

BASIC DA	TA			,		**************************************	REMIT TO:	<del></del>	<del></del>					***************************************
Vendor N	Vo:	10	5876	Invoice I	)ato:	04/02/2015				***************************************			***************************************	
Transacti	ion:					04/02/2010	Payee:	Matthew G	Hass					
Referenc		A	ilism Awareness	Posting I		¢ 444.70	_ Address:							
Calculate		1	1   1 1	Invoice A	lmount:	\$ 111.72	City:							
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TAX AND	WITHOLD						DETAILS	<del></del>	·····					
Tax Code	:	P0		Withhol	ding Code:	00	Assignmen	it (Invoice #)	:			***************************************	Business Are	ea: 0665
ONE TIME	VENDOR	DATA					PAYMENT D	DATA	***************************************					
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Address:						***************************************	Payment N		W		T			
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2			3111.72		41132	0 F.0665,DE	OC-FPL					Mileage fro	om Autism Aware	ness Day
3				-				<u> </u>	·			at ti	ne Capitol on 4/2/	/15
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		TOTA	\$ 111.72	<del> </del>			······	<u> </u>						
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Office of A	of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203													
t-Mail: SB-,	SB-ACCOUNTING@DFA.STATE.AR.US   Telephone: (501) 682-1675   Fax: (501) 682-2166							Invoic	e Docum	ent Numbe	r:			
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COST ASS	RESIDENCE AN	IRIP:	COST CENT	TER DETAIL	411320 LED EXP	ENDITO	RES O	WBS Eleme	N MILEA	<u>GE</u>	PRIVATE VEHICLE				
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER			PER DIEM	TAXI	inciden Tals	TELE PHONE	TOTAL PER DAY	FROM	ТО	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
	Little Rock	Meeting									Marion	Little Rock	133	9.42	55.86
04/02/15	Little Rock	Meeting									Little Rock	Marien	133	0.42	55.86
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	SUB-	TOTALS			<u> </u>			·····			TOTALS FOI	R MILEAGE	266.00	0.42	····
JUSTIFICA	INCIL	DENTALS EDING PER DIEM:	(1) Postage ( (5) Guide Ser and Wards o	rvice for t	he Blind	(6) Mino	e Purch				S		RECAPITU		
Approved	TAR	Muse Travel	Supervisor				**************************************	-	V Cha:	Sign	nature of Traveler		SUB-TOTAL MILEAGE C	LAIMED	\$111.72 \$111.72



BASIC DA	TA							***************************************	REMIT TO:	****			·			
Vendor	√o:	1058	76		Invoice D	ato:	03/12/2015		<del></del>				·		······································	****
Transacti	ion:				Posting D		03/12/2013		Payee:	Matthew G		***************************************			····	
Referenc		Qua	rterly Meet	lína	-		644550		Address:	616-4644		d d	······································	<del></del>		
Calculate		1	Yes	T	Invoice A	nount:	\$ 115.50		City:			<del></del>				
ļ			res	No	···				State:			ZIP C	ode:	المعاقبة الم		
TAX AND	WITHOLDIN	G		ng .			· .		DETAILS		***************************************		***************************************			
Tax Code	:	P0			·Withhold	ing Code:	00		1	t (Invoice #):					Business	Area: 0665
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Name:		ļ		·····					Payment T	erms:	001		***************************************	*************************	<del></del>	
Address:			***************************************		·				Payment M	lethod:	W		Pavme	nt Method St	Inniement:	Α
City:		<u> </u>	***************************************		State:		ZIP:		House Ban	k:	TREAS				ppicincin.	1
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Line No.	GL Acco	unt	Amo	unt	Tax Code	Cost Cei	nter WB:	S Elen	nent	Internal	Order	Earmarke	d Eunde		Text	
1	5050020	300	\$ 116	5.50	P0	41132		***************************************	C-FPL			LOTTICIAC	o ranus	Mileage fro	m Quarterly	ido atina
2									<del>" .'</del>	<del> </del>					/2015-03/12	***************************************
3					·	***************************************			······································					03/11	12010-03/12	72013
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	·	TOTAL	\$ 115	5.50	<del></del>					<u> </u>			1	·		
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Office of Ad E-Mail: \$8-	Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203 B-ACCOUNTING@DFA.STATE.AR.US   Telephone: (501) 682-1675   Fax: (501) 682-2166								Invoid	e Docume	nt Numbe	r:	· · · · · · · · · · · · · · · · · · ·		***************************************	
	1 terchione: (201) 005-10/2   Fax: (201) 085-5100										·····	·				

