Frankie Rowland's Steakhouse
(540) 527-2333

Server: Hunter
08:08 PM
Table 22/1

DOB: 08/05/2019
08/05/2019
2/20005

SALE

Mastercard
Card #XXXXXXXXXXXX2553
Magnetic card present: SHEFFIELD JAYMIE L
Card Entry Method: S

Approval: 24486J

Amount: $607.18
+ Tip: 100.00
= Total: 707.18

I agree to pay the above total amount according to the card issuer agreement.

X _____

Guest Copy

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Shelfield — Employee Name
8/5/2019 — Date

Expense Account Code (*See Charter of Accounts*) 040-52015-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"Invoice"_VendorName_$DollarAmount

GSA allowed hotel rate $152/night + tax

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 9/5/2019

Location/Purpose: Atlanta GA, RouteMatch

		8/26/19	8/27/19	8/28/19						
Expense Purpose	*Account Code*									Total Expense
Meal Per Diem	040-52010-000	$49.50	$66.00	$49.50						$165.00
Hotel	040-52010-000	$577.88	$624.64							$1,202.52
Rental Car	040-52010-000			$245.31						$245.31
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*										
Meal Per Diem										$ -
Airfare										$ -
Registration										$ -
										$ -
							Total Travel Expense			$1,612.83
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*			*$0.00*

Total Expense Reimbursement Request	**$1,612.83**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature:  Date: 9/5/2019

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

Federal GSA Per Diem Calculator

Automatically calculates adjustments for travel days, provided meals, and correct rates for the time of year. It is based on the Federal Government General Services Administration Per Diem rates.

Departure Date 08/26/2019 Return Date 09/28/2019

Where? GA - Atlanta, GA - Fulton / Dekalb

- GA - Atlanta, GA - Fulton / Dekalb.
- Driving Directions.
- Verify GSA Rate on gsa.gov.

Mon Aug 26 2019 Travel Day? ☑

Lodging rate is $152. 150% of $152 is $228.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	(66) x 0.75 = $49.50

Tue Aug 27 2019 Travel Day? ☐

Lodging rate is $152. 150% of $152 is $228.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	66 = $66.00

Wed Aug 28 2019 Travel Day? ☑

Lodging rate is $152. 150% of $152 is $228.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	(66) x 0.75 = $49.50

Trip Total: 49.50 + 66.00 + 49.50 = $165.00

- Standard CONUS rate applies to all counties not specifically listed. Cities not listed may be located in a listed county.
- The lodging rate may change based on the season and excludes taxes and surcharges.
- Some agencies may allow up to 150% of the base lodging rate with prior approval and is included for that reason.
- Note that this page pro-rates incidentals on travel days. If you do not do this, use this version.

Home | About

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- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

8/28/2019 — Date

Expense Account Code (*See Charter of Accounts*) 040-52010-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"Invoice"_VendorName_$DollarAmount

RECEIPT

Rental Agreement Number: [redacted]
Vehicle Number:

YOUR INFORMATION

SHEFFIELD JAYME
[redacted]

YOUR RENTAL

Picked Up: ATL
Date/Time: AUG 26, 2019@ 10:31AM
Returned: ATL
Date/Time: AUG 28, 2019@ 05:51PM
Veh Group: Convertible
Veh Charged: Cool Cars
Vehicle: FORD MUSTANG CON
Odometer Out: 16217
Odometer In: 16480
Fuel Reading: Full

YOUR VEHICLE CHARGES

DY@ 63.00		34.00
PR@ 189.00		189.00
DISCOUNT 5.0		9.45
YOUR TIME AND MILEAGE:		**179.55**

YOUR TAXABLE FEES

**11.11% FEE		20.65
CUST FAC CHARGE	5.00/DY	15.00
VEH LIC RECOUP	1.50/DY	4.50
ENERGY RECOVERY	0.60/DY	1.80

YOUR SUBTOTAL

TAXABLE SUBTOT	221.50
TAX 10.750%	23.81

YOUR NON TAXABLE ITEMS

TOTAL CHARGES	**245.31**
NET CHARGES USD	**242.56**
YOUR TOTAL DUE:	**0.00**

PAID ON VISA [redacted]
**CONCESSION RECOVERY FEE
FUEL SERVICE = (14.2 GAL OUT
- 15.3 GAL IN) * $ 2.503/GAL

THANK YOU FOR RENTING WITH AVIS
For inquiries or e-receipt visit
WWW.AVIS.COM

THE RITZ-CARLTON

ATLANTA

Mr. Jaymie Sheffield
[redacted]

Room Number: 2421
Arrival Date: 08-26-19
Departure Date: 08-28-19
CRS Number: [redacted]
Rewards No: XXXM492
Page No: 1 of 1

INFORMATION INVOICE

Folio No:

08-28-19

Date	Description	Charges	Credits
08-26-19	Room Charge	449.00	
08-26-19	State Sales Tax Rooms 8.9%	39.96	
08-26-19	Local Sales Occupancy Tax Rooms	35.92	
08-26-19	State Hotel-Motel Fee	5.00	
08-26-19	Valet Parking	48.00	
08-27-19	Room Charge	489.00	
08-27-19	State Sales Tax Rooms 8.9%	43.52	
08-27-19	Local Sales Occupancy Tax Rooms	39.12	
08-27-19	State Hotel-Motel Fee	5.00	
08-27-19	Valet Parking	48.00	
	Total	**1,202.52**	**0.00**
	Balance	**1,202.52**	

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- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name
8/27/2019 — Date

Expense Account Code (*See Charter of Accounts*) 040-52010-000

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCard# or "Invoice"_VendorName_$DollarAmount

Visit to RouteMatch office

THE CAVALIER
VIRGINIA BEACH
AUTOGRAPH COLLECTION HOTELS

Jaymie Sheffield
[redacted]

GSA allowed hotel rate $99/night + tax

Room Number: 502
Arrival Date: 09-08-19
Departure Date: 09-10-19
CRS Number: [redacted]
Rewards No: XXXXX3061

INFORMATION INVOICE
Folio No: 20647

09-10-19

Date	Description			Charges	Credits
09-08-19	Raleigh	Room# 502 : CHECK# 0889		205.16	
09-08-19	Room Charge			599.00	
09-08-19	City Tax			47.92	
09-08-19	Resort Fee			40.00	
09-08-19	State Tax			38.34	
09-08-19	Occupancy Tax			2.00	
09-08-19	Va Access Fee 1%			6.39	
09-08-19	VA Access Fee 0.5%			3.20	
09-08-19	Garage - Valet Parking			22.00	
09-08-19	Va Access Fee 1%			0.22	
09-08-19	VA Access Fee 0.5%			0.11	
09-08-19	State Tax			1.32	
09-09-19	Raleigh	Room# 502 : CHECK# 0104		46.56	
09-09-19	Room Charge			579.00	
09-09-19	City Tax			46.32	
09-09-19	Resort Fee			40.00	
09-09-19	State Tax			37.14	
09-09-19	Occupancy Tax			2.00	
09-09-19	Va Access Fee 1%			6.19	
09-09-19	VA Access Fee 0.5%			3.10	
09-09-19	Garage - Valet Parking			22.00	
09-09-19	Va Access Fee 1%			0.22	
09-09-19	VA Access Fee 0.5%			0.11	
09-09-19	State Tax			1.32	
09-10-19	Visa Card	XXXXXXXXXXXX2553	XX/XX		1,749.62

THE CAVALIER
VIRGINIA BEACH
AUTOGRAPH COLLECTION HOTELS

Jaymie Sheffield
[redacted]

Room Number: 502
Arrival Date: 09-08-19
Departure Date: 09-10-19
CRS Number: [redacted]
Rewards No: XXXXX3061
Page No: 2 of 2

INFORMATION INVOICE

Folio No: 20647

09-10-19

Date	Description	Charges	Credits
	Total	**1,749.62**	**1,749.62**
	Balance	**0.00**	

Your Marriott Bonvoy Points/Frequent Flyer Miles earned will be credited to your account and will appear on your next statement.

4200 Atlantic Avenue, Virginia Beach, VA 23451
Tel: 757-425-8555 Fax: 757-963-9751

Brad Sheffield

From: ARIA Resort & Casino <RoomResv@aria.com>
Sent: Tuesday, September 24, 2019 9:53 AM
To: Brad Sheffield
Subject: ARIA Reservation Confirmation

ARIA
RESORT & CASINO
LAS VEGAS

Hello Jaymie,

Thank you for choosing ARIA Resort & Casino for your stay. It is our pleasure to confirm the following reservation:

Room Confirmation # M03797312

Billed to MasterCard ending in [redacted]

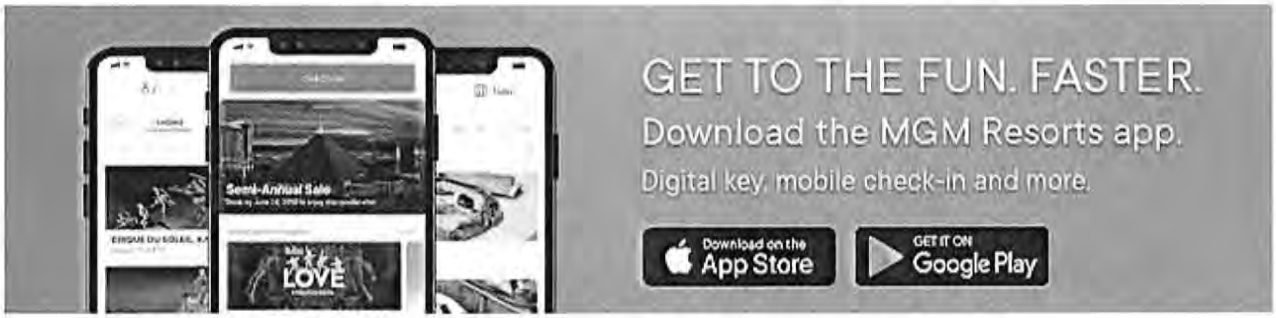
Discover everything ARIA has to offer, from indulgent dining to the most advanced in-room technology like ordering breakfast in bed or booking spa services with just one touch of a button from your in-room tablet.

We look forward to welcoming you. Please do not hesitate to contact us if there is anything we can do to make your stay with us more memorable.

Steven J. Zanella
President & COO CityCenter

GSA hotel rate $102/night + tax

ARIA Resort & Casino and Vdara Hotel & Spa



To modify or cancel your reservation, please click here. Your reservation is governed by the terms and conditions (including any possible cancellation period) agreed to during the reservation booking process. For more information, please call Room Reservations at 866.359.7757 or email at RoomResv@aria.com.

