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

PAY
TO THE
ORDER OF

William Roach

150081172 10-24-02.3970 3970 10
\$ 1525 52

One Thous and - Five Hundred Theat, Five | 5,000 DOLLARS

USBANK.

Fire Star Series Guaranteed & Collective
FOR PEDiem - Air Faire Out | cond | 4-1804 8 argain:n,

| 180010171111 1: 10200000211: 103658087855111 | 1000001525552.11

AFGE Council 171 Expense Voucher

	305 +
Reimbusement: OR Advance: X	REQUEST DATE: 30Sept
Payee: William Roach	
Person Requesting Check if not PAYEE:	
Amount Requested: \$ 152557	
Amount Requested: \$	
Budget Category:	
goods and services be accounted for by a Travel Vouche	e that all funds disbursed for Travel or for purchase of er or receipts. Any funds disbursed as reimbursement or as her may be subject to reporting to the IRS via IRS 1099.
Travel Section:	
Purpose of Travel: Collective Barga	District Training, National Convention, etc.)
Examples: Article 46 Negotiations,	, District Training, National Convention, etc.)
Dates of Travel: FROM 13 Oct 02	TO 180c+2002 (Bill come in on Monday inste.
Place of Meetings: Portland, Ov (Eamples: DFAS Eel Washington OC, S	Hilton
(Eamples: DFAS Eel Washington OC, S	Salt Lake Hilton, Crystal City Mariott DC. etc.)
PURCHASE: If these funds are for purchasing goods and items to be reimbursed and complete the description of	or services (travel), Please attach receipts, circling the what is purchased below and what it was used for:
Description Section:	
Airfure -)/	71650
Hotel - 696/90	55752
Food - 2500	21000
Torain Tolfrom Hotel - /3/20	. 2155
taxi Tolfrom Home -	2000
	152557
	Roviewed KD
Signature of Person Receiving Funds	1900
Treasuer's Section	
Date of Check: 15 Oct 2001 Check Number:	1017 Amount of Check; \$ 1525

Portland & Executive Tower

921 SW Sinth Avenue • Portland, OR 97204 Phone (503) 226-1611 • Fax (503) 220-2562 Reservations

www.hilton.com or 1 800 HILTONS

Name & Address

ROACH, WILLIAM 106 CAPITAL HARBOR DRIVE

SUMMERVILLE, SC 29483

Room Arrival Date Departure Date

405/K1 10/14/02 6:09PM 10/18/02

Adult/Child

Room Rate \$ 125.00

RATE PLAN: C-AFG

HH#

AL: BONUS AL:

CAR:

CONFIRMATION NUMBER: 3157245362

10/18/02

PAGE 1

DESCRIPTION REF. NO. CHARGES BALANCE DATE JAPILA \$125.00 10/14/02 **GUEST ROOM** 55300 10/14/02 ROOM TAX JAPILA 55300 \$14.36 10/15/02 GUEST ROOM ETJOEN 57727 \$125.00 ROOM TAX ETJOEN \$14.38 10/15/02 57727 GUEST ROOM **ETJQEN** 60584 \$125.00 10/16/02 ETJOEN 60584 10/16/02 **ROOM TAX** \$14.38 **GUEST ROOM** ETJOEN 63556 \$125,00 10/17/02 10/17/02 ROOM TAX ETJOEN 83558 \$14.38 WILL BE SETTLED TO AX *********1001 \$557.52 Hillon Hilomors I wished filler

Zip-Out Check-Out®

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
- For any charges after your account was prepared, you may:
- + 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 automotically 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.

DATE OF CHARGE	FOLIO NO,/GHECK NO. 35341 A
AUTHORIZATION	INITIAL
PURCHASES & SERVIO	188
TAXES	
TIPS & MISC.	



NOT TRANSFERABLE

ETKT PASSENGER RECEIPT Roach

PAGE 02 OF 02

THIS TICKET SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE DATE/PLACE OF ISSUE 140CT02 CHSFTO

CONF NBR NT30SV ISS AGT ID DL/MJ

ENDORSEMENTS

FARE CALCULATION CHS DL X/ATL DL POX 316.74YCA DL X/ATL DL CHS 316.74YCA USD633.48END Z) CHSATLPDXATL XT US47.52 ZP12.00 AV10.00 XF13.50 ATL4.5P0X4.5ATL4.5

USD 633.48 XT 83.02

FORM OF PAYMENT AXXXXXXXXXXXX1001/581 330

USD716.50

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