

04/01/13 V993
*****1,960.59*

**** NON-NEGOTIABLE ****

CHRISTOPHER A TROTTER

552.117

30894

V993

19934172899001 641158

EMP032013

1,960.59

BAGGAGE FEES 3/20-24/

30894

CHRISTOPHER A TROTTER

06/17/13 V1272

*****1,636.24*

*****VOID CHECK*****

CHRISTOPHER TROTTER

532.117

30894

19934175099001	641105	EMP051013	57.40	MILEAGE 5/10/13
19934170199000	639901	EMP052413	249.99	GRILL - CO MEETINGS
19934175099001	641105	EMPMAY2013	124.08	MILEAGE
19934175099001	641105	EMPRR2013	1,204.77	HOTEL 6/7-8/13

30894

CHRISTOPHER TROTTER

05/06/13

V1115

*****406.51*

*****VOID CHECK*****

CHRISTOPHER A TROTTER

652.117

30894

19934172899001 641158

EMPAPR2013MN

406.51

AIRPORT PKG MN RECRUI

30894

CHRISTOPHER A TROTTER

01/31/13

249308

*****400.00*

THE SUM OF *****400* DOLLARS AND *NO* CENTS

MINNESOTA EDUCATION JOB FAIR
THE ODYSSEY GROUP
300 33RD AVENUE SOUTH, SUITE 101
WAITE PARK MN 56387

33292

249308

19934172899001 641158

MNED20132029

400.00

REG FEE 4/15/13

PICKED UP BY: R. Brumley

TDL / EMP #: _____

Company Name: _____

Date: 2-4-13 Time: 10:40

33292

MINNESOTA EDUCATION JOB FAIR

TOMBALL INDEPENDENT SCHOOL DISTRICT

PAYMENT AUTHORIZATION FORM

CHECK NUMBER

DATE PAID

VENDOR #: 33292

VENDOR NAME: Minnesota Education Job Fair

DATE: 1/24/2013

INVOICE #: attached M N E D 2013-2029

NAME: Rosanna Brumley

INVOICE DATE: 1/24/2013

LOCATION: C/O - Human Resources

DUE DATE: ASAP

DESCRIPTION: Registration Fee for Job Fair - April 15, 2013

Item #	Budget Code	Account	Amount	1099	Item #	Budget Code	Account	Amount	1099
01)	19934172899001	641158	\$400.00		11)				
02)					12)				
03)					13)				
04)					14)				
05)					15)				
06)					16)				
07)					17)				
08)					18)				
09)					19)				
10)					20)				

TOTAL AMOUNT DUE: \$400.00

SPECIAL INSTRUCTIONS:

Please do not mail. Call Rosanna Brumley, Ext. 2023, when check is ready for pick-up.

Thank you.

BUDGET MANAGER APPROVAL: _____

WHITE COPY: AUDIT FILE
CANARY COPY: PAID

NONPOPAY.XLS
6/2011

Rosanna Brumley

From: Minnesota Education Job Fair <registrationsL@togevents.com>
Sent: Thursday, January 24, 2013 3:13 PM
To: Rosanna Brumley
Subject: Minnesota Education JobFair

INVOICE

Minnesota Education Job Fair
Monday, April 15, 2013
Minneapolis Convention Center
Federal ID #01-0614898
Website: www.mcucsa.org/mnedfair

Name of Organization Tomball Independent School District

Invoice # MNED2013-2029

TOTAL AMOUNT DUE: \$400.00 (U.S. currency only)

Exhibit Booth: 1 @ \$350 = \$350.00

Rep Lunch/Refreshment Tickets (Up to 2 reps per booth are included in registration fee) :(2 total) 0 @ \$25 = \$0.00

Electricity: 0 @ \$110 = \$0.00

Carpet: 0 @ \$105 = \$0.00

6 X 6 Interview Space: 1 @ \$50 = \$50.00

District/Organization Presentation Hour: 0 @ \$50 = \$0.00

Late Fee: \$0

PAY BY CREDIT CARD ONLINE

<http://www.mcucsa.org/mnedfair/payment.aspx>

Select Payment and then click on the credit card.

PAY BY CHECK

Make check payable to: Minnesota Education Job Fair

Mail check to:

Minnesota Education Job Fair
The Odyssey Group
300 33rd Avenue South, Suite 101
Waite Park MN 56387

CANCELLATION POLICY

Invoice is due within thirty days.

If you cancel your registration prior to April 1, 2013, you will be given a full refund.

No refunds will be available for cancellations after that date.

CONTACT INFO

Lu Ann Rice, The Odyssey Group
Phone: 320.202.1831

Fax: 320.202.1833

Email: luann@togevents.com

**TOMBALL INDEPENDENT SCHOOL DISTRICT
TRAVEL EXPENSE FORM (Jan to Dec 2013)
(Employee)**

NAME CHRIS TROTTER DEPARTMENT & CAMPUS ADMIN SERVICES / ADMINISTRATION

AP VENDOR # 30894 BUDGET&ACCT# 19934172899001 / 641158

MONTH APRIL 2013

TOTAL OFFICIAL MILES TRAVELED IN PERSONAL CAR 58.6 @ \$ 0.565 \$ 33.11 ✓
(Requires attachment of approved/signed District Travel log or Electronic mapping)

FARES: RAILROAD, BUS, TAXI, ETC. Harris Co. Toll Road fees (4 @ 1.75) \$ 7.00 ✓

MEALS ON OFFICIAL BUSINESS OUTSIDE DISTRICT \$ 73.00 ✓
(Requires signature on each itemized receipt) NO TIPS ALLOWED

HOTEL OR ROOM RENT ON OFFICIAL BUSINESS OUTSIDE DISTRICT \$ 182.00 ✓
(Requires attachment of approved/signed District Travel Request Form)
(Requires Proof of Attendance)

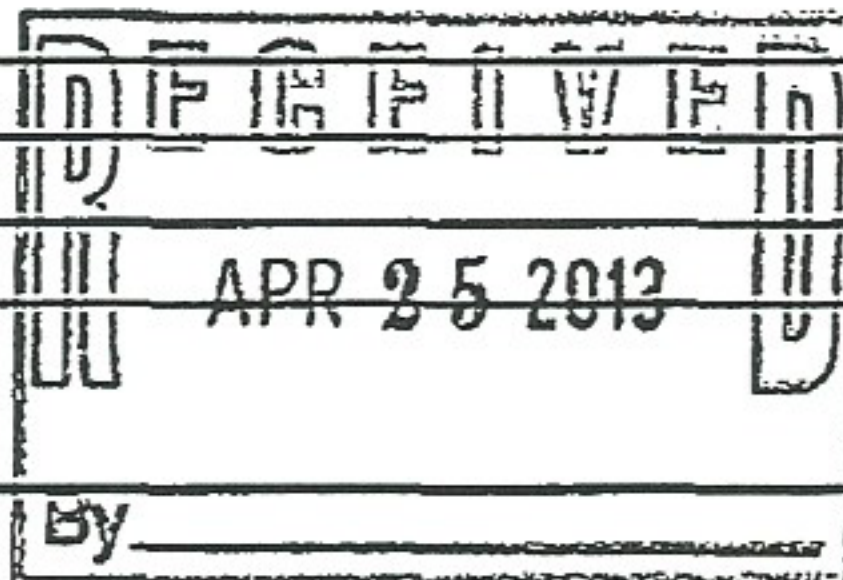
NAME OF CONFERENCE \$ _____
Required Information – do not use acronyms.

