

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

| | | | |
|------------------|----------------|----------------------|----------------------------------------------------|
| Traveler's Name: | Deborah Miller | Destination: | Ajo, AZ |
| Vendor Number: | 121746 | Purpose: | Meetings |
| Department Name: | BOS Dist 3 | Departure Date/Time: | Feb 7th - 8:00 a.m. MAR 6 - 8:45 |
| | | Return Date/Time: | Feb 8th - 4:30 p.m. MAR 7 3:45 |

3/4/14
3/12/14

| Travel Expenditures Itemized Per Day | | | | | | | |
|--------------------------------------|--------------|----------------|-------------------------------------|---------|----------|-------|-------------------|
| Date | Registration | Transportation | Mileage Expense (Mileage x Rate) | Lodging | Per Diem | Other | Line Total |
| 2/7/13 | | | 71.20 | 67.83 | 31.00 | | 170.03 |
| 2/8/13 | | | 6.41 | | 20.00 | | 81.41 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |

Total Allowable Expense: ~~251.44~~ **251.44**

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

Travel Payment No.: _____ Date _____ Amount Due Employee: ~~\$251.44~~ **251.44**

Cash Receipt No.: _____ Date _____ Amount Due Pima County: _____

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.

Deborah G Miller
 Traveler's Signature

3/11/14
 Date

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

ROOM 304 NAME Deb Miller

ADDRESS _____

CITY _____ STATE _____ ZIP _____

REPRESENTING _____

SIGNATURE _____

CAR LIC. NO. _____ STATE _____

MAKE OF CAR _____ NO. IN PARTY _____

NOTICE TO OUR GUESTS: - This property is privately owned and management reserves the right to refuse service to anyone, and will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind.



LA SIESTA MOTEL & RV RESORT, LLC

2561 N. Ajo-Gila Bend Hwy.
Ajo, AZ 85321
(520) 387-6569

DATE IN 3/6/14

DATE OUT 3/7/14

DAYS OCCUPIED

| S | M | T | W | T | F | S | PHONE |
|---|---|---|---|---|---|---|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

RATE 60.00

ROOM TOTAL 60.00

TAX (IF ANY) 0.00

PHONE _____

TOTAL DAYS CHARGED 1

AMOUNT PAID 67.83

La Siesta Motel & RV R
2561N Ajo-Gila Bnd Hwy
AJO, AZ 85321
520-387-6569

TERMINAL ID.: 70411875
MERCHANT #: 300980438153

VISA
*****2006 EXP:*/** SMPED
SALE
BATCH: 000628 INU: 004283
Mar 06, 14 15:54
RRN: 406522404302 AUTH: 616045
TRAN SEQ #: 009127

TRANSACTION ID: 284065824930694

APPROVAL 616045

TOTAL 67.83

DEBORAH A MILLER

THANK YOU!

CUSTOMER COPY