ARIA Resort & Casino hotel rooms and suites are smoke-free (except for certain designated ARIA Sky Suites). If there is evidence of smoking in your non-smoking room/suite, you will incur a minimum deep cleaning fee of $500 for rooms and $1,000 for suites in the ARIA Resort Tower, and a fee of $1,000 for all non-smoking rooms and suites in ARIA Sky Suites charged to your hotel account, plus applicable taxes.

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

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- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

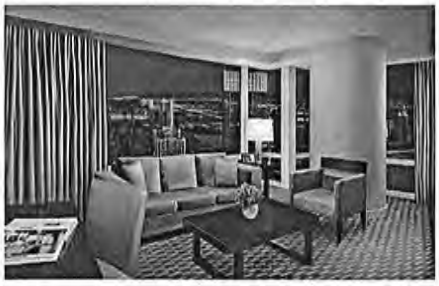
Brad Shelfield — 9/24/2019
Employee Name — Date

Expense Account Code (*See Charter of Accounts*) 040-52010

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"Invoice"_VendorName_$DollarAmount

JAN 03 - 10, 2020

CONFIRMATION NUMBER M03797312



CENTER SUITE STRIP VIEW

ARIA RESORT & CASINO
7 NIGHT STAY

GUARANTEED BEST RATES.

Reservations Phone Number (866) 359-7757

Room Rate and Estimated Tax*	$8418.47
Resort Fee And Tax	$357.15
Reservation Total	$8775.61
Amount Paid	-$708.63

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [ ] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [x] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Brad Shelfield — Employee Name

11/19/2019 — Date

Expense Account Code (*See Charter of Accounts*) 040-52015-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"invoice"_VendorName_$DollarAmount

The Capital Grille
601 Pennsylvania Ave NW
Washington, DC 20004
202-737-6200

Check # :70023-8003

Table 34
Manuel
09:25 PM 11/19/2019 Gst 2
Transaction #:1492117737

AID: ACOOOOOOO41010
TC: 4BEAC4FEB5EB83B5
App Name/Label: MasterCard
Card Verification: Signature
Tran DataSource: Chip

Card Number xxxxxxxxxxxx[redacted]
Auth Code 03186J
Master Card

Check Amount 1144.55

150.00

Tip..... 29455

Total...

X_____
Cardmember agrees to pay total in accordance with agreement governing use of such card.

NA091819-Trav-Reimb

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 9/18/2019

Location/Purpose: Columbus OH, APTA Autonomous Committee

		9/14/19	9/15/19							
Expense Purpose	*Account Code*									Total Expense
Meal Per Diem	040-51130-000	$45.75	$45.75							$91.50
Hotel	040-51130-000	$445.50								$445.50
Airfare	040-51130-000	$1,144.00								$1,144.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*										
Meal Per Diem										$ -
Hotel										$ -
Registration										$ -
										$ -
								Total Travel Expense		$1,681.00
								**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*		*$0.00*

Total Expense Reimbursement Request	**$1,681.00**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature: _____ Date: 9/18/2019

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

Federal GSA Per Diem Calculator

Automatically calculates adjustments for travel days, provided meals, and correct rates for the time of year. It is based on the Federal Government General Services Administration Per Diem rates.

Departure Date 09/14/2019 Return Date 09/15/2019

Where? OH - Columbus, OH - Franklin county

- OH - Columbus, OH - Franklin county.
- Driving Directions.
- Verify GSA Rate on gsa.gov.

Sat Sep 14 2019 Travel Day? ☑

Lodging rate is $122. 150% of $122 is $183.00.

MEAL	PROVIDED?
Breakfast ($14):	☐
Lunch ($16):	☐
Dinner ($26):	☐
Incidentals:	$5
DAY TOTAL:	(61) x 0.75 = $45.75

Sun Sep 15 2019 Travel Day? ☑

Lodging rate is $122. 150% of $122 is $183.00.

MEAL	PROVIDED?
Breakfast ($14):	☐
Lunch ($16):	☐
Dinner ($26):	☐
Incidentals:	$5
DAY TOTAL:	(61) x 0.75 = $45.75

Trip Total: 45.75 + 45.75 = $91.50

- Standard CONUS rate applies to all counties not specifically listed. Cities not listed may be located in a listed county.
- The lodging rate may change based on the season and excludes taxes and surcharges.
- Some agencies may allow up to 150% of the base lodging rate with prior approval and is included for that reason.
- Note that this page pro-rates incidentals on travel days. If you do not do this, use this version.

Home | About

Portfolio: 9262

Jaymie Sheffield

[redacted]

GSA hotel rate $122/night + tax

Room	122
Arrival Date	09/14/19
Departure Date	09/15/19
Room Type	KB11

09/15/19

Date	Description	Charges	Credits
09/14/19	Room Charge	324.00	
09/14/19	Occupancy Tax	32.40	
09/14/19	State tax	56.70	
09/14/19	City tax	16.52	
09/14/19	Convention Tax	15.88	
09/15/19	Visa ---------- [redacted] --/--		445.50

DELTA

Date of Purchase: Sept 13, 2019

Charlottesville, VA ▸ Columbus, OH

Passenger Information

JAYMIE SHEFFIELD
SkyMiles#: [redacted]

Confirmation Number: GWQ927
Ticket Number: 0062391782626

FLIGHT

Date and Flight	Status	Class	Seat/Cabin
CHO ▸ ATL | Sat 14Sept2019 | 9E 5380	OPEN	U	
ATL ▸ CMH| Sat 14Sept2019 | 9E 2946	OPEN	W	
CMH▸ ATL | Sun 15Sept2019 | 9E 1717	OPEN	W	
ATL ▸ CHO | Sun 15Sept2019 | 9E 2158	OPEN	U	

DETAILED CHARGES

Air Transportation Charges	
Base Fare:	$1,021.39 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$11.20 USD
United States - Transportation Tax (US)	$76.61 USD
United States - Passenger Facility Charge (XF)	$18.00 USD
United States - Flight Segment Tax (ZP)	$16.80 USD
Total Price:	**$1,144.00 USD**
Paid with VISA ending [redacted]	$1,144.00 USD

KEY OF TERMS

- Arrival date different than departure date
** - Check-in required
***- Multiple meals
*S$ - Multiple seats
AR - Arrives
B - Breakfast
C - Bagels / Beverages
D - Dinner
F - Food available for purchase
L - Lunch
LV - Departs
M - Movie
R - Refreshments, complimentary
S - Snack
T - Cold meal
V - Snacks for sale

Check your flight information online at delta.com or call the Delta Flightline at 800.325.1999.
Baggage and check-in requirements vary by airport and airline, so please check with the operating carrier on your ticket.
Please review Delta's check-in requirements and baggage guidelines for details.
You must be checked in and at the gate at least 15 minutes before your scheduled departure time for travel inside the United States.
You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel.
For tips on flying safely with laptops, cell phones, and other battery-powered devices, please visit http://SafeTravel.dot.gov
Do you have comments about service? Please email us to share them.

NON-REFUNDABLE / CHANGE FEE
When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

All Preferred, Delta Comfort+™, First Class, and Delta One seat purchases are Nonrefundable.

US Dept Of State hotel $391/night + tax

Two day conference

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 10/29/2019

Location/Purpose: Autonomous Summit, Parris France

		10/11/19	10/12/19	10/13/19	10/14/19	10/15/19	10/16/19	10/17/19	10/18/19	
Expense Purpose	*Account Code*									Total Expense
Hotel	040-52020-000				$964.03	$964.03	$964.03	$964.03	$964.03	$4,820.13
Airport Parking	040-52020-000								$78.00	$78.00
Ground Transportation	040-52020-000				$84.59					$84.59
Baggage fee		$70.00								$70.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*										
Meal Per Diem		$ 131.25	$ 175.00	$ 175.00	$ 175.00	$ 175.00	$ 175.00	$ 175.00	$ 131.25	$ 1,312.50
Airfare		$ 7,275.95								$ 7,275.95
Airfare		$ 497.60								$ 497.60
										$ -
										$ -
							Total Travel Expense			$14,138.77
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*			*$9,086.05*

Total Expense Reimbursement Request	**$5,052.72**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature:  Date: 11/5/2019

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

DELTA

PASSENGER RECEIPT 00 EXCESS BAGGAGE
18OCT19 0066 US TICKET
DL/AU LGA FTO

SHEFFIELD/JAYMIE
NOT VALID FOR
**TRANSPORTATION*

THIS IS YOUR RECEIPT

PSGR TICKET 0062368963105

LGA DL CHO
PIECE 70.00
EBC 70.00

GWQ894 /DL

NON REFUNDABLE/
NO CHANGES/NON TR
ANSFERABLE/NOT
VALID FOR TRAVEL

USD 70.00

VIXXXXXXXXXXXX2200/ 02209I

NOT VALID FOR TRAVEL

2

0 006 8223539600 6

0 006 8223539600 6

USD70.00

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
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- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield 10/11/2019
Employee Name Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCardIn or
"Invoice"_VendorName_$DollarAmount

THE LUXURY COLLECTION

Hôtel Prince de Galles, Paris
33, Avenue George V
75008 PARIS
Tel: + 33 1 53 23 77 77
Fax: + 33 1 53 23 78 78

Mr Jaymie Sheffield
[redacted]

Room No.	: 619
Arrival	: 14-10-19
Departure	: 18-10-19
Page No.	: 1 of 1
Cashier ID	: 1076
User ID	: RLOZE315
Adult/Child	: 1 /0
MRW No.	: XXXXX3061

INFORMATION STATEMENT

Confirmation No. : 76558332
Invoice Date : 05-11-19
Invoice No. :

Guest Name : Mr Jaymie Sheffield

Date	Description	Debit EUR	Credit EUR

Credit Card Details
Merchant No. :
Credit Card Number : XXXXXXXXXXXX2200
Expiry Date : XX/XX
Capture Methode :
Verification :

Terminal ID :
Receipt No. :
Transaction Amount : 4,381.58
Approval Amount : 4,381.58
Approval Code : A581458

I authorise the mentioned amount.

Signature of Card Holder

Credit Card Details
Merchant No. :
Credit Card Number : XXXXXXXXXXXX2200
Expiry Date : XX/XX
Capture Methode :
Verification :

Terminal ID :
Receipt No. :
Transaction Amount : 16.00
Approval Amount : 16.00
Approval Code : A539422

I authorise the mentioned amount.