PLACE AND DATE AND HOURS \$ _____
(Required Information)

Purpose of Trip (for Federal Programs – How does it meet the intent and purpose of grant?) Required for all
Recruiting trip to Minneapolis MN with Chris Scott Federal Grants

REIMBURSIBLE INCIDENTALS DURING TRIP (PLEASE ITEMIZE BELOW)
(Includes City & County Hotel Occupancy tax)

Minnesota State and City hotel tax	\$ 24.40	✓
Houston Airport Parking	\$ 37.00	✓
United Airlines Baggage Fees	\$ 50.00	✓
	\$	
TOTAL OFFICIAL EXPENSE...	\$ \$406.51	✓



I HEREBY CERTIFY THAT THE ABOVE ACTIVITIES AND EXPENSES ARE TRUE AND CORRECT.

CLAIMANT'S SIGNATURE [Signature] Date 4/24/2013
(Must be Original Signature of Claimant)

APPROVED BY: SIGNATURE [Signature] Date 4-25-13

FINANCE APPROVAL: SIGNATURE [Signature] Date 4-30-13

NOTE: RATE OF TRAVEL PER MILE AND EXPENSE FOR MEALS AND LODGING PER DAY SHALL BE GOVERNED BY SCHOOL RATE.
REFER TO THE FINANCE PROCEDURES MANUAL FOR MAXIMUM REIMBURSEMENT AMOUNTS ALLOWED. www.gsa.gov
ORIGINAL SIGNED ITEMIZED RECEIPTS MUST BE FURNISHED IN ORDER TO BE REIMBURSED.
ALL CLAIMS FOR TRAVEL REIMBURSEMENT MUST BE SUBMITTED WITHIN 30 DAYS OF THE ENDING DATE OF TRAVEL.
COMPLETE ENTIRE FORM IN BLUE INK.

Original – Finance

EFT- No copy no check

____ Purpose & Intent Approved

Revised July 2012

____ Coding Verified & Approved

NAME AND ADDRESS:
TROTTER, CHRISTOPHER

552.117

Room: 1136/D2
Arrival Date: 4/14/2013 6:30:00PM
Departure Date: 4/16/2013
Adult/Child: 2/0
Room Rate: 91.00

RATE PLAN C-MJF

HH# 362461703 BLUE

AL:
BONUS AL: CAR:

CONFIRMATION NUMBER : 3511382418

4/16/2013 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
4/14/2013	*SKYWATER CUISINE	LINTR	6253130	\$29.00		
4/14/2013	GUEST ROOM	AOSMAN	6253403	\$91.00		
4/14/2013	STATE OCCUPANCY TAX	AOSMAN	6253403	\$6.26		
4/14/2013	CITY OCCUPANCY TAX	AOSMAN	6253403	\$5.94		
4/15/2013	GUEST ROOM	AOSMAN	6254964	\$91.00		
4/15/2013	STATE OCCUPANCY TAX	AOSMAN	6254964	\$6.26		
4/15/2013	CITY OCCUPANCY TAX	AOSMAN	6254964	\$5.94		
4/16/2013	MC *8273	BHILTON	6255770		\$235.40	
	BALANCE					\$0.00

— Meal - see attached receipt

You have earned approximately 3165 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.

Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!

[Signature]

ACCOUNT NO. 552.136

DATE OF CHARGE 04/14/2013 FOLIO NO./CHECK NO. 1182477 A

CARD MEMBER NAME
TROTTER, CHRISTOPHER

AUTHORIZATION INITIAL
H02989

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

THANK YOU FOR STAYING AT THE HILTON MINNEAPOLIS. IF YOU FEEL THAT YOU COULD NOT RATE YOUR STAY A "10" PLEASE DIAL OUR GUEST HOTLINE TO REACH A TEAM MEMBER READY TO ASSIST YOU. WE LOOK FORWARD TO SERVING YOU AGAIN!

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

1001 MARQUETTE AVENUE
MINNEAPOLIS, MN 55403
612-397-4927

1 SOFT PRETZEL	6.95
1 FLAT IRON STEAK	15.95

Please pay this amount
Total 25.37

* Gratuity is not included for ** parties of 5 or less.

* FOR ROOM CHARGES & MASTER ACCTS ONLY! *

* DATE _____ *

* _____ *

* _____ *

* AMOUNT _____ *

* TOTAL CHARGE _____ *

* SIGNATURE _____ *

* NOTES: _____ *

total \$29
3.63 tip - on \$10/10



Hell's Kitchen
80 South 9th Street Mpls, MN 55402

Server: MITCH
Table 602/1
Guests: 1

04/15/2013
6:13 PM

Print #: 1

#60060

1 N JERK BURGER PM 14.50
1 E COLESLAW 1.50

Subtotal 16.00
Tax 1.72

Total 17.72

Balance Due \$ 17.72

Now Longer Dinner Hours!
Sun-Wed Dinner menu until 10pm.
Thurs-Sat Dinner until 11pm.
Make reservations and
see upcoming events
at www.hellskitcheninc.com

Hell's Kitchen
80 South 9th Street Mpls, MN 55402

Server: MITCH
06:16 PM
Table 602/1

DOB: 04/15/2013
04/15/2013
6/60060

SALE

M/C

6291502

Magnetic card present: TROTTER CHRISTOPHER
Card Entry Method: S

Approval: F04350

Amount: \$ 1.00

+ Tip: 3.28

= Total: 21.00

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

x

Now Longer Dinner Hours!
Sun-Wed Dinner menu until 10pm.
Thurs-Sat Dinner until 11pm.
Make reservations and
see upcoming events
at www.hellskitcheninc.com