DEPARTM NAME OF PLACE OF	PAYEE	105876 HSPA/DDC Matthew Glass ID ADDRESS TRIP:	COST CEN	TER	411320	·		WBS Eleme	nt <u>F.0665</u>		OFFICIAL STATION PRIVATE VEHICLE INT ORDER		***************************************	***************************************	1
Activities and the second			1	DETAIL	CED EXP	ENDITU	RESO	HER THA	NMILEA	V.F					*************
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL	MEALS	PER DIEM		INCIDEN TALS	TELE PHONE	TOTAL PER	FROM	то	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
03/11/15	Little Rock	Council Meeting						***************************************			Marion	Little Rock	136	0.12	57.12
03/12/15	Little Rock	Council Meeting									Little Rock	North Little Rock	9	0.12	3.78
03/12/15	Little Rock	Council Meeting									North Little Rock	Marion	130	0.42	54.60
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		TOTALS DENTALS			L						TOTALS FOI	MILEAGE	275	0.42	115.50
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Approved	G	MUUW— Travel S	upervisor						\	Cherry	ature of Traveler		SUB-TOTAL MILEAGE C	LAIMED	\$115.50 \$115.50



BASIC DA	TA								REMIT TO:					· · · · · · · · · · · · · · · · · · ·		***********
Vendor i	Vo:	Ţ,	05876	***************************************	Invoice D		02/09/2015	·			······································	***************************************			***************************************	
Transact		F					02/09/2015	)	Payee:	Matthew G			**************************************		***************************************	
Reference		<u> </u>	Aeeting In LR	<del></del>	Posting 0		6 220 00		Address:		Serence					
Calculate		ļ-	<del></del>	T	Invoice A	mount:	\$ 330.30		City:				· · · · · · · · · · · · · · · · · · ·		***	
Colculate	107.		Yes	<sub>a</sub> No ·			***************************************		State:		····	ZIP	Code:	Total (		
TAX AND	WITHOLE	ING							DETAILS		· ·	·····				
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ONE TIME	VENDOR	DATA							PAYMENT D	ATA					***************************************	
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Line No.	GL Ac	count	Amo	unt	Tax Code	Cost Cer	iter	WBS Elen	nent	Internal	Ordor	Éstmadu	ed Funds			
1	50500	20200	\$ 220	0.60	P0	41132		F.0665.DD		(HCC) HB1	Viuei	Calliare	eo runos	1 - 4 - 5 5 -	Text	
2	50500	20300	\$ 109	9.70	PO	41132	0	F.0665,DD0							r Meeting in Lf	
3														Mileage for	r Meeting in LF	₹ on 2/9/15
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		Service	Bureau, PO Bo	x 3278 1	509 West 7th	Room 100	little Danis an	0 70000		***************************************		ve	~ weronii	ang Omy		
- ,	ACCOUNTI	NG@D	FA.STATE.AR.U	S   Telep	ohone: (501) (	, nooin 100, : 582-1675	ише коск, АР Fax: (501) 68	K 72203 12-2166		Invoič	e Docume	ent Numbe	er: T			
	ACCOUNTING@DFA.STATE.AR.US   Telephone: (501) 682-1675   Fax: (501) 682-2166								L	· · · · · · · · · · · · · · · · · · ·			.			1