Signature of Card Holder

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name
10/18/2019 — Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCardNr or
"Invoice"_VendorName_$DollarAmount

Bank details:
Bank: HSBC France
Swift Code : CCFRFRPP
Iban Code : FR76 3005 6006 5406 5442 3368 574

Brad Sheffield

From: Brad Sheffield <sheffieldgrp@yahoo.com>
Sent: Friday, October 18, 2019 8:44 AM
To: Brad Sheffield
Subject: Fwd: Your payment to Uber BV has been processed

Begin forwarded message:

From: "service@paypal.com" <service@paypal.com>
Date: October 14, 2019 at 9:00:31 PM GMT+2
To: Jaymie Sheffield <[redacted]
Subject: Your payment to Uber BV has been processed

PayPal

Hello Sheffield Group ,

This email confirms that you have paid €73.59 EUR to Uber BV using PayPal.

Payment Details

Merchant:	Uber BV
Date:	Oct 14, 2019 11:15:49 PDT
Transaction ID:	50T21283MK521360T
Authorization Amount:	€73.59 EUR
Payment Amount:	€73.59 EUR
Payment By:	[redacted]

Funding Sources Used (Total)

Visa x-2200:	$84.59 USD
Exchange rate:	$1 USD = €0.8700 EUR
Converted From:	$84.59 USD
Converted To:	€73.59 EUR

PayPal makes money on converting currencies.

If you have questions regarding this transaction, please contact the merchant.

CHO
CHARLOTTESVILLE ALBEMARLE
AIRPORT
Charlottesville, Virginia

RECEIPT

DIGITAL PRINTING SYSTEMS - WWW.DPSTICKETS.COM

338-2718

5507 10/11 09:39 10/16 15:11 $78.00 9793

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Shelfield _____ 10/16/2019 _____

Employee Name Date

Expense Account Code (*See Charter of Accounts*) 040-52010

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCardIf or
"Invoice"_VendorName_$DollarAmount

Payments

Master Card [redacted] 1927.99
XXXXXXXXXXX
SHEFFIELD/JAYMIE L

Total Payments 1927.99

Remaining Balance 0.00

Check Fully Authorized

+ Gratuity 300

= Total 227.99

Room Number

Print Name

Signature

Suggested Gratuity:
15% - 266.8
18% - 320.2
20% - 355.8

1/6/2020 18:37

PA - Steakhouse
Check: 17810044 Table: 33

Server: ROBERT Guests: 4
Terminal: 1784

	Regular	
2	Classic Manhatta	34.00
	@ 17.00	
1	LUX EXPERIENCE	25.00
2	Panna 1 Ltr Gla	18.00
	@ 9.00	
1	Ribeye Ravioli	19.00
1	Grilled Octopus	22.00
1	New York 16oz	56.00
	Medium	
2	Filet	158.00
	@ 79.00	
	Medium	
1	Delmonico 18oz	56.00
	Medium	
1	Tater Tots (	12.00
1	Brussel Sprouts	14.00
1	Potato Puree	12.00
1	Horseradish	3.00
1	BT Opus One 14	750.00
	6089	
1	BT Cos GrowD	600.00
	6542	

Subtotal	1779.00
Tax	148.99
Total	1927.99

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name
1/6/2020 — Date

Expense Account Code *(See Charter of Accounts)* 640-51130

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCardBill or
"Invoice"_VendorName_$DollarAmount

Dinner for Chris, Matt, Brad and guests

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

1/7/20 — Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard#.ll or
"Invoice"_VendorName_$DollarAmount

01/07/20 23:00

SALES DRAFT

Caesars Las Vegas
3570 Las Vegas Blvd South.
Las Vegas, NV 89109

MERCH ID: 637710
CASHIER: Bridge
TERMINAL: 940 Hell's Kitch

Master Card

NAME: SHEFFIELD/JAYMIE L
NUMBER: XXXXXXXXXXXX[redacted]
EXPIRE: XX/XX
AUTH: 32096J
AMOUNT: 167.98

CHECK: 9403412
TABLE: 12

TOTAL: 167.98

GRATUITY: 32.00

TOTAL: 199.98

X _____
SIGNATURE

2020-01-08 07:00:06 32096J 229204

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

1/7/2020 — Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard# or
"Invoice"_VendorName_$DollarAmount

MGM Resorts International

Check: 5355401
Trans Date: 2020-01-07 20:20:16
Trans Type: PURCHASE
Card Type: MC
Card Entry: CHIP
Acct #: **********[redacted]
Auth Code: 783981

Subtotal:	252.51
Gratuity:	50.50
Total:	303.01

****** EMV PURCHASE ******
App Label: MasterCard
Mode: Issuer
AID: a0000000041010
TVR: 0000008000
TSI: e800
IAD: 0110a04003220000000000000000000000ff

ARC:

X _____
Signature

I Agree to pay total amount as per the Card Issuer Agreement.

Have a nice day!

CUSTOMER COPY

THE LANGHAM

CHICAGO

GUEST FOLIO

GSA hotel rate $125/night + tax

Jaymie Sheffield
[redacted]

Arrival Date	01.16.20	Cashier	208
Departure Date	01.21.20	Invoice No.	347029
Room No.	1236	Page No.	1 of 2

Date	Description	Reference	Debit	Credits
01.16.20	Room Charge		1,036.00	
01.16.20	11.9% State Accommodation Tax		123.28	
01.16.20	4.5% City Accommodations Tax		46.62	
01.16.20	1% County Accommodation Tax		10.36	
01.17.20	Room Charge		1,156.00	
01.17.20	11.9% State Accommodation Tax		137.56	
01.17.20	4.5% City Accommodations Tax		52.02	
01.17.20	1% County Accommodation Tax		11.56	
01.18.20	Room Charge		1,200.00	
01.18.20	11.9% State Accommodation Tax		142.80	
01.18.20	4.5% City Accommodations Tax		54.00	
Total Amount			6,372.46	6,372.46
Balance Due			0.00	
Guest Signature				

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

330 North Wabash Avenue, Chicago, Illinois 60611 T (312) 923 9988 F (312) 923 7020
langhamhotels.com/chicago

GSA hotel rate $144/night + tax

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 1/29/2020

Location/Purpose: Richmond, VA TSDAC Meetings

		12/12/19	12/13/19		12/22/19	12/23/19					
Expense Purpose	*Account Code*										Total Expense
Meal Per Diem	040-51130-000	$49.50	$49.50		$49.50	$49.50					$198.00
Hotel	040-51130-000	$625.73			$311.58						$937.31
Airfare	040-51130-000										$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*											
Meal Per Diem											$ -
Hotel											$ -
Registration											$ -
											$ -
							Total Travel Expense				$1,135.31
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*				*$0.00*

Total Expense Reimbursement Request	**$1,135.31**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature:  Date: 1/29/2020

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

The Jefferson
AN AMERICAN LANDMARK SINCE 1895

Mr. Jaymie Sheffield
104 Keystone Place
Charlottesville VA 22902
US

Room No. : 256
Arrival : 12-12-19
Departure : 12-13-19
Date : 12-13-19
Folio No. : 25535401
Page No. : 1 of 1

INFORMATION INVOICE

Date	Text	Reference	Supplement	Charges	Credits
12-12-19	Lemaire Restaurant	Room# 256 : CHECK# 2029261		268.83	
12-12-19	Room Charge			315.00	
12-12-19	Rooms - State Tax - 5.3'			16.70	
12-12-19	Rooms - City Tax - 8%			25.20	
			Total	**625.73**	**0.00**
			Balance		**625.73**

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

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- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably (Required)

Brad Sheffield _____ 12/13/2019 _____
Employee Name Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM.YYYY_Last4DigitsofCreditCard#.tif or
"Invoice"_VendorName_$DollarAmount

Federal GSA Per Diem Calculator

Automatically calculates adjustments for travel days, provided meals, and correct rates for the time of year. It is based on the Federal Government General Services Administration Per Diem rates.

Departure Date 12/12/2019 Return Date 12/13/2019

Where? VA - Richmond, VA - City of Richmond

- VA - Richmond, VA - City of Richmond.
- Driving Directions.
- Verify GSA Rate on gsa.gov.

Thu Dec 12 2019 Travel Day? ☑

Lodging rate is $144. 150% of $144 is $216.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	(66) x 0.75 = $49.50

Fri Dec 13 2019 Travel Day? ☑

Lodging rate is $144. 150% of $144 is $216.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	(66) x 0.75 = $49.50

Trip Total: 49.50 + 49.50 = $99.00

- Standard CONUS rate applies to all counties not specifically listed. Cities not listed may be located in a listed county.
- The lodging rate may change based on the season and excludes taxes and surcharges.
- Some agencies may allow up to 150% of the base lodging rate with prior approval and is included for that reason.
- Note that this page pro-rates incidentals on travel days. If you do not do this, use this version.

Home | About

Federal GSA Per Diem Calculator

Automatically calculates adjustments for travel days, provided meals, and correct rates for the time of year. It is based on the Federal Government General Services Administration Per Diem rates.

Departure Date 12/22/2019 Return Date 12/23/2019

Where? VA - Richmond, VA - City of Richmond

- VA - Richmond, VA - City of Richmond.
- Driving Directions.
- Verify GSA Rate on gsa.gov.

Sun Dec 22 2019 Travel Day? ☑

Lodging rate is $144. 150% of $144 is $216.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	(66) x 0.75 = $49.50

Mon Dec 23 2019 Travel Day? ☑

Lodging rate is $144. 150% of $144 is $216.00.

MEAL	PROVIDED?
Breakfast ($16):	☐
Lunch ($17):	☐
Dinner ($28):	☐
Incidentals:	$5
DAY TOTAL:	(66) x 0.75 = $49.50

Trip Total: 49.50 + 49.50 = $99.00

- Standard CONUS rate applies to all counties not specifically listed. Cities not listed may be located in a listed county.
- The lodging rate may change based on the season and excludes taxes and surcharges.
- Some agencies may allow up to 150% of the base lodging rate with prior approval and is included for that reason.
- Note that this page pro-rates incidentals on travel days. If you do not do this, use this version.