Restaurant Copy

552.136

HMSHOST
IKE'S FOOD & COCKTAILS MAIN
MSP INTERNATIONAL AIRPORT

279306 Isaac

62/2 GST 1
9513
APR16'13 7:09AM

DINE IN

1 COFFEE BAR 2.99
FIRST RND HOTBEV
1 BKFT BURG 15.39
OVER MEDIUM
MEDIUM
TOAST MULTI GRN

SUBTOTAL 18.38
TAX 1.34
AMOUNT DUE \$19.72

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

BUTCH HOWARD
612-355-4605
BUTCH.HOWARD@HMSHOST.COM

HMSHOST
IKE'S FOOD & COCKTAILS MAIN
MSP INTERNATIONAL AIRPORT
CHECK: 9513
TABLE: 62/2
SERVER: 279306 Isaac
DATE: APR16'13 7:43AM
CARD TYPE: MASTERCARD
CCT #:
UTH CODE: F00962
CHRISTOPHE A TROTTER

052.136

OTAL: 19.72

IP: 3.28

OTAL: 23.00

X
I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.



www.newsouthparking-tx.com



New
South
Parking

P.O. Box 60751
Houston, TX 77205
(281) 233-1730

CUSTOMER RECEIPT



Toledo Ticket Co., Toledo, OH
www.toledoticket.com

Tran	In Time	Out Time	Fee	CC#
------	---------	----------	-----	-----

452	04/14 12:08	04/16 12:51	\$37.00	8273
-----	-------------	-------------	---------	------

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a series of loops and a long, sweeping tail that extends towards the upper right corner of the page.



Baggage Receipt

Issue Date: 14 APR 2013 IAH ATO

A STAR ALLIANCE MEMBER

Baggage Document	Description	Qty	Fees
0162607828048	First Bag Fee	1	\$25.00

Ticket Number
0162362726635

Method of Payment
[]
Cardholder Name
CHRISTOPHE A TROTTE

502.136

BAGGAGE FEES Total Fees USD \$25.00

Excess Baggage Terms and Conditions:

- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

AGENT REFERENCE: GG ESC BAG

Confirmation: BKRC2J

Carrier	Routing
UA	IAH - MSP

UNITED 

Baggage
Issue Date: 16 APR 2013 MSP ATU

A STAR ALLIANCE MEMBER 

Baggage Document	Description	Qty	Fees
0162607912888	First Bag Fee	1	\$25.00

Ticket Number
0162362726635

[Method of Payment]

552.136

Cardholder Name
CHRISTOPHE A TROTTE

BAGGAGE FEES Total Fees **USD \$25.00**

Confirmation: **BKRC2J**

Excess Baggage Terms and Conditions:

- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

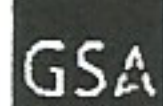
Carrier Routing
UA MSP - IAH

AGN IC



Allowed Per Diem/Location: 121

[illegible]



U.S. General Services Administration

Search

[Home](#) > [Policy & Regulations](#) > [Travel and Relocation Policy](#) > [Per Diem](#) > [Per Diem Rates](#) >

FY 2013 Per Diem Rates for Minnesota

(October 2012 - September 2013)

SEARCH BY CITY, STATE OR ZIP CODE	
Enter your city	Enter your ZIP Code
OR	
Minnesota	FIND PER DIEM RATES
Per Diem Map >	

ADDITIONAL PER DIEM TOPICS

[Meals & Incidental Expenses Breakdown \(M&IE\)](#)
[FAQs](#)
[State Tax Exemption Forms](#)
[Factors Influencing Lodging Rates](#)
[FY 2012 Per Diem Highlights](#)
[Fire Safe Hotels](#)
[Have a Per diem Question?](#)
[Downloadable Per Diem Files](#)

Cities not appearing below may be located within a county for which rates are listed.

To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).You searched for: **Minnesota**

Primary Destination* (1)	County (2, 3)	Max lodging by Month (excluding taxes)												Meals & Inc. Exp.**	
		2012			2013										
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Standard Rate	Applies for all locations without specified rates	77	77	77	77	77	77	77	77	77	77	77	77	77	46
Duluth	St. Louis	99	82	82	82	82	82	82	82	82	99	99	99	99	56
Eagan / Burnsville / Mendota Heights	Dakota	83	83	83	83	83	83	83	83	83	83	83	83	83	56
Minneapolis / St. Paul	Hennepin and Ramsey	121	121	121	121	121	121	121	121	121	121	121	121	121	71
Rochester	Olmsted	101	101	101	101	101	101	101	101	101	101	101	101	101	51

* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency may authorize the rate where lodging is obtained.

** Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.

CONTACTS

[Additional Contacts for](#)
[Travel Management Policy](#)

NEED MORE INFORMATION?

[Rates for Alaska, Hawaii, U.S. Territories and Possessions \(set by DoD\)](#)
[Rates in Foreign Countries \(Set by State Dept.\)](#)
[Federal Travel Regulations \(FTR\)](#)

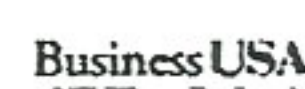
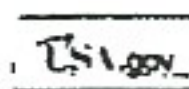
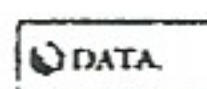
RELATED TOPICS

[Travel Resources](#)
[E-Gov Travel](#)
[FedRooms](#)
[POV Mileage Reimbursement Rates](#)

Last Reviewed 2013-02-08

Print Email Favorites Twitter Facebook Share

[Help](#) | [Sitemap](#) | [Accessibility Aids](#) | [Linking](#) | [Privacy and Security](#) | [Contact Us](#)



Also of Interest: [Whitehouse.gov](#) [Recovery.gov](#) [Data.gov](#) [USA.gov](#) [BusinessUSA.gov](#)

**TOMBALL INDEPENDENT SCHOOL DISTRICT
TRAVEL EXPENSE FORM (Jan to Dec 2013)
(Employee)**

NAME CHRIS TROTTER **DEPARTMENT & CAMPUS** ADMIN. SERVICES / ADMINISTRATION

AP VENDOR # 30894 **BUDGET&ACCT#** 19934172899001 / 641158

MONTH MARCH **20** 13

TOTAL OFFICIAL MILES TRAVELED IN PERSONAL CAR 75.5 @ \$ 0.565 \$ 42.66 ✓
(Requires attachment of approved/signed District Travel log or Electronic mapping)

FARES: RAILROAD, BUS, TAXI, ETC. Tolls 2 @ \$1.75 ea \$ 3.50 ✓

MEALS ON OFFICIAL BUSINESS OUTSIDE DISTRICT see attached receipts \$ 204.34 ✓
(Requires signature on each itemized receipt) NO TIPS ALLOWED

HOTEL OR ROOM RENT ON OFFICIAL BUSINESS OUTSIDE DISTRICT \$ 894.36 ✓
(Requires attachment of approved/signed District Travel Request Form)
(Requires Proof of Attendance)

NAME OF CONFERENCE Teacher Recruiting Fairs--Utah and Iowa \$ _____
Required Information – do not use acronyms.