	PERSONEL NO	105876													
DEPARTM	ENT	HSPA/DDC													
NAME OF		Matthew Glass	<del></del>								OFFICIAL STATIO	N			
PLACE OF	RESIDENCE AN	NO ADDRESS:									PRIVATE VEHICLI	E LICENSE NO.			
COST ASS	SIGNMENT FOR	TRIP:	COST CEN		411320			WBS Elei	 ment <u>F.06</u> 1	65.DDC-FPL					
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DATE	NAME OF	DESCRIPTION	COMMON	HOTEL	MEALS	DED	RESO	PHER TH	IN MILEA			4 1			
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02/08/15	Little Rock	Meetings	<u> </u>	<del> </del>	<del> </del>	<u> </u>	<u> </u>								C. T. T. T. D. D.
02/09/15	Little Rock	Meetings		<del> </del> -	<del> </del>		ļ				Marion	Little Rock	130.50	0.42	54.81
	***************************************		<del></del>	<del> </del>							Little Rock	Marion	130.67	0.42	54.89
02/08/15	Little Rock	Lodging												0.42	
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		FOTALS		220,60				~			TOTALOUS	*****	-	0.42	
	INCID	DENTALS	(1) Postage (2	2) Parking	Fee (3) I	Registrat	ion Fee	(4) Emerge	ency Car R	engirs	TOTALS FOR	MILEAGE	261.17	0.42	109.70
			(a) Guide Ser	vice for th	ie Blind (	6) Minor	' Purcha	ses (7) Me	als for Stat	e Guests			RECAPITUI	_ATION	
			and Wards of	the State	(S) Other	r (Explai	n)								
JUSTIFICAT	TION FOR EXCE	EDING PER DIEM:													
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Approved _													SUB-TOTAL		\$220,60
		Travel S	upervisor	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del></del>	<del></del>		-	· · · · · · · · · · · · · · · · · · ·	C:			_MILEAGE CL	_AIMED_	\$109.70
										<b>១</b> ខ្មែក៖	iture of Traveler		TOTAL AL .		
								•••			Title		TOTAL CLAI	MED _	\$330.30
											1 1610				

DEPARTM NAME OF	PAYEE	105876 HSPA/DDC Matthew Glass ND ADDRESS: 119 No.	:								OFFICIAL STATIO				·
COST ASS	IGNMENT FOR	TRIP:	COST CEN	TER	411320		····	WBS Elei	nent <u>F.06</u>	65.DDC-FPL	٠		,	***	· · · · · ·
DATE	NAME OF			DETAL	CED EXP	ENDITI	TRES O	THER THA	IN MILES	.GE					
	TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL	MEALS	PER DIEM	TAXI	INCIDEN TALS	TELE PHONE	TOTAL PER	FROM	то	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
	Little Rock	Meetings			<b>†</b>	<del></del>	<del> </del>	<del> </del>	<b></b>			T			
02/09/15	Little Rock	Meetings									Marion	Little Rock	130.50	0.42	54.81
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219/15	L-K	Lidging		230.00								<u> </u>		0,42	
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100 TIFICAT	TON FOR EXCE	EDING PER DIEM:													
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Approved	-l	Travel Su	pervisor	ć	2/27	1/15		_	Y	~			SUB-TOTAL MILEAGE CL		1 <i>30.⊍∩</i> \$109.70
			*					-	<u> </u>	he:nev	ture of Traveler		TOTAL CLAI		\$109:70
											IIIG			3	30,30

# Lexie Boyd

From: Sent: To:

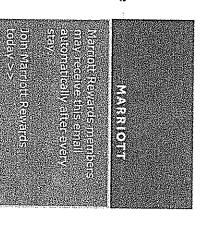
Thanks for staying! [efolio@marriott.com]
Wednesday, February 11, 2015 4:03 AM
Lexie Boyd
Your Feb 8, 2015 - Feb 9, 2015 stay at the Little Rock Marriott

Subject:

Thank you for choosing the Little Rock Marriott for your recent stay.

As requested, below is a billing summary or adjustment for your stay. If you have questions about your bill, please contact the hotel directly at (501) 906-4000.

Make another reservation on Marriott.com >>



# डियानातात्तरं, भी भूजमा इडिया

Guest:

GLASS/MATTHEW

Hotel: Little Rock Marriott
3 Statehouse Plaza
Little Rock, Arkansas 72201
USA
(501) 906-4000

ASU

Dates of stay: Feb 08, 2015 - Feb 09, 2015 Guest number: 4657 Marriott Rewards number: None

Room number: 919 Group number:

02/08/15 Date 02/09/15 02/08/15 02/08/15 02/08/15 02/08/15 SL TAX OCC TAX Payment - MasterCard XXXXXXXXXXXXXX4904 SL TAX PARKING TR ROOM Description DSA DSA 919, 1 919, 1 1 '616 ROOM C/O Reference Charges 174.00 22.00 15,66 1.98 6,96 220.60 Credits

Treat yourself to the comfort of Marriott Hotels in your home.

Total balance

0.00 USD

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# राज्यस्थात् सावितास्थात्

This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (501) 906-4000.

Why Have I Received this Email? You have received this email because you requested during your stay to receive an electronic version of your bill by email.

