AFGE COUNCIL 171
PO BOX 200157
DENVER, CO 80220
PH. 303-676-7304

1002

23-2/1020 232

DATE 5 July 2002

PAY TO THE ORDER OF Kelley Dull $ 589 00

Five Hundred - Eighty - Nine / 00/100 DOLLARS

Security Features Details on Back.

usbank
Five Star Service Guaranteed
usbank.com

Kelley Dull

FOR TDY - Manhattan/AP

MP

⑈001002⑈ ⑆102000021⑆ 1036580787 55⑈ ⑈0000058900⑈

©HARLAND STYLE XKJ

AFGE Council 171 Expense Voucher

Reimbusement: ___ **OR Advance:** X

REQUEST DATE: 5 July 2002

Payee: Kelley Dull

Person Requesting Check if not PAYEE: _____

Amount Requested: $ 589.00

Budget Category: _____

NOTE: IRS and Department of Labor regulations require that all funds disbursed for Travel or for purchase of goods and services be accounted for by a Travel Voucher or receipts. Any funds disbursed as reimbursement or as per them not accounted for by receipts or Travel Voucher may be subject to reporting to the IRS via IRS 1099.

Travel Section:

Purpose of Travel: Attend DFCON for Council
Examples: Article 46 Negotiations, District Training, National Convention, etc.)

Dates of Travel: FROM 15 July 2002 TO 17 July 2002

Place of Meetings: Manhattan, NEW YORK - Grand Hyatt
(Eamples: DFAS Eel Washington OC, Salt Lake Hilton, Crystal City Mariott DC. etc.)

PURCHASE: If these funds are for purchasing goods and/or services (travel), Please attach receipts, circling the items to be reimbursed and complete the description of what is purchased below and what it was used for:

Description Section:

Registration Fee: Paid by National ~~189.00~~
Air Fare: 275.00 → + Per Diem 3x 46.00 = ~~138.00~~
Hotel : Paid By National
Taxi Toll from Home/Airport 80.00
Taxi Toll from Hotel/Airport 50.00
589.00

Reviewed KD

Signature of Person Receiving Funds

Treasuer's Section

Date of Check: 5 July 2002 Check Number: 1002 Amount of Check; $ 589.00

7TH DISTRICT

AFGE EXPENSE, ITINERARY AND ACTIVITY REPORT

Name Kelley Dull Title C171 Pres Social Security No. 494725898

Mailing Address 05805 Manning Raytown MO 64133
(Address to which check is to be mailed)

Official Station Kansas City MO Post Council 171

Temporary Personnel Show Assignment

For reimbursement of travel and other expenses incurred in the discharge of official duty for the American Federation of Government Employees

From Kansas City MO To Chicago, IL, According to itemized statement on back.

Kelley Dull — Employee Signature

9-30-02 — Date

Total Claimed (Totals from Reverse)	$ 1290.30
Mileage Allowance	$ 24.75
Less Advance Received	$ –
Amount Due	$ 1315.05

Per Diem Rate Authorized $ _____ Authorized mileage rate or gas price $ _____

ID#:					
VO#:					
LM#:					
Due Date:					
Reference:					
Description:					
			Net To Pay		

Supervisor Approved

National Officer Approved

Tickets Purchased for Common Carrier Travel
NOTE: On Air Lines show last three digits of ticket number under name of Air Line.
Attach Passenger Receipts

Name of Carrier	Date Purchased	Class	Points of Travel Between	
American Airlines	8-6-02		Kcmo	Chicago, IL

☐ Ticket prepaid by AFGE ☒ Ticket purchased by employee ☐ Round trip ☐ One way

COST OF CARRIER FARE PAID BY YOU SHOULD BE SHOWN ON VOUCHER UNDER "OTHER".

nce Dept.

SCHEDULE OF EXPENSE

(List amounts of cash purchases for which reimbursement is claimed under proper date below)

DATE	DESCRIPTION To justify per diem, show time of departure and return. Describe all expenses listed in "other" column.	LOCAL #s	ACTIVITY CODE(s)	PER DIEM	HOTEL	MEALS	ODOMETER READINGS	MILEAGE	OTHER	ACC CODE
8/17	Home to MCI 10:00 am	Dallas	T				69,721	33 m		
	MCI to Chicago 2:03 pm			15.00						
	Taxi to Hotel			25.00	109.16				40.00	
8/18	All Day		T	50.00	109.16					
8/19	All Day		T	50.00	109.16					
8/20	All Day		T	50.00	109.16					
8/21	All Day		T	50.00	109.16					
8/22	Taxi to Airport	10:00am		15.00					40.00	
	Chicago to KC 2:30 pm			25.00						
	Parking 8-17 to 8-22								98.00	
	MCI to Home						69,754	33 m		
	Registration						69 787		200.00	
	Airline Tkt								86.50	
			TOTALS	280.00	545.80			24.75	464.50	

ACTIVITY CODES:

A - arbitration
B - bargaining
C - contracting-out
D - delinquency
E - EEO case.
H - health ins.
L - legislative action
M - MSPB case
O - organizing
P - PAC
Q - LAF
T - training
W - trusteeship
X - office work
Y - local problems
Z - other

We Hope You Enjoyed Your Stay !

For Reservations at any Hilton Hotel Worldwide

Call Your Travel Agent or 1-800-HILTONS

We look forward to serving you again soon.