PLACE AND DATE AND HOURS Logan UT, Provo UT, Cedar Falls IA 03/20/2013 - 03/24/2013 \$ _____
(Required Information)

Purpose of Trip (for Federal Programs – How does it meet the intent and purpose of grant?) Required for all Federal Grants
Recruitment of Science, Math and Computer Science teachers for 2013-2014 school year

Chris Trotter paid all expenses for himself and Chris Scott for this trip –

REIMBURSIBLE INCIDENTALS DURING TRIP (PLEASE ITEMIZE BELOW)
(Includes City & County Hotel Occupancy tax)

Fuel for rental cars	<u>85.38</u>	✓
Houston Intercontinental Airport Parking	<u>77.00</u>	✓
Checked Baggage Fees	<u>255.00</u>	✓
Rental cars	<u>398.35</u>	✓

TOTAL OFFICIAL EXPENSE... \$ \$1,960.59 ✓

I HEREBY CERTIFY THAT THE ABOVE ACTIVITIES AND EXPENSES ARE TRUE AND CORRECT.

CLAIMANT'S SIGNATURE [Signature] Date 3/26/13
(Must be Original Signature of Claimant)

APPROVED BY: SIGNATURE [Signature] Date 3-26-13

FINANCE APPROVAL: SIGNATURE [Signature] Date 3-26-13

NOTE: RATE OF TRAVEL PER MILE AND EXPENSE FOR MEALS AND LODGING PER DAY SHALL BE GOVERNED BY SCHOOL RATE.
REFER TO THE FINANCE PROCEDURES MANUAL FOR MAXIMUM REIMBURSEMENT AMOUNTS ALLOWED. www.gsa.gov
ORIGINAL SIGNED ITEMIZED RECEIPTS MUST BE FURNISHED IN ORDER TO BE REIMBURSED.
ALL CLAIMS FOR TRAVEL REIMBURSEMENT MUST BE SUBMITTED WITHIN 30 DAYS OF THE ENDING DATE OF TRAVEL.
COMPLETE ENTIRE FORM IN BLUE INK.

Original – Finance

EFT- No copy no check

____ Purpose & Intent Approved

Revised July 2012

____ Coding Verified & Approved

TOMBALL INDEPENDENT SCHOOL DISTRICT
EMPLOYEE TRAVEL REQUEST FORM
FOR OVERNIGHT/OUT-OF-STATE TRAVEL

AOG DEE states: Overnight travel requires prior approval of the supervisor, with out of state travel also requiring approval from an Assistant Superintendent. The Travel Request form must be completed and filed with the Finance Office at least 10 working days prior to any overnight travel.

DATE February 8, 2013

Advance Check to Hotel Requested

☐

Yes

☒

No

NAME Chris Scott

NAME OF MEETING Recruiting Trip

MEETING LOCATION University of Northern Iowa (from Salt Lake City)

DEPARTURE/RETURN DATES/TIMES Fri. March 22, 8:35 pm - Sun. March 24, 2013, 12:13 pm

Overnight travel: (Initials)

APPROVED

☒

NOT APPROVED

☐

AOG DEE states: Employees who travel should confirm room rates prior to departure. Review the Hotel section on page 1 of 4. Where it is known that the cost will exceed \$77 per employee per day, **PRIOR** approval by the employee's supervisor is required. Prior approval by an Assistant Superintendent is required in order to have the District pay for lodging to be provided in the greater Houston area. Meals and Incidental Expense (M&IE) rates are reduced to 75% on first and last days of travel.

COST PER EMPLOYEE PER NIGHT:

LODGING OR ROOM RATE: \$80.00 ** CITY HOTEL TAX: \$9.60 M&IE: _____
(**Actual Reimbursement/room cost must not exceed this amount.)

Sharing room with: _____ Confirmation #: 82874947

NAME OF HOTEL/MOTEL Hampton Inn Cedar Rapids - North

Address: 1130 Park Place NE, Cedar Rapids IA 52402

Lodging Rate: (Initials)

APPROVED

☒

NOT APPROVED

☐

2-8-13

DATE


PRINCIPAL/DIRECTOR

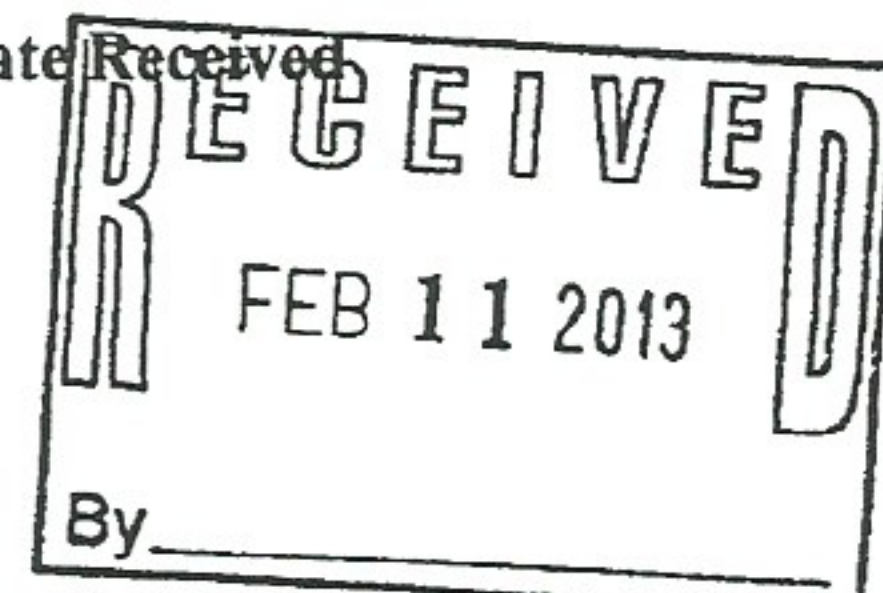
DATE

ASSISTANT SUPERINTENDENT (If Needed)*

This original form is to be sent to the Finance Department attached to either a Payment Authorization Form or the purchase requisition for the hotel expense.

August 2012

Finance Office Use Only - Date Received



TOMBALL INDEPENDENT SCHOOL DISTRICT

EMPLOYEE TRAVEL REQUEST FORM

FOR OVERNIGHT/OUT-OF-STATE TRAVEL

AOG DEE states: Overnight travel requires prior approval of the supervisor, with out of state travel also requiring approval from an Assistant Superintendent. The Travel Request form must be completed and filed with the Finance Office at least 10 working days prior to any overnight travel.