Availability

Electronic versions of your hotel bill, available by email from our over 2,300 participating properties in the Marriott family of hotels in the USA and Canada, are emailed to you within 72 hours of check-out. These email messages reflect changes made to your bill up to 11pm on your day of departure. Any adjustments after that time may not be shown.

If you have received this email in error, please notify us.

Learn more about eFolio, receiving your hotel bills by email.

those records. Authenticity of Bills

Marriott retains official records of all charges and credits to your account and will honor only

**Privacy** Your privacy is important to Marriott, For full details of our privacy policy, please visit our Privacy Statement.

Credit of Marriott Rewards Points After a stay, it may take up to 7 days for Marriott Rewards points to be credited to your account.

Terms of Use::Privacy Statement(c)1996-2012 Marriott International, Inc. All rights reserved. Marriott proprietary information

CUESTAFOLIO

GLASS/NATTHEW

12.00 174.00 92/09/15

ROCK MARRIOTT

4657 ACCT#

13,09 02/08/15

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GK GK

RMD#:

DSA 19. 02/08 02/08 02/08 02/08 02/09

\$220.60 CURRENT MASTERCARD

SETTLED

TO BE

R.B. H.L. BE ENAILED TO WASAS. GOV BARRIOTT. COM AS-REQUESTED, A FINAL COPY OF YOU SEE "INTERNET PRIVACY STATEM R CHOOSING THE LITTLE STAY! TO EXPEDITE YOU SK. SEE YOU AGAIN WHEN THANK YOU FOR ENJOYED YOUR STHE FRONT DESK



### Department of Finance and Administration

# Office of Accounting Direct Invoice / Credit Memo - Form F10001

BASIC DAT	ΓA						REMIT TO:						**************************************	***************************************
Vendor N	lo:	1058	376	Invoice D	ate:	01/27/2015	Payee:	Matthew G	lass		******	· · · · · · · · · · · · · · · · · · ·		
Transaction	on:		······································	Posting D	ate:		Address:			Si .		***************************************	······································	***************************************
Reference	e:	Legi	slature Meeting	Invoice A	mount:	\$ 110.00	City:							***************************************
Calculate	Tax:		Yes No		·		State:			ZIPC	ode:	(EEF)		
TAX AND V	WITHOLDI	٧G			******************		DETAILS			· · · · · · · · · · · · · · · · · · ·				
Tax Code:		P0		Withhold	ling Code:	00	<del>}</del>	t (Invoice #):					Business	Area: 0665
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City:				State:		ZIP:	House Banl	k:	TREAS	····	· · · · · · · · · · · · · · · · · · ·	····	······································	
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Check Nu	mber:						Cash GL Ac	count:		***************************************				
Check Dat	te:			***************************************			Check Amo	unt:						
EXPENSE D	ETAIL													
Line No.	GL Acc	ount	Amount	Tax Code	Cost Ce	nter WBS Ele	ment	Internal	Order	Earmarke	d Funds		Text	***************************************
1	505002	0300	\$ 110.00	P0	41132	90 F.0665.DD	C-FPL					Mileage	from Legislati	ure Meeting
2											***************************************		on 1/27/201	5
3	·									· · · · · · · · · · · · · · · · · · ·				
4	***************	·····				,								***************************************
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		TOTAL	\$ 110.00											The state of the s
Date:	e:   <u>                                   </u>													Autorities
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Signature:	April Muchello Gred							Page		Out Of			(R DZ/19/2014	4 by TNLEITMEYER)
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Office of A	e of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203							lausi.	a Daeume	ent Numbe	. P+			<del></del>
c-iviaii: 58-	l: SB-ACCOUNTING@DFA.STATE.AR.US   Telephone: (501) 682-1675   Fax: (501) 682-2166							11700	re pocum	an numbe	1.			****