Home | About

The Jefferson
AN AMERICAN LANDMARK SINCE 1895

Mr. Jaymie Sheffield
104 Keystone Place
Charlottesville VA 22902
US

Room No. : 507
Arrival : 12-22-19
Departure : 12-23-19
Date : 12-23-19
Folio No. : 25537263
Page No. : 1 of 1

INFORMATION INVOICE

Date	Text	Reference	Supplement	Charges	Credits
12-22-19	Overnight Guest Packag			275.00	
12-22-19	Rooms - State Tax - 5.3'			14.58	
12-22-19	Rooms - City Tax - 8%			22.00	
			Total	**311.58**	**0.00**
			Balance		**311.58**

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name
01/21/2020 — Date

Expense Account Code (*See Charter of Accounts*) 040-51130

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCardBill or
"Invoice"_VendorName_$DollerAmount

THE LANGHAM
CHICAGO

GUEST FOLIO

Jaymie Sheffield
[redacted]

Arrival Date	01.16.20	Cashier	208
Departure Date	01.21.20	Invoice No.	347029
Room No.	1236	Page No.	2 of 2

Date	Description	Reference	Debit	Credits
01.18.20	1% County Accommodation Tax		12.00	
01.19.20	Room Charge		1,000.00	
01.19.20	11.9% State Accommodation Tax		119.00	
01.19.20	4.5% City Accommodations Tax		45.00	
01.19.20	1% County Accommodation Tax		10.00	
01.20.20	Room Charge		1,036.00	
01.20.20	11.9% State Accommodation Tax		123.28	
01.20.20	4.5% City Accommodations Tax		46.62	
01.20.20	1% County Accommodation Tax		10.36	
01.21.20	MasterCard	XXXXXXXXXXX[redacted]XX		6,372.46
Total Amount			6,372.46	6,372.46
Balance Due			0.00	
Guest Signature				

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

330 North Wabash Avenue, Chicago, Illinois 60611 T (312) 923 9988 F (312) 923 7020
langhamhotels.com/chicago

Travel/Expense Reimbursement Form

Name: Brad Sheffield Date: 1/29/2020

Location/Purpose: Paris France, European Mobility Conf

		6/20/20	6/21/20	6/22/20	6/23/20	6/24/20	6/25/20	6/26/20	6/27/20	6/28/20	
Expense Purpose	*Account Code*										Total Expense
Meal Per Diem	040-51130-000	$169.00	$169.00	$169.00	$169.00	$169.00	$169.00	$169.00	$169.00	$169.00	$1,521.00
Hotel	040-51130-000										$0.00
Airfare	040-51130-000	$7,274.18									$7,274.18
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*											
Meal Per Diem											$ -
Hotel											$ -
Registration											$ -
											$ -
								Total Travel Expense			$8,795.18
								**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*			*$0.00*

Total Expense Reimbursement Request	**$8,795.18**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature: _____ Date: 1/29/2020

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

Brad Sheffield

From: Air France <admin@service-airfrance.com>
Sent: Saturday, December 28, 2019 2:03 AM
To: bsheffield@andaregroup.com
Subject: Booking confirmed - New York City-Paris on 06/20/2020

AIRFRANCE

BOOKING CONFIRMED
NEW YORK CITY < > PARIS
Departing on 06/20/2020 at 17h30

Booking reference
NJYB9O

MY BOOKING

Dear Mr Sheffield ,
This is the confirmation e-mail for your booking.
Find your trip details in the My Bookings area on our site.

YOUR FLIGHT DETAILS

NEW YORK CITY (JFK) - PARIS (CDG)

SATURDAY, JUNE 20

LA PREMIERE

17h30 John F. Kennedy Intl Airport -Terminal 1
Flight AF0015 - Operated by Air France
Check-in Deadline : 16h30

06h55 (D+1) Aéroport Charles de Gaulle -Terminal 2E

PARIS (CDG) - NEW YORK CITY (JFK)

SUNDAY, JUNE 28

LA PREMIERE

08h00 Aéroport Charles de Gaulle -Terminal 2E
Flight AF0022 - Operated by Air France
Check-in Deadline : 07h00

10h15 John F. Kennedy Intl Airport -Terminal 1

REVIEW YOUR FLIGHT DETAILS

PASSENGER(S)

Jaymie Sheffield

Ticket: 38 434 Miles
Card [redacted]

The number of Miles indicated applies to your ticket and any Options purchased.

YOUR PREFERENCES

New York City - Paris
Sheffield Jaymie

Seat reservation

Paris - New York City
Sheffield Jaymie

Seat reservation

MANAGE YOUR OPTIONS

PAYMENT

Total (not including tax): 5506.00 USD

Taxes: 1768.18 USD

Total : 7274.18 USD Paid by Card Visa

The change and refund conditions for a flight are applicable if the request is made before the flight's scheduled departure.

Departure : New York City - Paris

Change before departure of the 1st flight:
Allowed for a fee (450.00 USD)

Refund before departure of the 1st flight:
Allowed for a fee (500.00 USD)

Refund after departure of the 1st flight:
Allowed for a fee (500.00 USD)

Return : Paris - New York City

Change before departure of the 1st flight:
Allowed for a fee (450.00 USD)

Refund before departure of the 1st flight:
Allowed for a fee (500.00 USD)

Refund after departure of the 1st flight:
Allowed for a fee (500.00 USD)

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What did you think of this e-mail?

U.S. DEPARTMENT of STATE
BUREAU of ADMINISTRATION

Foreign Per Diem Rates In U.S. Dollars
DSSR 925

Country: FRANCE
Publication Date: 01/01/2020

Country Name	Post Name	Season Begin	Season End	Maximum Lodging Rate	M & IE Rate	Maximum Per Diem Rate	Footnote	Effective Date
FRANCE	Bordeaux	01/01	12/31	199	126	325	N/A	10/01/2019
FRANCE	Cannes	05/01	09/30	460	156	616	N/A	10/01/2019
FRANCE	Cannes	10/01	04/30	323	142	465	N/A	10/01/2019
FRANCE	Deauville	01/01	12/31	317	121	438	N/A	10/01/2019
FRANCE	Lyon	01/01	12/31	212	120	332	N/A	10/01/2019
FRANCE	Marseille	01/01	12/31	232	122	354	N/A	10/01/2019
FRANCE	Montpellier	01/01	12/31	196	155	351	N/A	10/01/2019
FRANCE	Nice	01/01	12/31	210	131	341	N/A	10/01/2019
FRANCE	Other	01/01	12/31	205	124	329	N/A	10/01/2019
FRANCE	Paris	01/01	12/31	391	169	560	View	10/01/2019
FRANCE	Strasbourg	01/01	12/31	232	130	362	N/A	10/01/2019
FRANCE	Toulouse	01/01	12/31	220	122	342	N/A	10/01/2019

US Dept of State hotel $304/night + tax

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 2/7 to 2/15

Location/Purpose: London UK, MOVE Conf

		2/7/20	2/8/20	2/9/20	2/10/20	2/11/20	2/12/20	2/13/20	2/14/20	2/15/20	
Expense Purpose	*Account Code*										Total Expense
Meal Per Diem	040-51130-000	$139.50	$186.00	$186.00	$186.00	$186.00	$186.00	$186.00	$186.00	$139.50	$1,581.00
Hotel - PrePayment	040-51130-000	$2,121.83									$2,121.83
Registration	040-51130-000	$1,247.13									$1,247.13
Parking	040-51130-000									$206.00	$206.00
Ground Transportation	040-51130-000			$25.14						$117.15	$142.29
Hotel - PrePayment for Rowland	040-51130-000	$1,820.80									$1,820.80
Tips (Converted GBP @ 1.30459)	040-51130-000		$19.57	$26.09	$26.09	$39.14	$13.05	$26.09	$26.09		$176.12
											$0.00
											$0.00
											$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*											
Airfare											$ -
Hotel											$ -
Registration											$ -
											$ -
							Total Travel Expense				$7,295.17
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*				*$0.00*

Total Expense Reimbursement Request	**$7,295.17**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature:  Date: 2/19/2020

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

U.S. DEPARTMENT of STATE
BUREAU of ADMINISTRATION

Foreign Per Diem Rates In U.S. Dollars
DSSR 925

Country: UNITED KINGDOM
Publication Date: 01/01/2020

Country Name	Post Name	Season Begin	Season End	Maximum Lodging Rate	M & IE Rate	Maximum Per Diem Rate	Footnote	Effective Date
UNITED KINGDOM	Belfast	01/01	12/31	202	107	309	N/A	01/01/2020
UNITED KINGDOM	Birmingham	01/01	12/31	169	74	243	N/A	01/01/2020
UNITED KINGDOM	Bristol	01/01	12/31	201	95	296	N/A	01/01/2020
UNITED KINGDOM	Cambridge	01/01	12/31	269	139	408	View	01/01/2020
UNITED KINGDOM	Cardiff, Wales	01/01	12/31	175	87	262	N/A	01/01/2020
UNITED KINGDOM	Caversham	01/01	12/31	230	127	357	N/A	01/01/2020
UNITED KINGDOM	Cheltenham	01/01	12/31	155	105	260	N/A	01/01/2020
UNITED KINGDOM	Crawley	01/01	12/31	304	186	490	View	01/01/2020
UNITED KINGDOM	Edinburgh	07/01	09/30	601	144	745	N/A	01/01/2020
UNITED KINGDOM	Edinburgh	10/01	06/30	189	103	292	N/A	01/01/2020
UNITED KINGDOM	Fairford	01/01	12/31	175	91	266	N/A	01/01/2020
UNITED KINGDOM	Gatwick	01/01	12/31	177	126	303	N/A	01/01/2020
UNITED KINGDOM	Glasgow	01/01	12/31	169	90	259	N/A	01/01/2020
UNITED KINGDOM	Harrogate	01/01	12/31	117	102	219	N/A	01/01/2020
UNITED KINGDOM	High Wycombe	01/01	12/31	158	95	253	N/A	01/01/2020
UNITED KINGDOM	Horley	01/01	12/31	177	126	303	N/A	01/01/2020

UNITED KINGDOM	Liverpool	01/01	12/31	225	131	356	N/A	01/01/2020
UNITED KINGDOM	London	01/01	12/31	304	186	490	View	01/01/2020
UNITED KINGDOM	Loudwater	01/01	12/31	147	103	250	N/A	01/01/2020
UNITED KINGDOM	Manchester	01/01	12/31	244	129	373	View	01/01/2020
UNITED KINGDOM	Menwith Hill	01/01	12/31	117	102	219	N/A	01/01/2020
UNITED KINGDOM	Other	01/01	12/31	207	123	330	N/A	08/01/2017
UNITED KINGDOM	Oxford	01/01	12/31	269	156	425	N/A	01/01/2020
UNITED KINGDOM	Reading	01/01	12/31	230	127	357	N/A	01/01/2020