DATE February 8, 2013

Advance Check to Hotel Requested

☐

Yes

☒

No

NAME Chris Scott

NAME OF MEETING Recruiting Trip

MEETING LOCATION Utah State University

DEPARTURE/RETURN DATES/TIMES Wed. March 20, 9:45 am - Fri. March 22, 2013, 8:35 pm

Overnight travel: (Initials)

APPROVED

☒

NOT APPROVED

☐

AOG DEE states: Employees who travel should confirm room rates prior to departure. Review the Hotel section on page 1 of 4. Where it is known that the cost will exceed \$77 per employee per day, PRIOR approval by the employee's supervisor is required. Prior approval by an Assistant Superintendent is required in order to have the District pay for lodging to be provided in the greater Houston area. Meals and Incidental Expense (M&IE) rates are reduced to 75% on first and last days of travel.

COST PER EMPLOYEE PER NIGHT:

LODGING OR ROOM RATE: \$119.00 ** CITY HOTEL TAX: \$14.98 M&IE: _____
(*Actual Reimbursement/room cost must not exceed this amount.)

Sharing room with: _____ Confirmation #: 81950243

NAME OF HOTEL/MOTEL Homewood Suites Salt Lake City - Downtown

Address: 423 West 300 South; Salt Lake City UT 84101

Lodging Rate: (Initials)

APPROVED

☒

NOT APPROVED

☐

DATE

2-8-13

PRINCIPAL/DIRECTOR

[Signature]

DATE

ASSISTANT SUPERINTENDENT (If Needed)*

This original form is to be sent to the Finance Department attached to either a Payment Authorization Form or the purchase requisition for the hotel expense.

August 2012

Finance Office Use Only

Date Received

RECEIVED
FEB 11 2013
By _____

TOMBALL INDEPENDENT SCHOOL DISTRICT

EMPLOYEE TRAVEL REQUEST FORM

FOR OVERNIGHT/OUT-OF-STATE TRAVEL

AOG DEE states: Overnight travel requires prior approval of the supervisor, with out of state travel also requiring approval from an Assistant Superintendent. The Travel Request form must be completed and filed with the Finance Office at least 10 working days prior to any overnight travel.

DATE February 8, 2013

Advance Check to Hotel Requested

☐

Yes

☒

No

NAME

Chris Trotter

NAME OF MEETING

Recruiting Trip

MEETING LOCATION

Utah State University

DEPARTURE/RETURN DATES/TIMES

Wed. March 20, 9:45 am - Fri. March 22, 2013, 8:35 pm

Overnight travel: (Initials)

APPROVED

Gn

NOT APPROVED

☐

AOG DEE states: Employees who travel should confirm room rates prior to departure. Review the Hotel section on page 1 of 4. Where it is known that the cost will exceed \$77 per employee per day, PRIOR approval by the employee's supervisor is required. Prior approval by an Assistant Superintendent is required in order to have the District pay for lodging to be provided in the greater Houston area. Meals and Incidental Expense (M&IE) rates are reduced to 75% on first and last days of travel.

COST PER EMPLOYEE PER NIGHT:

LODGING OR ROOM RATE: \$119.00 ** CITY HOTEL TAX: \$14.98 M&IE: _____
(**Actual Reimbursement/room cost must not exceed this amount.)

Sharing room with: _____

Confirmation #: _____

81950243

NAME OF HOTEL/MOTEL

Homewood Suites Salt Lake City - Downtown

Address: _____

423 West 300 South; Salt Lake City UT 84101

Lodging Rate: (Initials)

APPROVED

Gn

NOT APPROVED

☐

DATE

2-8-13

PRINCIPAL/DIRECTOR

[Signature]

DATE

ASSISTANT SUPERINTENDENT (If Needed)*

This original form is to be sent to the Finance Department attached to either a Payment Authorization Form or the purchase requisition for the hotel expense.

August 2012

Finance Office Use Only - Date Received

RECEIVED	
FEB 11 2013	
By	_____

FOR OVERNIGHT/OUT-OF-STATE TRAVEL

No

Fri. March 22, 8:35 pm - Sun. March 24, 2013, 12:13 pm

11

10

PRINCIPAL/DIRECTOR

Received
RECEIVED
FEB 11 2013
By _____

17.14

**CARLUCCI'S
BAKERY**
(801) 366-4484

03/20/2013 12:00PM 07
000000#3248 CLERK07

PREPARED FOOD 11 \$7.95
PREPARED FOOD 11 \$7.95
PREPARED FOOD 11 \$4.50
MDSE ST \$20.40
TAX1 \$1.59

ITEMS 30
CASH \$21.99

CARLUCCI'S BAKERY_CAFE
314 WEST 300 SOUTH
SALT LAKE CIT UT 84101
801-366-4484

03/20/2013 12:50:33
Merchant ID: XXXXXXXXXXXX0694
Device ID: 2222
Terminal ID: PD04.

CREDIT CARD
MC SALE

TRANS #
Batch #:
Approval Code: R09
TRANS ID: MCWB9TWDD03
Entry Method: Swiped
Mode: Online

SALE AMOUNT \$21.99

TIP AMOUNT 2.01

TOTAL AMOUNT 24.00

] 552.136

CUSTOMER COPY



Temple Square Hospitality
Corporation
The Roof Nauvoo Cafe
The Garden The Lion House

Temple Square Hospitality
Corporation
The Roof Nauvoo Cafe
The Garden The Lion House

Server: Paige 03/21/2013
Table 22/1 7:39 PM
Guests: 2 10015
Area: The Roof

Server: Paige DOB: 03/21/2013
07:43 PM 03/21/2013
Table 22/1 1/10015

Adult Buffet (2 @39.95)	79.90
Complete Subtotal	79.90
Subtotal	79.90
Tax	6.27
Total	86.17
Balance Due	86.17

SALE

M/C 3145735
[552.136]
Magnetic card present: Yes
Card Entry Method: S
Approval: R07966

Amount: \$ 86.17
+ Tip: 13.83
= Total: 100.00

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

X 

** GUEST COPY **



Auntie Anne's
Salt Lake City International Airport
Terminal B

Till # : 8020601
Date/Time : 3/22/2013 4:32 PM
Operator : SUNWAR B
Receipt# : SALE 180332

32 oz Fountain Soda	\$2.30
Pretzel Jalapeno Dog	\$3.85
Pretzel Stix	\$3.85

SUB TOTAL	\$10.00
Utah Sales Tax	\$0.40
SUB TOTAL INC TAX	\$10.40
Master/Visa	\$10.40
CHANGE	\$0.00

A handwritten signature in black ink, appearing to be 'C. Brown' or similar, written in a cursive style.