	AYEE		COST CENT	DETAIL	411320 ED EXP	ENDITO		THER THA	N MILEA		OFFICIAL STATIO PRIVATE VEHICLE	LICENSE NO.			
DATE	TOWN VISITED	DESCRIPTION	COMMON CARRIER		MEALS	PER DIEM	TAXI	INCIDEN TALS	TELE PHONE	TOTAL PER DAY	FROM	то	MILEAGE DRIVEN		AMOUNT CLAIMED
	Little Rock	Meeting									Marion	Little Rock	130.42	0.42	55.00
01/27/15	Little Rock	Meeting									Little Rock	Marioa	130.45	0.42	
							***************************************					1	1 22.1.10	0.42	95.54
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L	····	<u> </u>												0.42	
****		TOTALS									TOTALS FOR	R MILEAGE	261	0.42	110.00
JUSTIFICAT		ENTALS EDING PER DIEM:	(1) Postage ( (5) Guide Ser and Wards of	vice for t	he Blind -	(6) Mino	r Parch	(4) Enterg ases (7) Me	eucy Car l als for Sta	Repairs te Guests			RECAPITU	LATION	
Approved _	Dec	uno Sonol Travel	Supervisor			****				Sign	ature of Traveler	200	SUB-TOTAL	LAIMED	\$110.00 \$110.00



BASIC DAT	A ·	19]					REMIT TO	2 .			······································			·
Vendor No	o:	105876		Invoice D	ate:	12/11/2014	Payee:	Matthew (	Glass					
Transactio	on:			Posting D	ate:		Address:	<b>C</b>						
Reference	<b>:</b>	Quarte	rly Meeting	Invoice A	mount:	\$ 132.74	City:		)					
Calculate '	Tax:	Yı	es No			•	State:			ZIP C	lode:			
TAX AND V	VITHOLDING						DETAILS	***************************************	***************************************				<del></del>	
Tax Code:		P0		Withhold	ling Code:	00	Assignme	nt (Invoice #	<u>}:</u>				Business	Area: 0665
ONE TIME	VENDOR DA	TA				<del></del>	PAYMENT	DATA					<del></del>	
Name:					***************************************		Payment	Terms:	001	***************************************	<del></del>			
Address:							Payment	Method:	W		Paym	ent Method	Supplement:	Α
City:				State:		ZIP:	House Ba	nk:	TREAS					······································
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Check Nur	mber:						Cash GL	Account:						
Check Dat	e:					***************************************	Check An	nount:		····				
EXPENSE D	ETAIL													***************************************
Line No.	GL Accou	int	Amount	Tax Code	Cost Ce	nter WBS	Element	Intern	al Order	Earmark	ed Funds		Text	
1	50500201	100	\$ 22.74	P0	4113:	20 F.0665	DDC-FPL					Meals	from Legislate	ure Meeting
2	50500203	300	\$ 110.00	P0	4113:	20 F.0665	DDC-FPL					Mileago	from Legisla	ture Meeting
3													anuary 21-22	2015
4														
5				<u>                                     </u>						ļ				***************************************
	7	OTAL	\$ 132.74	<u> </u>	VIII.			<del> </del>	····					
Date:	ı	27/2	015			-								
Signature:	genature: Lexis Michells Boyd  Remit Form to:							C+ Page		2ND PAGE Out Of	USED		{R 02/19/20	14 by TNLEITMEYE
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Office of Ad E-Mail: SB-	ccounting Ser ACCOUNTING	vice Bure @DFA.ST	au, PO Box 3278, : ATE.AR.US   Tele		Inve	oice Docum	ient Numb	er:						

DEPARTM NAME OF PLACE OF	TENDOR/PERSONEL NO 105876 HEPARTMENT HSPAIDDC HAME OF PAYEE Matthew Glass PLACE OF RESIDENCE AND ADDRESS: HERE STATE NAME OF DESCRIPTION		COST CEN		411320					65.DDC-FPL	OFFICIAL STATION	The second state of the se	and the second s		
								THER THA							
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER			PER DIEM	TAXI	INCIDEN TALS	TELE PHONE	TOTAL PER DAY	FROM	то	MILEAGE DRIVEN		AMOUNT CLAIMED
01/21/15	Little Rock	Meeting with Legislature								-	Marion	Little Rock	130.42	0.42	55.00
01/22/15	Little Rock	Meeting with Legislature							***************************************		Little Rock	Marion	130.45	0.42 0.42	
01/21/15	Little Rock	Lunch		<del> </del>	11.64					<u> </u>			-	0.42	<del></del>
<del> </del>	Little Rock	Dinner		<del> </del>	11.10						<u> </u>			0.42	
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		TOTALS		<u> </u>	22.74						TOTALS FOI	R MILEAGE	261	0.42	110.00
JUSTIFICA		DENTALS EEDING PER DIEM:	(1) Postage (5) Guide Se and Wards o	rvice for t	he Blind	(6) Mino	r Purch	(4) Emerg	ency Car I	Repairs ite Guests			RECAPITU	LATION	
Approved								•	10-00-00-00-00-00-00-00-00-00-00-00-00-0				SUB-TOTA MILEAGE C		\$22.74 \$110.00
	Travel								^	Sig	nature of Traveler		TOTAL CL/	AIMED	\$132.74
										Title					