SPARK SOMETHING

TERRAPINN

TAX INVOICE

Terrapinn Holdings Ltd
Company Reg No: FC025227
Wren House, 43 Hatton Garden, London, EC1N 8EL, United Kingdom
Phone: +442070921000 Fax: +448712339263
GST/VAT/ABN Registration Number: 293621588
www.terrapinn.com

Billing Address

JAUNT
104 Keystone Place
Charlottesville 22902
United States

Invoice Number	SIN204045
Invoice Date	22/10/2019
Customer GST/Vat Number	
Customer Name & Reference	Brad Sheffield, SIN204045

Project Edition	Invoice Currency	Due Date
Move 2020	GBP	1/1/2020

	Product Name	Quantity	Unit Price	Tax Code	Tax Value	Net Value
1	Delegate Pass *Product Code: Delegate Pass*	1.00	GBP 795.00	GB-O-STD	GBP 159.00	GBP 795.00

Tax Summary			
Tax Code	**Tax Rate**	**Net Value**	**Tax Value**
GB-O-STD	20.0%	GBP 795.00	GBP 159.00

Net Total	GBP 795.00
Tax Total	GBP 159.00
Invoice Total	GBP 954.00

Invoice Description
PAID - THANK YOU

GBP to USD conversion in October was 1 GBP = 1.237 USD $1,247.13

TERMS & CONDITIONS

1. Upon registration all invoiced sums, including applicable taxes, are payable in full by the delegate to Terrapinn within 14 d
2. Should a delegate be unable to attend the event then a substitute delegate is welcome at no extra charge. Please contact for information on how to do this.
3. Should a delegate be unable to attend the event and wish to cancel their registration then this will be subject to the following:
3.a. All requests for cancellation need to be made in writing to the relevant Terrapinn office
3.b. Up to 8 weeks before the event date a 25% cancellation fee will be applicable. Any amounts received by Terrapinn will be refunded accordingly within 7 days.
3.c. Up to 4 weeks before the event date a 50% cancellation fee will be applicable. Any amounts received by Terrapinn will be refunded accordingly within 7 days.
3.d. After this point Terrapinn will not be able provide delegates with refunds and a 100% cancellation fee will be applicable
4. Terrapinn will make its best endeavors to run the event per the published programme but reserves the right to alter the programme without notice including the substitution, alteration or cancellation of speakers, topics or the alteration of the dates of the event
5. Terrapinn is not responsible for any loss or damage as a result of a substitution, alternation, postponement or cancellation of an event

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield _____ 10/22/2019 _____
Employee Name Date

Expense Account Code (*See Charter of Accounts*) 030-51120-000

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"Invoice"_VendorName_$DollarAmount

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

02/15/2020 — Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4Digitsof CreditCard# or
"Invoice"_VendorName_$DollarAmount

DULLES INTERNATIONAL
AIRPORT
1 Saarinen Circle
Dulles VA 20166
703-572-4500
THANK YOU

TXNID: 350639-21578
Ticket #.: 40296833

In:	02/07/2020 15:15
Out:	02/15/2020 15:46
Lane:	51
LOT#:	155
Duration:	8,00:31
Vehicle LPN:	UPA6500

Transient Parker	$ 206.00
	$
Balance Due:	$ 206.00
Credit-Card	$ 206.00
Change:	$ 0.00

Transaction Type: Clear
Date/Time: 2/15/2020 3:47 PM

Card Issuer:	VISA
CreditCard:	XXXXXXXXXXX[redacted]
Auth:	010361

Amount: $206.00

Status: Transaction Paid

Approved - Thank you!

X _____

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [ ] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [x] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

02/15/2020 — Date

Expense Account Code (*See Charter of Accounts*) 040-51130-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard# or
"Invoice"_VendorName_$DollarAmount

LONDON TAXI JOURNEY
CABVISION NETWORK LTD
0207 655 6970
Driver 54144
M**14315 TID****8418
AID : A0000000031010
VISA
**** **** **** [redacted]
CONTACTLESS PAN.SEQ 00
SALE
CARDHOLDER COPY

Fare £85.40
TIP £4.27

TOTAL £89.67

Verified by
Cardholder Device
09:16 15/02/20
AUTH CODE: 01903I

USD - $117.15

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

02/09/2020 — Date

Expense Account Code *(See Charter of Accounts)* 040-51130-000

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCardUsed or
"Invoice"_VendorName_$DollarAmount

CHT UK LTD

74435-156975
M549953200030039
TID63530100
REF74435-156975
AID : A0000000031010
[redacted]
**** **** **** 6548
EXP 12/23
CONTACTLESS PAN. SEQ 00
SALE
MERCHANT COPY

FARE	£19.40
GRATUITY	£0.00
TOTAL	£19.40

VERIFIED BY
Cardholder Device
22:06 09/02/20
AUTH CODE: 096691
RECEIPT 2368

USD - 25.14

MOVE 2020 conference

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

THE LANGHAM
LONDON

The price is considered fair and reasonable based on the following:
- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland — Employee Name
2/14/2020 — Date

Expense Account Code (*See Charter of Accounts*) 049-52010

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCardUsed or "Invoice"_VendorName_$DollarAmount

GUEST FOLIO

Mr Christopher Rowland
104 Keystone Place
Charlottesville VA 22902
United States

INVOICE NUMBER: 728903

INVOICE

Room No.	:	745
Arrival	:	08/02/20
Adult/Child	:	2/0
Departure	:	13/02/20
Cashier	:	54 / Anca Protesanu
Page	:	1 of 2
Date	:	13/02/20
Member No.	:	
VAT Reg. No.	:	672 3317 41

Date	Description		Charges £	Payments £
08/02/20	- Deposit Payments	Rowland Christopher #745=>Sheffield Brad Jaymie & Christina #750 Sheffield Brad Jaymie & Christina #750=>Rowland Christopher #745		1,400.00
08/02/20	Room Charge	Routed From Rowland Christopher Of Room #745 Sheffield Brad Jaymie & Christina #750=>Rowland Christopher #745	1,400.00	
09/02/20	Room Charge	Routed From Rowland Christopher Of Room #745 Sheffield Brad Jaymie & Christina #750=>Rowland Christopher #745	1,470.00	
10/02/20	Room Charge	Routed From Rowland Christopher Of Room #745 Sheffield Brad Jaymie & Christina #750=>Rowland Christopher #745	1,470.00	
12/02/20	Room Charge	Routed From Rowland Christopher Of Room #745 Sheffield Brad Jaymie & Christina #750=>Rowland Christopher #745	1,480.00	
13/02/20	Mastercard XXXXXXXXXXXX[redacted]			4,420.00
		Total £	**5,820.00**	**5,820.00**
		Total Balance Due £	**0.00**	

GBP 1,400 is a prepayment on my personal CC. $1,820.80

VAT Breakdown

Taxable Amount (Excl. VAT)	£	4,850.00
Non-Taxable Amount	£	0.00
VAT @ 20%	£	970.00
VAT @ 4%	£	0.00
Total Amount	£	**5,820.00**

BLACKLANE

Customer no.	3341860
Booking no.	651752605
Booking date	2020-02-29
Invoice no.	US0792697KE
Invoice date	2020-03-01

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- ☐ Found reasonable on recent purchase within the past 6 months
- ☐ Obtained from current catalog
- ☐ Commercial market sales price from advertisements or internet
- ☐ Personal knowledge of item procured
- ☑ Obtained from current price list
- ☐ Other (explain) _____

☐ Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name

02/29/2020 — Date

Expense Account Code (*See Charter of Accounts*) 640-51130

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard#.or
"Invoice"_VendorName_$DollarAmount

Brad Sheffield

Invoice

#	Quantity	Description	Price
1	1	Transfer Ride starting at 29/02/2020, 09:00 from Airport Chicago O'Hare International (ORD), All terminals, Exit after baggage claim, West O'Hare Avenue 1000, 60666 Chicago to The Langham, Chicago, North Wabash Avenue 330, River North, 60611 Chicago, Illinois (First Class)	153.14 USD
		Price total	153.14 USD

The amount has been charged to your credit card: **********0785, transaction no: f58qvpgj

No VAT-duty in Germany.

Thank you very much for using our services. We are looking forward to welcoming you again soon.

Best regards,
Your Blacklane team

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Brad Sheffield — Employee Name
03/03/2020 — Date

Expense Account Code (*See Charter of Accounts*) 011-53060-000

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard# or "Invoice"_VendorName_$DollarAmount

Siena Tavern

51 West Kinzie
Chicago, IL 60654
312-595-1322

Server: Michael L
03/03/20 7:01 PM
Check #219 Table 74
Guest Count: 1

Input Type
C (EMV Chip Read)
Mastercard xxxxxxxx[redacted]
Time 8:38 PM

Transaction Type Sale
Authorization Approved
Approval Code 763600
Payment ID [redacted]
Application ID
A0000000041010
Application Label
Mastercard
Terminal ID
c4ec56d5727bac12
Card Reader
MAGTEK_EDYNAMO

Amount $450.35
+ Tip: 60.00
= Total: 510.35

X_____
JAYMIE L SHEFFIELD

Customer Copy

Dineamic Rewards
Please provide the following information
to earn points
for today's visit.
Rewards Number _____
Phone Number _____
Last Name _____
Terms & Conditions apply

Not a member? Ask your server and sign
up today!

