT DUTY VAT REG # ORDER DATE 0.00 0.00 0.00 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.

Paula S Maxwell
 2/3/15
John W
 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)

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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: Ray Carroll
DELIVERY INSTRUCTIONS: 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.

SIGNATURE OF SUPERVISOR: *Ray Carroll* DATE: 2/9/15

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

MEMBER, BOARD OF SUPERVISORS: *[Signature]* DATE: 2/10/15
COUNTY TREASURER: *[Signature]* DATE: 2/10/15

*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."