Sara Lee DIA
8900 Pena Boulevard Concourse B
Denver, CO 80249
303.

Date: 03/22/13 07:55 PM

Employee: Register

Order: 108

Terminal: 1

Guests: 0

Qty	Item	Total
1	Combo Panini	9.99
1	Combo Specials	9.49
1	Credit Card	-21.02

Subtotal: 19.48

Tax: 1.54

Total: 21.02

Balance: \$0.00

SARA LEE SANDWICH SHOPPE
8900 PENA BLVD CONCOURSE B GATE
DENVER CO 80249
303-342-3372

Terminal ID: 00687253 0005

03/22/13 20:02:23

MASTERCARD



552.136

SALE

REF#: 205

BATCH #: 397

AUTH #: R01647

AMOUNT

\$21.02

TIP

\$

TOTAL

\$21.02

APPROVED

X

CHRISTOPHE A TROTTER

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

500 Blairs Ferry Road NE
Cedar Rapids, IA
319-378-9090

Server: Go Cubs 03/23/2013
SCOTT JAMES C/2 7:22 PM
Guests: 0 10247

Fish & Chips 9.59
Wedges
Brewmaster Burger 8.79
Wedges
Root Beer 1.99

Subtotal 20.37
Tax 1.43

Total 21.80

Balance Due 21.80

We accept Cash, Visa, MC, Disc
& AMEX.

CHECKS ARE NOT ACCEPTED

500 Blairs Ferry Road NE
Cedar Rapids, IA
319-378-9090

Server: Go Cubs DOB: 03/23/2013
07:23 PM 03/23/2013
SCOTT JAMES C/2 1/10247

[H/C 1048629] 552.136
Magnetic card present: TROTTER
CHRISTOPHE A
Approval: F00236

Amount: 21.80

+ Tip: 4.20

= Total: 26.00

X



O'HARE VENTURE - ZOOT CAFE
O'HARE INTERNATIONAL AIRPORT
773-686-2743

12294 Henry

CHK 3878 MAR24'13 8:57AM

1 ITAL SAND	6.79
1 COMBO	6.79
1 ICE TEA	2.39
1 CHIPS	1.29
1 SODA FTN 32	2.29
1 FRUIT	1.19

SUBTOTAL	20.74
TAX	2.18
AMOUNT PAID	22.92
XXXXXXXXXXXXXXXXX3	XX/XX
MSTRCARD A1	22.92

Your order number is: 3878



87 E. 12300 S.
Draper Ut 84028

COMMON CENTS #262, L349915017001
12276 SOUTH STATE STREET
DRAPER, UT
84028

03/22/2013 03:24:32 PM 12437350

[552.136]

TROTTER/CHRISTOPHE A
INVOICE 055722
AUTH R03530

PUMP# 7	
REGULAR	13.6400
CE/GAL	3.299
GRAND TOTAL	\$ 45.00

Subtotal = \$ 45.00
Tax = \$ 0.00
Total = \$ 45.00

CREDIT \$ 45.00
=====

APPROVED R03530
=====

Thank You!!
Please Come Again!!!



Casey's General Store# 2782
1495 Elains Ferry Road NE
Cedar Rapids, IA 52402
Register 2

3/23/13 19:35:53
Reg:2 Cashier:ALAN
Receipt 2055764 ****SUSPENDED****
Type SALE

Prepay Fuel	5.00
SubTotal	5.00
Total	5.00
Received	
Cash	5.00

3/23/13 19:35:53

Casey's General Store# 2782
1495 Elains Ferry Road NE
Cedar Rapids, IA 52402
Register 2

3/23/13 19:34:03
Reg:2 Cashier:ALAN
Receipt 2055759
Type SALE

Unleaded Fuel	20.00
Pump: 6	
Gallons: 5.715	
Price / Gal 3.499	
SubTotal	20.00
Total	20.00
Received	
Cash	20.00

3/23/13 19:34:03



Casey's General
Casey's General
Store #2791
9125 Atlantic Drive
Cedar Rapids, Ia.

Date 03/24/2013
Time 06:02

[552.136]

Pump	Gallons	Price
08	4.395	\$ 3.499

Product	Amount
UNLEADED	\$ 15.38

Total Sale \$ 15.38

SALE - Card Swiped
Auth # R08642
Merch #
Approved R08642

ENTER TO WIN A
BASS PRO SHOPS
\$10,000
SHOPPING SPREE!
STOP IN THE STORE
FOR DETAILS.

Thank You !!!
Please Come Again.
319-632-4646



www.newsouthparking-tx.com



New
South
Parking

P.O. Box 60751
Houston, TX 77205
(281) 233-1730

CUSTOMER RECEIPT



Toledo Ticket Co., Toledo, OH
www.toledoticket.com

Tran	In Time	Out Time	Fee	CC#
------	---------	----------	-----	-----

565	03/28 06:38	03/28 12:37	\$77.00	8273
-----	-------------	-------------	---------	------

A handwritten signature in black ink, appearing to be "C. J. Smith".

I approved payment of this to Chris Trotter on these receipts.
Chris Scott

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

REV. 5/12
PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX CSM957

UNITED 

PASSENGER RECEIPT

1 OF 1

A STAR ALLIANCE MEMBER

**EXCESS BAGGAGE
TICKET**

SCOTT/JAMESCMR

****NOT VALID FOR****

****TRANSPORTATION****

MR/DB27F4 /SALT LAKE CITY

PSGR TICKET 01623548174695

THIS IS YOUR RECEIPT

SLC EV DEN 00 CID

P3P33N

**FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK**

1 SECOND CHECKED BAG 35.00 2 FIRST CHECKED BAG 25.00

USD 85.00

[] XXXX/T03958 552.136

NOT VALID FOR TRAVEL

USD 85.00

1 016 2606677554 6

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

REV. 5/12
PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX CSM957

UNITED 

PASSENGER RECEIPT

1 OF 1

A STAR ALLIANCE MEMBER

**EXCESS BAGGAGE
TICKET**

SCOTT/JAMESCMR

****NOT VALID FOR****

****TRANSPORTATION****

G6/D17335 /HOUSTON

PSGR TICKET 01623548174695

THIS IS YOUR RECEIPT

IAH UA SLC

P3P33N

**FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK**

1 SECOND CHECKED BAG 35.00 2 FIRST CHECKED BAG 25.00

USD 85.00

[] XXXX/T05185 552.136

NOT VALID FOR TRAVEL

USD 85.00

1 016 2606537021 5



I approved payment of this to Chris Trotter on this receipt.