				***************************************		*******		4					-		_	*****
BASIC DAT	ra <u> </u>	·						REMIT TO:								
Vendor N	lo:	105876		Invoice D	ate:	12/11/2014		Payee:	Matthew G	ass						
Transacti	on:			Posting D	ate:			Address:			d					
Reference	e:	Quarte	rly Meeting	Invoice A	mount:	\$ 140.01		City:								
Calculate	Тах:	<u>ү</u>	es No	······································				State:			ZIP	ode:				
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ONE TIME	VENDOR DA	TA						PAYMENT D	ATA				······································			
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City:				State:		ZIP:		House Ban	k:	TREAS		<del> </del>	<del></del>		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
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Bank Key	(Rtg. No.):							Payment Re	eference:			***************************************			**********	
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MANUAL (	CHECK ONLY							DETAILS								
Check Nu	mber:							Cash GL Ac	count:						<del></del>	***************************************
Check Da	te:	<u></u>						Check Amo	unt:							
EXPENSE E	DETAIL					`				<del></del>						
Line No.	GL Accou	nt	Amount	Tax Code	Cost Ce	nter	WBS Elei	ment	Internal	Order	Earmark	ed Funds		Text	**********	•
1	50500201	00	\$ 29.97	P0	4113	20	F.0665,DD	C-FPL					Meals f	rom Quarterly	Meeti	ng
2	50500203	00	\$ 110.04	P0	4113	20	F.0665.DD	C-FPL					Mileage	from Quarter	y Mee	ting
3													Dec	ember 10-11	2014	
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5																
	7	TOTAL	\$ 140.01													
Date:	12	12212	1014											***************************************		<del></del>
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	nit Form to:										D	FA Accoun	ting Only	<del></del>		
Office of A E-Mail: SB	ice of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203  Mail: SB-ACCOUNTING@DFA.STATE.AR.US   Telephone: (501) 682-1675   Fax: (501) 682-2166								lnvoi	ce Docun	ent Numb	er:				

VENDOR/F DEPARTM	PERSONEL NO ENT	105876 HSPA/DDC	<del></del>				4	pe.			OFFICIAL STATION	1			
NAME OF		Matthew Glass									PRIVATE VEHICLE				
	RESIDENCE AN SIGNMENT FOR		COST CEN	rer	411320		•	WBS Eleme	nt <u>F.0665</u>	ODC-FPL	INT ORDER		_		
								THER THA		(GE					
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER		MEALS	PER DIEM	TAXI	INCIDEN TALS	TELE PHONE	TOTAL PER DAY	FROM	то	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
12/10/14	Little Rock	Council Meeting									Marion	Little Rock	130	0,42	54.60
12/11/14	Little Rock	Council Meeting									Hotel	Meeting Space	2	0.42	0.84
12/11/14	Little Rock	Council Meeting			<u> </u>						Little Rock	Marion	130	0.42	54.60
														0,42	
12/10/14	Little Rock	Dinner			29.97	<u> </u>				29.9	7			0.42	
				<u> </u>										0.42	
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		TOTALS		<u> </u>	29.97		<u> </u>			29.91	TOTALS FOR	RMILEAGE	261	0.42	
JUSTIFICA		DENTALS EEDING PER DIEM:	(1) Postage ( (5) Guide Ser and Wards o	rvice for t	he Blind	(6) Mino	r Purch						RECAPITU	LATION	
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Approved	<u> </u>	Duis Sa	<u></u>	~~~						·	<u> </u>		SUB-TOTAL MILEAGE C		\$29.97 \$110.04
		Travel	Supervisor							Sign	nature of Traveler		TOTAL CLA	AIMED	\$140.01
											Title		-		