Thank You!
For Events Please Contact:
events@sienatavern.com

THE LANGHAM

CHICAGO

GUEST FOLIO

GSA hotel rate $125/night + tax

Mr. Jaymie Sheffield
[redacted]

Arrival Date	02.29.20	Cashier	
Departure Date	03.05.20	Invoice No.	
Room No.	1036	Page No.	2 of 2

Date	Description	Reference	Debit	Credits
03.02.20	4.5% City Accommodations Tax		35.82	
03.02.20	1% County Accommodation Tax		7.96	
03.03.20	Room Charge		796.00	
03.03.20	11.9% State Accommodation Tax		94.72	
03.03.20	4.5% City Accommodations Tax		35.82	
03.03.20	1% County Accommodation Tax		7.96	

Total Amount	3,602.11	0.00
Balance Due	3,602.11	
Guest Signature		

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

330 North Wabash Avenue, Chicago, Illinois 60611 T (312) 923 9988 F (312) 923 7020
langhamhotels.com/chicago

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 2/9 to 2/13

Location/Purpose: London UK, MOVE Conf

			2/8/20	2/9/20	2/10/20	2/11/20	2/12/20	2/13/20	2/14/20		
Expense Purpose	*Account Code*										Total Expense
Hotel - Brad Sheffield	040-51130-000			$1,557.68	$1,557.68	$1,557.68	$1,557.68	$1,557.68	$1,557.68		$9,346.08
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*											
Airfare											$ -
Hotel											$ -
Registration											$ -
											$ -
							Total Travel Expense				$9,346.08
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*				*$0.00*

Total Expense Reimbursement Request	**$9,346.08**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature:  Date: 3/17/2020

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

THE LANGHAM
LONDON

US Dept of State hotel rate $304/night + tax

GUEST FOLIO

Mr & Mrs Brad Jaymie & Christina Sheffield
[redacted]

INVOICE NUMBER:

INVOICE

Room No.	:	750
Arrival	:	08/02/20
Adult/Child	:	2/0
Departure	:	15/02/20
Cashier	:	-
Page	:	1 of 2
Date	:	15/02/20
Member No.	:	[redacted]
VAT Reg. No.	:	672 3317 41

Date	Description	Charges £	Payments £
08/02/20	- Deposit Payments		1,620.00
09/02/20	Room Charge (Exc. VAT)	1,190.00	
10/02/20	Room Charge (Exc. VAT)	1,280.00	
11/02/20	Room Charge (Exc. VAT)	1,280.00	
12/02/20	Room Charge (Exc. VAT)	1,190.00	
13/02/20	Room Charge (Exc. VAT)	1,190.00	
14/02/20	Room Charge (Exc. VAT)	1,190.00	
15/02/20	VAT	1,464.00	
15/02/20	Visa		7,164.00
	XXXXXXXXXXXX2200		
THIS IS NOT A VAT INVOICE	Total £	8,784.00	8,784.00
	Total Balance Due £	0.00	

VAT Breakdown

Taxable Amount (Excl. VAT)	£	7,320.00
Non-Taxable Amount	£	0.00
VAT @ 20%	£	1,464.00
VAT @ 4%	£	0.00

Deducted deposit expense (previous reimb.), then divided by # of days to get $1,557.68 per day

SIGNATURE: _____

Credit Card Transaction Details

Credit Card Number:	XXXXXXXXXXX[redacted]	Transaction Type:	SALE
Expiry Date:	XX/XX	Transaction Amount:	7,164.00
Transaction ID:	7E+06	Capture Method:	

GBP to USD Exchange rate of $1.30459 at time of purchase

Equals $9346.08

1C PORTLAND PLACE, REGENT STREET, LONDON, GB W1B 1JA
T (44) 20 7636 1000 F (44) 20 7323 2340
langhamhotels.com

Travel/Expense Reimbursement Form

Name: Brad Sheffield **Date:** 2/9 to 2/13

Location/Purpose: London UK, MOVE Conf

			2/8/20	2/9/20	2/10/20	2/11/20	2/12/20	2/13/20	2/14/20		
Expense Purpose	*Account Code*										Total Expense
Hotel - Karen's Hotel	040-51130-000			$1,361.99	$1,361.99	$1,361.99	$1,361.99				$5,447.97
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*											
Airfare											$ -
Hotel											$ -
Registration											$ -
											$ -
							Total Travel Expense				$5,447.97
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*				*$0.00*

Total Expense Reimbursement Request	**$5,447.97**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature:  Date: 3/17/2020

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

THE LANGHAM
LONDON

US dept of State hotel rate $304/night + tax

GUEST FOLIO

Mr & Mrs Brad Jaymie & Christina Sheffield
[redacted]

INVOICE NUMBER:

INVOICE

Room No.	:	289
Arrival	:	09/02/20
Adult/Child	:	1/0
Departure	:	13/02/20
Cashier	:	-
Page	:	2 of 2
Date	:	15/02/20
Member No.	:	[redacted]
VAT Reg. No.	:	672 3317 41

Date	Description	Charges £	Payments £
09/02/20	Room Charge (Exc. VAT)	830.00	
10/02/20	Room Charge (Exc. VAT)	930.00	
11/02/20	Room Charge (Exc. VAT)	910.00	
12/02/20	Room Charge (Exc. VAT)	810.00	
13/02/20	VAT	696.00	
15/02/20	Visa		4,176.00
	XXXXXXXXXXXX2200		
THIS IS NOT A VAT INVOICE	Total £	4,176.00	4,176.00
	Total Balance Due £	0.00	

VAT Breakdown

Taxable Amount (Excl. VAT)	£	3,480.00
Non-Taxable Amount	£	0.00
VAT @ 20%	£	696.00
VAT @ 4%	£	0.00

Divided total by # of days to get $1,361.99 per day

SIGNATURE:

Credit Card Transaction Details

Credit Card Number:	XXXXXXXXXX[redacted]	Transaction Type:	SALE
Expiry Date:	XX/XX	Transaction Amount:	4,176.00
Transaction ID:		Capture Method:	

GBP to USD Exchange rate of $1.30459 at time of purchase

Equals $9346.08

1c Portland Place, Regent Street, London, GB W1B 1JA
T(44) 20 7636 1000 F(44) 20 7323 2340
langhamhotels.com

Travel Reimbursement Form

Name: Chris Rowland **Date:** 7/11/2019

Location/Purpose: UITP Artificial Intelligence in Transit Training; Paris, France

Expense Purpose	*Accout Code*	6/28/19	6/29/19	6/30/19	7/1/19	7/2/19	7/3/19	7/4/19	7/5/19	7/6/19	Total Expense
Hotel	040-52010									$ 4,960.70	$ 4,960.70
Departure flight upgrade	040-52020	$ 442.16									$ 442.16
Return flight upgrade	040-52010									$ 405.52	$ 405.52
Per diem - Paris FY19	040-52020	$ 131.25	$ 175.00	$ 175.00							$ 481.25
Per diem - Paris FY20	040-52010				$ 175.00	$ 175.00	$ 175.00	$ 175.00	$ 175.00	$ 131.25	$ 1,006.25
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
**Total Travel Expenses Previously Reimbursed or JAUNT Credit Card Used*											
											$ -
											$ -
											$ -
											$ -
							Total Travel Expense				$7,295.88
							**Total Travel Expenses Previously Reimbursed or JAUNT Credit Card Used*				*$0.00*

Total Expense Reimbursement	**$7,295.88**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Your Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

Split between June and July.
Hotel - June $1653.57
Hotel - July $3307.13
Per-diem FY19 - $481.25
Per-diem FY20 - $1006.25

Le MERIDIEN

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

UITP Training

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland — Employee Name
7/6/2019 — Date

Expense Account Code (*See Charter of Accounts*) 040-52010

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCard# or
"Invoice"_VendorName_$DollarAmount

Le Meridien Etoile Paris
81, Bd Gouvion Saint-Cyr
75848 PARIS CEDEX 17
Tel: +33 1 40 68 34 34
Fax: +33 1 40 68 31 31
lemeridien.com/etoile

Christopher Rowland
[redacted]

Room No.	: 7091
Arrival	: 29-06-19
Departure	: 06-07-19
Page No.	: 1 of 2
Cashier ID	: 1017
User ID	: SCITO146@INTERN
Adult/Child	: 2 / 2
MRW No.	: XXXXX2174

FACTURE

Confirmation No. : 92335498
Invoice Date : 06-07-19
Invoice No. : 1133581

US Dept of State $391/night + tax

Guest Name : Christopher Rowland

Date	Description	Debit EUR	Credit EUR
29-06-19	City Tax	5.76	
29-06-19	Chambre/Room	579.00	
30-06-19	City Tax	5.76	
30-06-19	Chambre/Room	597.00	
01-07-19	City Tax	5.76	
01-07-19	Chambre/Room	657.00	
02-07-19	City Tax	5.76	
02-07-19	Chambre/Room	657.00	
03-07-19	City Tax	5.76	
03-07-19	Chambre/Room	657.00	
04-07-19	City Tax	5.76	
04-07-19	Chambre/Room	657.00	
05-07-19	City Tax	5.76	
05-07-19	Chambre/Room	550.00	
06-07-19	Visa Card		4,394.32
	XXXXXXXXXXXX[redacted] XX/XX		Converts to$4,960.70
	Total	4,394.32	4,394.32

Balance		**0.00 EUR**			
VAT tax	@ 0%	0.00 EUR	Net Revenue	VAT 0%	40.32 EUR
VAT tax	@ 10%	395.82 EUR	Net Revenue	VAT 10%	3,958.18

Please note you have earned additional bonus points for:
* Premium Platinum Card Member 50% *
To check your balance or view member exclusive offers, log on to www.marriottrewards.com or call USA 801-468-4000 or UK 207-584-5500!

H ETOILE Société par actions simplifiées à associé unique au capital de 4 001 000 euros
Siège Social : 81, bd Gouvion Saint-Cyr - 75848 Paris Cedex 17
Siren 537 443 764 RCS Paris - Siret 537 443 764 00015 - TVA VAT N° FR 20 537 443 764 - Code APE 5510 Z - TVA sur les débits

Bank details:
BANK : HSBC FRANCE
IBAN : FR76 3005 6000 2800 2800 5816 285
SWIFT CODE : CCFRFRPP

Chris Rowland

From: Air France <info@service.airfrance.com>
Sent: Friday, June 28, 2019 11:21 AM
To: Chris Rowland
Subject: Your Air France options: confirmation of your purchase

AIRFRANCE

Your purchase was confirmed

Dear Sir or Madam,

We are pleased to inform you that your option purchase has been confirmed.

If you purchased an upgrade or a Seat Option, please print your boarding card again or download it onto your smartphone.
You can also print it using a kiosk at the airport.

If you are traveling in the La Première cabin, from Paris-Charles de Gaulle airport, we will be ready to welcome you in Terminal 2E, opposite Gate 14. Thank you for choosing Air France. We wish you a very pleasant trip.
Air France

Your booking

Flight - Booking code SQYXO6

AF 0055 - Washington (IAD) - **Paris** (CDG)
Fri 28 Jun 19

1 x Seat **USD 442.16**

Mr CHRISTOPHER ROWLAND
Seat in the Business cabin : 72F
EMD number 057-8264097370

Total price for extra options USD 442.16

Your payment method

Chris Rowland

From: Air France <contact@airfrance.fr>
Sent: Friday, July 5, 2019 1:46 AM
To: Chris Rowland
Subject: Your Air France options: confirmation of your purchase

AIRFRANCE

Your purchase was confirmed

Dear Sir or Madam,

We are pleased to inform you that your option purchase has been confirmed.