The Palmer House Hilton

17 East Monroe Street
Chicago, Illinois 60603-5605
PH: (312) 726-7500 FAX: (312) 917-1707

VI 4206860000046905 08/02

NAME: DULL, KELLEY

IN OUT FOLIO
08/17-08/22/02 853398

Page 1 A

ADDRESS:

12507 HARDY ST
OVERLAND PARK, KS 66213
1433554367 LAV

RATE
FGE000 95.00 ROOM 10218

TRAVELAGENCY

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
8/17/02	CASH/CHECK	DLR	CASH		545.80	
8/17/02	ROOM RATE	XAP	10218	95.00		
8/17/02	TAX	XAP	10218	14.16		
8/18/02	ROOM RATE	XAP	10218	95.00		
8/18/02	TAX	XAP	10218	14.16		
8/19/02	ROOM RATE	XAP	10218	95.00		
8/19/02	TAX	XAP	10218	14.16		
8/20/02	2 PG INFAX	BUS	450250	4.00		
8/20/02	ROOM RATE	XAP	10218	95.00		
8/20/02	TAX	XAP	10218	14.16		
8/21/02	ROOM RATE	XAP	10218	95.00		
8/21/02	TAX	XAP	10218	14.16		
8/22/02	CASH	LAV	CASH		4.00	
FECTIVE BALANCE:						0.00

d In 02:59 PM by DLR
AB: R:1 HH:433554367 AL: A#:
oval - 561010 for 50.00 on 08/22/02

RATES DO NOT INCLUDE APPLICABLE SALES, OCCUPANCY OR OTHER TAXES

TRANSFER TO CREDIT LEDGER

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 FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

ADDRESS

STATE ZIP

GUEST SIGNATURE

KCI AIRPORT
PARKING
BX3

Rcpt#136519
08/22/02 15:55 LH 3 A# 73 Txn#469181
08/17/02 11:52 In 08/22/02 15:55 Out
CREDIT CARD $ 80.00-
CASH PAID $ 18.00-
THANK YOU

***Downtown Citgo** 750 N. Wells
***Peterson Citgo** 1840 W. Peterson
Rogers Park Citgo 7138 N. Sheridan

*OPEN 24 HOURS • FOOD MART • LOTTERY • TOUCHLESS CAR WASH**

CAB RECEIPTS

Cab No. _____ $ _____ Date 8-22
Received From M Rosen
For Cab From Hilton to O'HARE

NOME'S AUTO & BODY SHOP
236 W. Division
7 DAYS • 7 a.m. - 2 a.m.

Checker Taxi Association, Inc.
Need a cab? Dial 3-1-2-C-H-E-C-K-E-R or 312-243-2537

RECEIPT

Time _____ Date 8-17 2002
Received From O'HARE $ 40 CRD
Cab Fare From _____
To Palmer House Hilton
Driver Rosen
Cab No. _____ Account No. _____

845 W. Washington Blvd., Chicago, IL 60607
Main Office: (312) 733-4755

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g carrier for applicable

hall apply to and be for the benefit of
person whose aircraft is used by carrier
es.
of the claim check. All baggage related
of arrival to final destination. For details

om date of issue, except as otherwise
carriage, or related regulations. The fare
ommencement of carriage. Carrier may
n paid.
any flight according to schedule, with
etable or elsewhere are not guaranteed
f notice substitute alternate carriers or
the ticket in case of necessity. Schedules
o responsibility for making connections.
requirements, present exit, entry and
fixed by carrier or, if no time is fixed,

as authority to alter, modify or waive
orporate officer of carrier.

TARIFFS, RULES OR REGULATIONS
UBJECT TO TARIFF REGULATIONS

ISSUED BY **AmericanAirlines**
NOT TRANSFERABLE

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT ON REVERSE SIDE
PASSENGER RECEIPT

ISSUING AGENT IDENTIFICATION
FLIGHT COUPON XXX
TOUR CODE
AIRLINE/AGENT CODE C0011
NAME OF PASSENGER DULL/KELLEY
PLACE OF ISSUE XTMMOUS06AUG02
PNR ECUUQM/AA LE7QD1N
X/O FROM
X/O TO
CARRIER A/L DESIGN. FLIGHT NO. CLASS DATE
CARRIER CODE
FARE BASIS/TICKET DESIGNATOR
TIME
STATUS
FCI SERV. C. ID 62
NOT VALID BEFORE
NOT VALID AFTER
INT'L IND. ISS. AGENT IDENT. XTM C1I
CONJ. TICKET
ENDORSEMENTS/RESTRICTIONS
NOT VALID FOR
TRANSPORTATION
THIS IS YOUR RECEIPT
NO REFUND/CHG FEE USD 100 PLUS FARE DIFF
FP TBM*BA441281100158420 4#06/04*090231*/FCMKC AA CHI31.63LE7QD1N AA MKC31.63LE7QD1N 63
.26 END ZPMCIORDXT5.00AY7.50XFMCI3ORD4.5

THIRD TAX XT 12.50
FARE USD 63.26
EQUIV. FARE PAID
TAX US 4.74
TAX ZP 6.00
TOTAL USD 86.50
0265398702 2
STOCK CONTROL NO TX 001
CPN AIRLINE CODE FORM AND SERIAL NUMBER CK
0 001 2114367207 5
ALLOW PCS CKD WT CKD WT U'CKD
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

ISSUED BY American
PASSENGER TICKET AND X
PASSENGER COUPON AND
NAME OF PASSENGER DULL/KELLEY
X/O FROM MCIORDAA263
X/O TO OORDMCIAA281
CARRIER FLIGHT CLASS DATE
GATE
PCS CKD WT CKD WT UNCKD A/L CODE
NOT VALID FOR
CPN AIRLINE FORM AND SERIAL N
0 001 211436
IDENT. ISS. CARRIER/AGENT
001/C1I