Chris Scott

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

REV. 11/12
CSA957
PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX



PASSENGER RECEIPT

1 OF 1

EXCESS BAGGAGE
TICKET

24MAR13

US

KR/D2AA10 /CEDAR RAPIDS

SCOTT/JAMESCMR

NOT VALID FOR

**TRANSPORTATION*

PSGR TICKET 01623548174695

THIS IS YOUR RECEIPT

CID 00 ORD UA IAH

P3P33N

1 FIRST CHECKED BAG 25.00

USD 25.00

[

XXXX/T09817

552.136

1 016 2606747535 1

USD 25.00

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

A STAR ALLIANCE MEMBER

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

REV. 11/12
CSA957
PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX



PASSENGER RECEIPT

1 OF 1

EXCESS BAGGAGE
TICKET

24MAR13

US

KR/D2AA10 /CEDAR RAPIDS

TROTTER/CHRISTOPHERAM

NOT VALID FOR

**TRANSPORTATION*

PSGR TICKET 01623548174673

THIS IS YOUR RECEIPT

CID 00 ORD UA IAH

P3P33N

1 SECOND CHECKED BAG 35.00 1 FIRST CHECKED BAG 25.00

USD 60.00

[

XXXX/T00039

552.136

1 016 2606747664 4

USD 60.00

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

A STAR ALLIANCE MEMBER

Chris Trotter

ENTERPRISE

RA 132918210 Bill 0
 Rental 20-MAR-2013 12:19 PM
 SALT LAKE CITY INTL ARPT
 Return 22-MAR-2013 03:51 PM
 SALT LAKE CITY INTL ARPT

CHRISTOPHER TROTTER
 Vehicle # DD262747
 Model COMPASS
 Class Driven IFAR Class Charged IFAR
 License# Y416TY State/Province UT
 M/Kms Driven 284
 M/Kms Out 1818
 M/Kms In 2102

Charges	No Unit	Price	Amount
T & M	2 Days	53.45	106.90*
T & M	4 Hours	10.69	42.76*
UNLIM M/KM	0 M/Kms		0.00*
CAR CLS CH	2 Days	15.00	30.00*
CONCESSION RECOVERY FEE			18.24*
COUNTY TOURISM TAX			14.04
MOTOR VEH RENTAL TAX			5.01
CFC			15.00
VLV RECOVERY			2.70*
SALES TAX @6.850 %			13.74

Total Charges USD 248.39

Deposit MC 8273


Amount Due USD 248.39

* Taxable Items
 Subject to Audit
 For Reservatons: 1-800-RENT-A-CAR



Christopher Trotter



Member#:	_____	Password:	_____
<input type="button" value="Login"/>		Forgot?	

Rental Receipt - Thank you for your business**CHRISTOPHER TROTTER**Contract Number: **132988027**Receipt Date: **Mar 24, 2013****Enterprise Location:** 2121 Arthur Collins Pkwy Sw#14
Cedar Rapids, IA 52404-8951
US
Tel.: 3665522**Driver:** CHRISTOPHER TROTTER

Start Date:	End Date:	Make/Model	Start Miles	End Miles	Miles Driven
Mar 23, 2013 @ 12:43 am	Mar 24, 2013 @ 9:13 am	F150 CREW CAB XLT 4WD 157WB	2,249	2,500	251
Total Miles					251

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	36.01	36.01
Rate	5	Hour	7.20	36.00
Rate	1	Day	30.00	30.00
COLLISION DAMAGE WAIVER FULL	1	Day	19.99	19.99
				Subtotal: USD 122.00

Taxes and Surcharges

RECOUPMENT FEE 10 PCT	12.20
CONSOLIDATED FACILITY FEE 1.76/DY	3.52
RENTAL CAR TAX	5.10
SALES TAX	7.14
Subtotal: USD 149.96	

Total Charges: **USD 149.96****Payment Information**

CREDIT CARD	MC	149.96
		Subtotal: USD 149.96

PO:.

Total Payment Amount: **USD 149.96**If you have any questions about this receipt please contact our support staff at 3665522 or [Email us](#).



423 West 300 South • Salt Lake City, UT 84101
Phone (801) 363-6700 • Fax (801) 303-5333
Reservations
homewoodsuites.com or 1-800-CALL-HOME®

Name & Address

Trotter, Chris

US

552.117

Room 418/KSTN
Arrival Date 3/20/2013 2:57:00PM
Departure Date 3/22/2013

Adult/Child 1/0
Room Rate \$119.00

RATE PLAN L-GV7
HH# 362461703 BLUE
AL
BONUS AL CAR

Confirmation: 81950243

3/22/2013 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/20/2013	585022	GUEST ROOM	\$119.00
3/20/2013	585022	ROOM - OCCUPANCY STATE TAX	\$8.15
3/20/2013	585022	ROOM - OCCUPANCY SALES TAX	\$5.65
3/20/2013	585022	TOURISM FEE	\$1.19
3/21/2013	585249	GUEST ROOM	\$119.00
3/21/2013	585249	ROOM - OCCUPANCY STATE TAX	\$8.15
3/21/2013	585249	ROOM - OCCUPANCY SALES TAX	\$5.65
3/21/2013	585249	TOURISM FEE	\$1.19
WILL BE SETTLED TO [] 552.136			\$267.98
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			
You have earned approximately 3570 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.			

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express 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.
- 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 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.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	141001 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

T
H
A
N
K

Y
O
U



HOMEWOOD SUITES

Hilton

423 West 300 South • Salt Lake City, UT 84101
Phone (801) 363-6700 • Fax (801) 303-5333
Reservations
homewoodsuites.com or 1-800-CALL-HOME ®

Name & Address

SCOTT, Chris

552.117

Room 414/KSTN
Arrival Date 3/20/2013 2:58:00PM
Departure Date 3/22/2013

Adult/Child 1/0
Room Rate 119.00

RATE PLAN
HH# 362461703 BLUE
AL:
CAR:

L-GV7

Folio

CONFIRMATION NUMBER : 81950243

3/22/2013 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/20/2013	585019	GUEST ROOM	\$119.00
3/20/2013	585019	ROOM - OCCUPANCY STATE TAX	\$8.15
3/20/2013	585019	ROOM - OCCUPANCY SALES TAX	\$5.65
3/20/2013	585019	TOURISM FEE	\$1.19
3/21/2013	585246	GUEST ROOM	\$119.00
3/21/2013	585246	ROOM - OCCUPANCY STATE TAX	\$8.15
3/21/2013	585246	ROOM - OCCUPANCY SALES TAX	\$5.65
3/21/2013	585246	TOURISM FEE	\$1.19
** BALANCE **			\$267.98

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

THANK YOU FOR CHOOSING THE HOMEWOOD SUITES
BY HILTON SLC DOWNTOWN HOTEL. WE APPRECIATE
YOUR BUSINESS!