If you purchased an upgrade or a Seat Option, please print your boarding card again or download it onto your smartphone.
You can also print it using a kiosk at the airport.

If you are traveling in the La Première cabin, from Paris-Charles de Gaulle airport, we will be ready to welcome you in Terminal 2E, opposite Gate 14. Thank you for choosing Air France. We wish you a very pleasant trip.
Air France

Your booking

Flight - Booking code SQYXO6-RLVYNO

AF 0054 - Paris (CDG) - **Washington** (IAD)
Sat 6 Jul 19

1 x Seat **EUR 359,00**

Mr CHRISTOPHER ROWLAND
Seat in the Business cabin : 73F
EMD number 057-8264275708

Total price for extra options EUR 359,00

Converts to $405.52

Your payment method

U.S. DEPARTMENT of STATE
BUREAU of ADMINISTRATION

Foreign Per Diem Rates In U.S. Dollars
DSSR 925

Country: FRANCE
Publication Date: 07/01/2019

Country Name	Post Name	Season Begin	Season End	Maximum Lodging Rate	M & IE Rate	Maximum Per Diem Rate	Footnote	Effective Date
FRANCE	Bordeaux	01/01	12/31	206	131	337	N/A	12/01/2018
FRANCE	Cannes	05/01	09/30	476	161	637	N/A	12/01/2018
FRANCE	Cannes	10/01	04/30	334	147	481	N/A	12/01/2018
FRANCE	Deauville	01/01	12/31	328	124	452	N/A	12/01/2018
FRANCE	Lyon	01/01	12/31	219	124	343	N/A	12/01/2018
FRANCE	Marseille	01/01	12/31	240	126	366	N/A	12/01/2018
FRANCE	Montpellier	01/01	12/31	203	160	363	N/A	12/01/2018
FRANCE	Nice	01/01	12/31	217	136	353	N/A	12/01/2018
FRANCE	Other	01/01	12/31	213	128	341	N/A	12/01/2018
FRANCE	Paris	01/01	12/31	405	175	580	View	12/01/2018
FRANCE	Strasbourg	01/01	12/31	240	135	375	N/A	12/01/2018
FRANCE	Toulouse	01/01	12/31	228	126	354	N/A	12/01/2018

Travel days:
175 x .75 = 131.25

Computer Electronics Conference

JAN 06 - 10, 2020

CONFIRMATION NUMBER M036D1242

Aria

Resort Club Lounge - King Strip View

ARIA Resort & Casino

ROOM OFFER

FLEXIBLE RATE
Guaranteed best rates.
Standard 72-hour cancellation prior to arrival date policy applies. See terms & conditions for additional details.* Offer code: ARBKDIR

4 Night Stay, 2 Guests

Reservations Phone Number (866) 359-7757

GSA hotel rate $102/night + tax

Reservation Total	Amount Paid	Estimated Balance Due Upon Check-In*
$4,943.37	-$781.19	$4,162.18

RESERVATION SUMMARY

Your reservation deposit is refundable if cancelled before Jan 3, 2020 12:00 AM in the hotel's local time.

Room Rate Subtotal	$4,180.00
Taxes	+ $559.28
Resort Fee And Tax	+ $204.08
RESERVATION TOTAL	$4,943.37
Amount Paid	- $781.19
Estimated Balance Due Upon Check-In*	$4,162.18

PAYMENT INFORMATION

First Name	Christopher	Address Line 1	104 Keystone Place
Last Name	Rowland	City	Charlottesville
Phone Number	4342963184	State/Province	Virginia
Country/Region	United States	ZIP/Postal Code	22902

PAYMENT OPTIONS

Card Number Ending In
XXXXXXXXXXX[redacted]

Travel/Expense Reimbursement Form

Name: Chris Rowland **Date:** 11/7/2019

Location/Purpose: Autonomovy Conference hotel

Expense Purpose	*Account Code*	10/18/19							Total Expense
Hotel	040-52010	$4,104.98							$4,104.98
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*									
									$ -
									$ -
									$ -
									$ -
							Total Travel Expense		$4,104.98
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*		*$0.00*

Total Expense Reimbursement Request	**$4,104.98**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature: _____ Date: _____

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

INTERCONTINENTAL
PARIS LE GRAND

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland — Employee Name — 10/18/2019 — Date

Arrival date : 12.10.19
Departure date : 18.10.19
Room Nb : 3331
Adults Nb : 1

Expense Account Code *(See Charter of Accounts)* 040-52010

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"Invoice"_VendorName_$DollarAmount

Mr Christopher Rowland
[redacted]

COPIE DE FACTURE CERTIFIEE CONFORME

Page Nb : 1 sur 1
Cashier : PEREIRE
Group ref. : Club CI

5* InterContinental Paris Le Grand, 18.10.19

US Dept of State $391/night + tax

Date	Description	NET	VAT	Debit EUR	Credit EUR
12.10.19	Accommodation	557.05	55.70	**612.75**	
12.10.19	City tax	3.75	0.00	**3.75**	
13.10.19	Accommodation	520.27	52.03	**572.30**	
13.10.19	City tax	3.75	0.00	**3.75**	
14.10.19	Accommodation	520.27	52.03	**572.30**	
14.10.19	I-Spa Massage	116.67	23.33	**140.00**	
14.10.19	Cash advance	20.00	0.00	**20.00**	
14.10.19	City tax	3.75	0.00	**3.75**	
15.10.19	Accommodation	520.27	52.03	**572.30**	
15.10.19	City tax	3.75	0.00	**3.75**	
16.10.19	Accommodation	520.27	52.03	**572.30**	
16.10.19	City tax	3.75	0.00	**3.75**	
17.10.19	Accommodation	555.55	55.55	**611.10**	
17.10.19	City tax	3.75	0.00	**3.75**	
18.10.19	Visa / Carte Bancaire	0.00	0.00		**3,695.55**
			Converted to $4,104.98		

	NET EUR	VAT EUR	GROSS EUR
VAT 10%	3,193.68	319.37	
VAT 20%	116.67	23.33	
Non Taxable	42.50		
Total	**3,352.85**	**342.70**	**3,695.55**

Total EUR	**3,695.55**	**3,695.55**
Balance EUR	**0.00**	

V.A.T paid on debit

Thank you for using your IHG Rewards card. Your account will be credited with the appropriate points for this stay.
Looking forward to welcoming you to the InterContinental Paris Le Grand.

Signature:

InterContinental Paris Le Grand, Société en Nom Collectif B 339 196 685 R.C.S. Paris TVA: FR24 339 196 685
2 rue Scribe, 75009 Paris, France
Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

Chris, Karen, Robin
FTA Triennial Review Workshop
No per diem requested/received

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland _____ 12/13/2019
Employee Name Date

Expense Account Code (*See Charter of Accounts*) 040-51130

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCardN# or
"Invoice"_VendorName_$DollarAmount

12/10/19, 7:56 PM Ticket: G8
Server: Dylan W
2nd Floor Dining Room Table 25
Invoice: 191210-25-8

Credit Sale
Status: Approved

Card Type: M/C
Card Number: XXXXXXXXXXXX[redacted]
Card Owner: ROWLAND/ CHRISTOPHER
Merchant ID: 1072
Entry Method: CHIP
Invoice Number: 1576020634
Ref Number: 55391255
APPLAB: MasterCard
AID: A0000000041010
TVR: 0000008000
IAD: 0110A04003220000000000000000000000F
TSI: E800
CVM: SIGN

AMOUNT 259.44
TIP 60
TOTAL 319.44

Sign X_____

I agree to pay the total amount above according to the card issuer agreement.

Merchant Copy

Thank You Come Again!
Use LYFT code HAMILTONTC19

Travel meal, No per diem received

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland _____ 01/13/2020 _____
Employee Name Date

Expense Account Code *(See Charter of Accounts)* 010-52015

Note: Use the following file name format when saving and submitting your invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCardNr or "Invoice"_VendorName_$DollarAmount

01/08/20 21:37
SALES DRAFT

Javier's
ARIA Resort and Casino
3730 Las Vegas Boulevard
Las Vegas, NV 89109
(702)590-3637

MERCH ID: 1558264007
CASHIER: Jessica O.
TERMINAL: 5107

Master Card

NAME: ROWLAND/CHRISTOPHER
NUMBER: XXXXXXXXXXXX[redacted]
EXPIRE: XX/XX
AUTH: 58419J
AMOUNT: 373.89

CHECK: 51090833
TABLE: 102

TOTAL: 373.89

GRATUITY: 80.00

TOTAL: 453.89

I agree to pay above total amount according to my card issuer agreement.

X_____
SIGNATURE

Customer Copy

Travel/Expense Reimbursement Form

Name: Chris Rowland **Date:** 1/13/2020

Location/Purpose: CES hotel - Sheffield

		Date							
Expense Purpose	*Account Code*	1/10/20							Total Expense
Hotel	040-52010	$11,149.06							$11,149.06
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*									
Meal Per Diem									$ -
Airfare									$ -
Registration									$ -
									$ -
								Total Travel Expense	$11,149.06
								**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*	*$0.00*

Total Expense Reimbursement Request	**$11,149.06**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature: _____ Date: 1/13/2020

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

ARIA™

RESORT & CASINO
LAS VEGAS

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland — Employee Name

1/13/2020 — Date

Expense Account Code (*See Charter of Accounts*) 840-52010

Note: Use the following file name format when saving and submitting this invoice:
AccountCode_MM-YYYY_Last4DigitsofCreditCard# or
"Invoice"_VendorName_$DollarAmount

Jaymie Sheffield
[redacted]

