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

575/52941
AP Lodge D

1012

23-2/1020 232

DATE 30 Sept 2002

PAY TO THE ORDER OF Robin Smith $ 1431 20

One-Thousand-Four-Hundred-Thirty-One 1 20/100 DOLLARS

Security Features Details on Back.

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usbank.com

Kelley Dull
Michael McDonald

FOR Per Diem - 13-18 Oct 02 - Portland

MP

⑈001012⑈ ⑆102000021⑆1036580878 55⑈ ⑈0000143120⑈

© HARLAND STYLE XKJ

AFGE Council 171 Expense Voucher

Reimbusement: _____ OR Advance: X

REQUEST DATE: 30 Sept 02

Payee: Robin Smith

Person Requesting Check if not PAYEE: _____

Amount Requested: $ 1431 20

Budget Category: Travel

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 diem not accounted for by receipts or Travel Voucher may be subject to reporting to the IRS via IRS 1099.

TRAVEL VOUCHER: If these funds are per diem please fill in the following:

Purpose of Travel: Collective Bargaining Training
(Examples: Article 46 Negotiations, District Training, National Convention, etc.)

Dates of Travel: FROM 13 Oct 2002 TO 18 Oct 2002

Place of Meetings: Portland, Or Hilton
(Eamples: DFAS Hq Washington DC, Salt Lake Hilton, Crystal City Mariott DC. etc.)

PURCHASE: If these funds are for purchasing goods and/or services, 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:

Airfare -	$460 00
Hotel 5 x 139 38	$696 90
Food	252 00
Train to/from Hotel	3 20
Taxi To/From Home	20 00
	$1431 20

Reviewed KD

_____
Signature of Person Receiving Funds

Treasurer's Section:

Date of Check: 30 Sept 02 Check Number: 1012 Amount of Check: $ 1431 20

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
- [ ] Electronic Fund Transfer (EFT)
- [ ] Split Disbursement: Amount to Government Travel Charge Card
- [ ] Payment by Check $

2. NAME (Last, First, Middle Initial)(Print or type): SMITH, ROBIN A.

3. GRADE: GS-07

4. SSN: 484-80-5745

5. TYPE OF PAYMENT (X as applicable): [X] TDY [X] Member/Employee [ ] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET: 781 W WALCOTT ROAD LOT 103 b. CITY: WALCOTT c. STATE: IA d. ZIP CODE: 52773

e. E-MAIL ADDRESS:

7. DAYTIME TELEPHONE NUMBER & AREA CODE: (309) 782-9710 x9998

8. TRAVEL ORDER NUMBER: /

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

10. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION: DFAS-IN, DFAS INDIANAPOLIS, IN / IDDQ

12. DEPENDENT(S) (X and complete as applicable) [ ] ACCOMPANIED [ ] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) [ ] YES [ ] NO (Explain in Remarks)

c. PAID BY

d. COMPUTATIONS

15. ITINERARY

a. DATE 2002		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
10/13	DEP	WALCOTT, IA	PA			
	ARR	MOLINE AIRPORT				20
	DEP		CP			
	ARR	DENVER AIRPORT				
	DEP		CP			
	ARR	PORTLAND OR		TD		
	DEP				625	
	ARR					
10/18	DEP	PORTLAND AIRPORT	CP			
	ARR					
	DEP	CHICAGO AIRPORT	CP			
	ARR					
	DEP	MOLINE AIRPORT				
	ARR	WALCOTT, IA		MC		20

16. POC TRAVEL (X one) [X] OWN / OPERATE [ ] PASSENGER

17. DURATION OF TDY TRAVEL
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [X] MORE THAN 24 HOURS

e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense Allowance
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
(7) Total
(8) Less Advance
(9) Amount Owed
(10) Amount Due

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
10/09	AIRLINE TICKET	500.50	
10/13-17	LODGING TAX	71.90	
10/13+18	TO/FROM AIRPORT (40x36.5)	14.60	
10/13+17	ATM FEES	7.40	
10/13-18	AIRPORT PARKING	30.00	
	METRO TICKETS		
	4@1.55	6.20	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE: Robin Smith b. DATE: 11/04/02 c. SUPERVISOR SIGNATURE d. DATE

21.a. APPROVING OFFICER SIGNATURE b. DATE

22. ACCOUNTING CLASSIFICATION: 2002 LAFGE Human Rights training Conference (collective Bargaining)

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

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Portland & Executive Tower

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Name & Address

SMITH, ROBIN
7153 CIDER MILL CIRCLE

INDIANAPOLIS, IN 46226
US

Room 422/K1RRC
Arrival Date 10/13/02 12:28PM
Departure Date 10/18/02

Adult/Child 1/0
Room Rate $ 125.00

RATE PLAN: C-AFG

HH#
AL:
BONUS AL: CAR:

CONFIRMATION NUMBER : 3154943066

10/18/02 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
10/13/02	GUEST ROOM	JAPILA	53006	$125.00		
10/13/02	ROOM TAX	JAPILA	53006	$14.38		
10/14/02	GUEST ROOM	JAPILA	55317	$125.00		
10/14/02	ROOM TAX	JAPILA	55317	$14.38		
10/15/02	EXT-#422 405-733-3851 0003 12:18	LINTR	56114	$7.91		
10/15/02	EXT-#422 405-733-3851 0001 15:27	LINTR	56436	$6.07		
10/15/02	GUEST ROOM	ETJOEN	57746	$125.00		
10/15/02	ROOM TAX	ETJOEN	57746	$14.38		
10/16/02	EXT-#422 405-733-3851 0001 07:25	LINTR	58106	$6.07		
10/16/02	GUEST ROOM	ETJOEN	60599	$125.00		
10/16/02	ROOM TAX	ETJOEN	60599	$14.38		
10/17/02	GUEST ROOM	ETJOEN	63574	$125.00		
10/17/02	ROOM TAX	ETJOEN	63574	$14.38		
	WILL BE SETTLED TO VS **********1314					$716.95

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Points & Miles

DATE OF CHARGE	FOLIO NO./CHECK NO. 35363 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

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Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
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  + pay at the time of purchase.
  + charge purchases to your account, then stop by the Front Desk for an updated statement.
  + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

THANK YOU

02 2903 3973
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

0-120-AQZ 28255 00 520330 203 27184

ETKT PASSENGER RECEIPT SITI

ARC FLIGHT COUPON

ISSUED BY
UNITED AIRLINES INC ■■■ TOUR CODE AGENT CODE A14585970
NAME OF ISSUING AGENT PLACE OF ISSUE ISO CODE DATE OF ISSUE
SATOTRAVEL ROCK ISLAND ROCK ISLAND ILUS 90CT02
NAME OF PASSENGER PNR/CARRIER CODE FARE BASIS/TICKET DESIGNATOR FCI SERV CARR. ID
SMITH/ROBIN LFHQLO/1V MULTI 6 5880/
X/O FROM CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
■■NOT VALID FOR ■■ THIS IS YOUR RECEIPT
X/O TO
■■TRANSPORTATION■■ ISSUING AGENT ID DRNXD1
ENDORSEMENTS/RESTRICTIONS C94-95

FP VI4486120003090272 EXP0104/ 80375 FC 13OCT MLI
UA X/DEN UA LAX 129.30SDG7 UA PDX 96.74YCA UA LAX
96.74YCA UA X/CHI UA MLI 101.40SDGX7 USD 424.18 END
ZPMLIDENLAXPDXLAXORD XT 18.00ZP 10.00AY 16.50XFMLI
4.5DEN4.5LAX3ORD4.5

FARE USD424.18 EQUIV. FARE P.D.
TAX/FEE/CHARGE US31.82 STOCK CONTROL NO. TX 889 CK
TAX/FEE/CHARGE XT44.50
TOTAL USD500.50

29133452036

CPN DOCUMENT NUMBER CK
0 016 7229743494 2

ALLOW PCS WT UNCKD
****

NAME OF PASSENGER
SMITH/ROBIN
FROM
MLIDENUA5607 S13OCT
XDENLAXUA 65 S13OCT
TO
LAXPDXUA1484 Y13OCT
PDXLAXUA1059 Y18OCT
LAXORDUA 128 S18OCT
CARRIER
XORDMLIUA7479 S18OCT
CARRIER FLIGHT CLASS DATE TIME
****
****
GATE SEAT SMOKE
****
****
****
PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 016 7229743494 2

IT IS UNLAWFUL TO PURCHASE OR REBELL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

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SMITH/ROBIN

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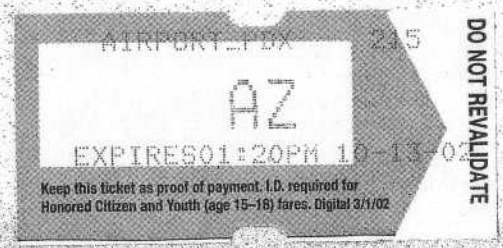

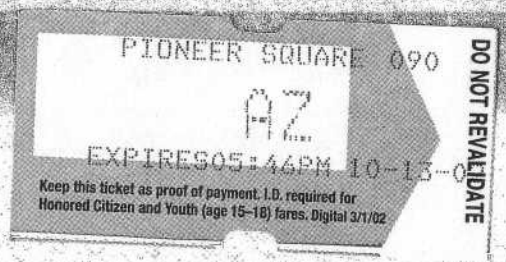

QUAD CITIES INTERNATIONAL AIRPORT
MOLINE IL

10/18/02 16:09 L# 1 A# 17 Txn#441865
10/13/02 05:34 In 10/18/02 16:08 Out
TKT# 227367
DAILY 7/1/99 $ 30.00
Total Fee $ 30.00
CASH PAID $ 30.00-
Cash Tender $ 30.00
Change Due $ 0.00
THANK YOU FOR VISITING US

National City®

101302 0544AM NC2629
XXXXXXXXXXXX9415
2200 69TH AVE.
MOLINE IL
SEQ#2116
WITHDRAWAL $102.00
FROM CHECKING
BALANCE $2,030.01

NCC MI-IL
TERM OWNER FEE $2.00
DISPENSED $100.00

RECEIPT

2002 AFGE Human Rights Training Conference

Portland, Oregon

October 13—15, 2002

Name Robin Smith Local _____

Agency _____

Member _____ Non-Member _____ Amount Paid _____

Method of payment:

☐ Cash ☐ Check ☐ Charge ☐ Travelers Check

☐ Banquet Ticket

By: _____

☑ Verna Pitts ☐ Denene Vines

CC