DATE OF CHARGE FOLIO NO./CHECK NO.
143332 A

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

W
WALDORF
ASTORIA

CONRAD
HOTELS & RESORTS

Hilton

DOUBLETREE

EMBASSY
SUITES

Hilton
Garden Inn

Hampton

HOMES
SUITES

HOME2

Hilton
Grand Vacations

HHONORS
HILTON WORLDWIDE

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.



Hampton Inn & Suites
1130 Park Place NE • Cedar Rapids, IA 52402
Phone (319) 832-1130 • Fax (319) 832-0010



Official Sponsor

Trotter, Chris

552.117

name
address

room number: 126/KXTD
arrival date: 3/22/2013 1:31:00AM
departure date: 3/24/2013 5:32:00AM
adult/child: 1/0
room rate: 80.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN L-GVS
HH# 362461703 BLUE
AL:
CAR:

CONFIRMATION NUMBER : 82874947

3/24/2013 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
3/22/2013	278425	GUEST ROOM	\$80.00
3/22/2013	278425	ROOM STATE TAX	\$4.00
3/22/2013	278425	RM OCCUPANCY TAX	\$5.60
3/23/2013	278528	GUEST ROOM	\$80.00
3/23/2013	278528	ROOM STATE TAX	\$4.00
3/23/2013	278528	RM OCCUPANCY TAX	\$5.60
3/24/2013	278578		(\$179.20)
		552.136	
		** BALANCE **	\$0.00
EXPENSE REPORT SUMMARY			
	13 00:00:00	12:00:00AM	STAY TOTAL
ROOM & TAX	\$89.60	\$89.60	\$179.20
DAILY TOTAL	\$89.60	\$89.60	\$179.20

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 hotels and resorts in 91 countries, please visit HHonors.com.

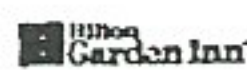
Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

[Signature]

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	552.136	date of charge	3/22/13	folio/check no.	100745	A
card member name	Trotter, Chris	authorization	H01720	initial		
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services				
		taxes				
		tips & misc.				
signature of card member	X	total amount		-179.20		





Hampton Inn & Suites
1130 Park Place NE • Cedar Rapids, IA 52402
Phone (319) 832-1130 • Fax (319) 832-0010



Official Sponsor

Trotter, Chris

name
address

room number:
arrival date:
departure date:

128/KXTD
3/22/2013 1:31:00AM
3/24/2013 5:32:00AM

adult/child:
room rate:

1/0
80.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN L-GVS
HH# 362461703 BLUE
AL:
CAR:

CONFIRMATION NUMBER : 82874947

3/24/2013 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
3/22/2013	278426	GUEST ROOM	\$80.00
3/22/2013	278426	ROOM STATE TAX	\$4.00
3/22/2013	278426	RM OCCUPANCY TAX	\$5.60
3/23/2013	278529	GUEST ROOM	\$80.00
3/23/2013	278529	ROOM STATE TAX	\$4.00
3/23/2013	278529	RM OCCUPANCY TAX	\$5.60
3/24/2013	278577		(\$179.20)
		** BALANCE **	\$0.00
EXPENSE REPORT SUMMARY			
13 00:00:00 12:00:00AM STAY TOTAL			
ROOM & TAX		\$89.60	\$89.60
DAILY TOTAL		\$89.60	\$179.20

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 hotels and resorts in 91 countries, please visit HHonors.com.

Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

[Signature]

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no.
552.136	3/22/13	102791 A
card member name	authorization	initial
Trotter, Chris	H01756	
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	-179.20
X		



CONRAD



HHONORS
HILTON WORLDWIDE

**TOMBALL INDEPENDENT SCHOOL DISTRICT
TRAVEL EXPENSE FORM (Jan to Dec 2013)
(Employee)**

NAME CHRIS TROTTER DEPARTMENT & CAMPUS ADMIN SERVICES / ADMINISTRATION

AP VENDOR # 30894 BUDGET&ACCT# 1993 41 750 99001 / 641105

MONTH MAY 20 13

TOTAL OFFICIAL MILES TRAVELED IN PERSONAL CAR 219.61 @ \$ 0.565 \$ 124.08
(Requires attachment of approved/signed District Travel log or Electronic mapping)

FARES: RAILROAD, BUS, TAXI, ETC. \$

MEALS ON OFFICIAL BUSINESS OUTSIDE DISTRICT \$
(Requires signature on each itemized receipt) NO TIPS ALLOWED

HOTEL OR ROOM RENT ON OFFICIAL BUSINESS OUTSIDE DISTRICT \$
(Requires attachment of approved/signed District Travel Request Form)
(Requires Proof of Attendance)

NAME OF CONFERENCE \$
Required Information – do not use acronyms.

PLACE AND DATE AND HOURS \$
(Required Information)

Purpose of Trip (for Federal Programs – How does it meet the intent and purpose of grant?) Required for all
Federal Grants

REIMBURSIBLE INCIDENTALS DURING TRIP (PLEASE ITEMIZE BELOW)
(Includes City & County Hotel Occupancy tax)

\$
\$
\$
\$

TOTAL OFFICIAL EXPENSE... \$ \$124.08

I HEREBY CERTIFY THAT THE ABOVE ACTIVITIES AND EXPENSES ARE TRUE AND CORRECT.

CLAIMANT'S SIGNATURE [Signature] Date 06/04/2013
(Must be Original Signature of Claimant)

APPROVED BY: SIGNATURE [Signature] Date 6-5-13

FINANCE APPROVAL: SIGNATURE [Signature] Date 6-7-13

NOTE: RATE OF TRAVEL PER MILE AND EXPENSE FOR MEALS AND LODGING PER DAY SHALL BE GOVERNED BY SCHOOL RATE.
REFER TO THE FINANCE PROCEDURES MANUAL FOR MAXIMUM REIMBURSEMENT AMOUNTS ALLOWED. www.gsa.gov
ORIGINAL SIGNED ITEMIZED RECEIPTS MUST BE FURNISHED IN ORDER TO BE REIMBURSED.
ALL CLAIMS FOR TRAVEL REIMBURSEMENT MUST BE SUBMITTED WITHIN 30 DAYS OF THE ENDING DATE OF TRAVEL.
COMPLETE ENTIRE FORM IN BLUE INK.

RECEIVED BY

Original – Finance

JUN 10 2013
EFT- No copy no check

____ Purpose & Intent Approved

Revised July 2012

ACCOUNTS PAYABLE

____ Coding Verified & Approved