Conf No. 795769860
Arrival 2020-01-03
Departure 2020-01-10

DATE	DESCRIPTION	CHARGES	CREDITS
2020-01-03	Deposit Applied		708.63
2020-01-03	ARIA Room Service Food	81.00	
2020-01-03	ARIA Room Service Tax	7.49	
2020-01-03	ARIA Room Svc Delivery Chg	8.50	
2020-01-03	ARIA Room Service Tip	16.20	
2020-01-03	Room Rate	625.00	
2020-01-03	Room Tax	83.63	
2020-01-03	Room Upgrade	275.00	
2020-01-03	Room Upgrade Tax	36.80	
2020-01-03	Resort Fee	45.00	
2020-01-03	Resort Fee Tax	6.02	
2020-01-04	ARIA Burger Lounge Food	15.94	
2020-01-04	ARIA Burger Lounge Tax	1.32	
2020-01-04	Room Rate	625.00	
2020-01-04	Room Tax	83.63	
2020-01-04	Room Upgrade	275.00	
2020-01-04	Room Upgrade Tax	36.80	
2020-01-04	Resort Fee	45.00	
2020-01-04	Resort Fee Tax	6.02	
2020-01-05	Room Rate	600.00	
2020-01-05	Room Tax	80.28	
2020-01-05	Room Upgrade	275.00	
2020-01-05	Room Upgrade Tax	36.80	
2020-01-05	Resort Fee	45.00	
2020-01-05	Resort Fee Tax	6.02	
2020-01-06	Room Rate	1600.00	
2020-01-06	Room Tax	214.08	
2020-01-06	Room Upgrade	275.00	
2020-01-06	Room Upgrade Tax	36.80	
2020-01-06	Resort Fee	45.00	
2020-01-06	Resort Fee Tax	6.02	
2020-01-07	Room Rate	1600.00	
2020-01-07	Room Tax	214.08	
2020-01-07	Room Upgrade	275.00	
2020-01-07	Room Upgrade Tax	36.80	
2020-01-07	Resort Fee	45.00	

GSA hotel $102/night + tax

DATE	DESCRIPTION	CHARGES	CREDITS
2020-01-07	Resort Fee Tax	6.02	
2020-01-08	ARIA Room Service Food	32.00	
2020-01-08	ARIA Room Service Food	6.00	
2020-01-08	ARIA Room Service Tax	3.89	
2020-01-08	ARIA Room Svc Delivery Chg	8.50	
2020-01-08	ARIA Room Service Tip	10.00	
2020-01-08	Room Rate	1600.00	
2020-01-08	Room Tax	214.08	
2020-01-08	Room Upgrade	275.00	
2020-01-08	Room Upgrade Tax	36.80	
2020-01-08	Resort Fee	45.00	
2020-01-08	Resort Fee Tax	6.02	
2020-01-09	Room Rate	775.00	
2020-01-09	Room Tax	103.70	
2020-01-09	Room Upgrade	275.00	
2020-01-09	Room Upgrade Tax	36.80	
2020-01-09	Resort Fee	45.00	
2020-01-09	Resort Fee Tax	6.02	
2020-01-10	Visa		10440.43
	Total	$11,149.06	$11,149.06
	Balance	$0.00	

Brad, Chris, Karen meeting

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably **(Required)**

Rowland _____ 2/13/2020 _____
Employee Name Date

Expense Account Code (*See Charter of Accounts*) 040-52015

Note: Use the following file name format when saving and submitting your invoice
AccountCode_MM-YYYY_Last4DigitsofCreditCard## or
"Invoice"_VendorName_$DollarAmount

BEDALES OF BOROUGH
LONDON
BEDALESWINES.COM
M****35850 TID****0157
AID : A0000000041010
MasterCard
MASTERCARD
**** **** ****[redacted]
TCC PAN.SEQ 01

SALE
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £127.13
GRATUITY £0.00
TOTAL £127.13

Verified by Signature
THANK YOU
15:33 12/02/20
AUTH CODE: 912750

Travel/Expense Reimbursement Form

Name: Karen Davis **Date:** 11/19/2019

Location/Purpose: MOVE conference- flight

Expense Purpose	*Account Code*								Total Expense
Delta	040-~~52020~~-000	$3,652.35							$3,652.35
	040-51130-000								$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
**If travel expenses, list previously reimbursed or expenses paid with JAUNT Credit Card*									
Meal Per Diem									$ -
Airfare									$ -
Registration									$ -
									$ -
							Total Travel Expense		$3,652.35
							**Total Expenses Previously Reimbursed or JAUNT Credit Card Used*		*$0.00*

Total Expense Reimbursement Request	**$3,652.35**

I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for JAUNT business related activities.

Employee Signature: _____ Date: _____

Reviewed/Approval: _____ Date: _____

Guidelines:

All receipts must be attached.
The purpose of the expenditure must be written on the receipt.
Your supervisor MUST sign this form before reimbursement will be issued.
Reimbursements will be issued on Fridays.

Gmail Gov. Transportation Conference Karen <ksd0708@gmail.com>

Your Flight Receipt - KAREN SWANBERG DAVIS 04FEB20

Delta Air Lines <DeltaAirLines@t.delta.com> Sun, Nov 17, 2019 at 12:07 PM
Reply-To: Transactional Email Reply Inbox <reply-91861-14_HTML-2473187-10982494-199127@t.delta.com>
To: ksd0708@gmail.com

Micro-Purchase: Fair and Reasonable Price Determination Form
($10,000 or less)

The price is considered fair and reasonable based on the following:

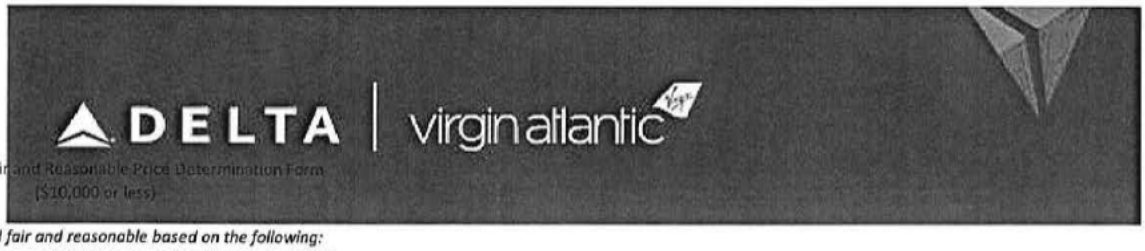
- [x] Found reasonable on recent purchase within the past 6 months
- [ ] Obtained from current catalog
- [ ] Commercial market sales price from advertisements or internet
- [ ] Personal knowledge of item procured
- [ ] Obtained from current price list
- [ ] Other (explain) _____

- [ ] Effort was made to distribute purchases equitably (Required)

karend _____ 11-2019 _____
Employee Name Date

Expense Account Code (See Charter of Authority) [redacted]

Note: Use the following file name format when attaching supporting documentation: AccountCode_MM-YYYY_Last4DigitsofCreditCardIf or "Invoice"_VendorName_DollarAmount



Hello, Karen Swanberg Davis

[redacted] | SkyMiles® Member

Your Trip Confirmation #: GTS2A4

You're all set. If you need to adjust your itinerary, you can make standard changes to your flight on delta.com including time, date and destination. Explore all of your options here.

YOUR PRE-TRIP CHECKLIST FOR EASIER TRAVEL:

DOWNLOAD THE FLY DELTA APP – book a flight, upgrade or change your seats, speed through security, receive flight status notifications, track your bags and more.
Download now >>

VISIT OUR NEED HELP PAGE – get all your travel questions answered with information on self-service tools, baggage, SkyMiles, and more. >>

Have a great trip, and thank you for choosing Delta.

Tue, 04FEB	DEPART	ARRIVE
DELTA 5529* Delta Comfort+® (W)	CHARLOTTESVILLE, VA 6:56pm	ATLANTA 8:54pm
DELTA 32 Delta One® (Z)	ATLANTA 9:58pm	LONDON-HEATHROW 11:10am **Wed 05FEB

Thu, 13FEB	DEPART	ARRIVE
DELTA 4364* Upper Class (Z)	LONDON-HEATHROW 9:20am	ATLANTA 2:15pm
DELTA 5529* Delta Comfort+® (W)	ATLANTA 4:55pm	CHARLOTTESVILLE, VA 6:31pm

**Arrival date is different than departure date.

*Flight 5529 Operated by ENDEAVOR AIR DBA DELTA CONNECTION

*Flight 4364 Operated by VIRGIN ATLANTIC AIRWAYS LIMITED As VS Flt 103

*Flight 5529 Operated by ENDEAVOR AIR DBA DELTA CONNECTION

MANAGE MY TRIP>

RESTRICTED HAZARDOUS ITEMS

To ensure the safety of our customers and employees, **Delta does not accept smart bags.** Smart bags with non-removable lithium-ion batteries will not be permitted as carry-on or checked baggage on any Delta mainline or Delta Connection flight. For more information, please visit our News Hub.

All damaged, defective or recalled lithium batteries, including lithium powered self-balancing transportation devices are not permitted as carry-on or checked baggage.

Spare batteries for other devices, fuel cells, and e-cigarettes are permitted in carry-on baggage only. If your carry-on bag contains these items and is gate checked, they must be removed and carried in the cabin. Further information and specific guidelines regarding restricted items can be found here.

REAL ID REMINDER

Effective, October 1, 2020, every air traveler 18 years of age and older will need a REAL ID-compliant driver's license or another acceptable form of ID. Please visit the TSA REAL ID website for more information.

Passenger Info

Name: KAREN SWANBERG DAVIS
SkyMiles #[redacted]

FLIGHT	SEAT
DELTA 5529	01A
DELTA 32	03D
DELTA 4364	04K
DELTA 5529	01A

Visit delta.com or use the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Flight Receipt

Ticket #: 0062407200649
Place of Issue: Delta.com
Issue Date: 17NOV19
Expiration Date: 17NOV20

METHOD OF PAYMENT	
VI**********7882	**$3652.35 USD**

CHARGES	
Air Transportation Charges	
Base Fare	$2100.00 USD

Carrier-imposed International Surcharge (YR)	$1200.00 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$11.20 USD
United Kingdom - Air Passenger Duty (APD) (GB)	$221.10 USD
United Kingdom - Passenger Service Charge (UB)	$52.50 USD
United States - Transportation Tax (US)	$37.20 USD
United States - Animal and Plant Health Inspection Service Fee (APHIS User Fee - Passengers (XA)	$3.96 USD
United States - Passenger Facility Charge (XF)	$13.50 USD
United States - Immigration and Naturalization Fee(Immigration User Fee) (XY)	$7.00 USD
United States - Custom User Fee (YC)	$5.89 USD
TICKET AMOUNT	**$3652.35 USD**

NONREF/PENALTY APPLIES

This ticket is non-refundable unless the original ticket was issued at a fully refundable fare. Some fares may not allow changes. If allowed, any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: CHO DL X/ATL DL LON1050.00ZN1XU7D4 DL X/ATL DL CHO1050.00ZN1XU7D4 NUC2100.00END ROE1.00 XF CHO4.5ATL4.5ATL4.5