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Vendor N	vio:	1001	85021	Invoice Da		10/45/004		<del>``</del>	1				***************************************	-	
Transacti		1001	00021			10/15/201	14	Payee:	Matthew G			··		· · · · · · · · · · · · · · · · · · ·	
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TAX AND	WITHOLDIN	VG			*****	*		DETAILS	·						
Tax Code	Ľ.	P0		Withhold	ing Code:	00		Assignmer	it (Invoice #)					Business Area	: 0665
ONE TIME	VENDOR D	ATA						PAYMENT (	ATA					<del></del>	
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City:				State:		ZIP:		House Ban		TREAS		1 Taylor	ine meenou o	appietitetti. 14	
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Line No.	GL Acco	ount	Amount	Tax Code	Cost Cer	nter	WBS Eler	nent	Internal	Order	Farmark	ed Funds		Text	
1	5050020	0300	\$ 109.20	00	41131	8	F.0665,DDC	······································	111001101	Ordei	ra; iiiai ki	eu runus	Milnera	for Several Meeti	······
2					***************************************				<u> </u>						ings
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		TOTAL	\$ 109.20			L			<u> </u>			<del>"</del>		<del></del>	
Date:	1/6	0/15/14	*												
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Office of Ac	counting Se	rvice Bur	eau, PO Box 3278, 1	509 West 7th,	Room 100,	Little Rock,	AR 72203						·		
c-Mail: 28-/	ACCOUNTING	⊌@DFA.S	TATE.AR.US   Telep	phone: (501) 6	82-1675	Fax: (501)	682-2166		Invoid	e Docume	nt Numbe	er:			

DEPARTM NAME OF		100185021 HSPA/DDC Matthew Glass ND ADDRESS									OFFICIAL STATION				-
COST ASS	IGNMENT FOR	TRIP:	COST CEN	ER	411318					665.DDC13-FDC	INT ORDER	=			
23 1 2020	1 3000000			DETAI	LED EXP	ENDITU	RES O	THER THE	N MILEA	GE				***********	
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER			PER DIEM	TAXI	INCIDEN TALS	TELE PHONE	TOTAL PER DAY	FROM	то	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
	Little Rock	Meetings In Little Rock									Marion	Little Rock	130	0.42	54.60
10/15/14	Little Rock	Meetings in Little Rock						***************************************			Little Rock	Marion	130	0.42	54.60
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<del></del>		TOTALS									TOTALS FOR	MILEAGE	260	0.42	109.20
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JUSTIFICA:	TION FOR EXC	EDING PER DIEM:				-							· · ·	······································	
Approved		Topologi							$\sim$	~	<u> </u>		SUB-TOTAL MILEAGE C		\$109.20
		frayel S	upervisor						<u> </u>	ozne! N	ature of Traveler Title	**************************************	TOTAL CLA	IMED	\$109.20



# Office of Accounting Direct Invoice / Credit Memo - Form F10001

BASIC DAT	`A					<u> </u>		REMIT TO:								
Vendor N	o:	10018	5021	Invoice D	ate:	10/02/201	14	Payee:	Matthew G	lass	<del></del>					
Transaction	on:			Posting D	ate:			Address:								
Reference	3:	Execu	live Committee	Invoice A	mount:	\$ 109.20		City:					V			
Calculate	Tax:	\ \ \	'es No					State:			ZIP Cod	e:				
TAX AND V	WITHOLDING							DETAILS		<del> </del>					***************************************	
Tax Code:		P0		Withhold	ling Code:	00		Assignment	t (Invoice #):					Bu	siness Ar	ea: 0665
ONE TIME	VENDOR DA	TA	**				***************************************	PAYMENT D	ATA							
Name:								Payment To	erms:	001						***************************************
Address:				ŧ				Payment M	iethod:	W		Payme	nt Method	Supple	ment:	A
City:		<u></u>		State:		ZIP:		House Bank	c:	TREAS						
Cont. Key	(CK/SAV):		***************************************	Tax ID:				Payment Bl	ock:							
Bank Key	(Rtg. No.):	<u></u>						Payment Re	eference:							
Bank Acco	ount:	<u> </u>	· · · · · · · · · · · · · · · · · · ·					Invoice Ref	erence:							
MANUAL C	CHECK ONLY							DETAILS								
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EXPENSE D	ETAIL													·		
Line No.	GL Accou	int	Amount	Tax Code	Cost Ce	nter	WBS Elei	ment	Interna	Order	Earmarked	Funds		*	Text	***************************************
1	50500203	300	\$ 109.20	00	4113	18	F.0665.DDC	13-FDC					Mileage	for Atte	nding the	Executive
2														Commit	ee Meeti	ng
3															·····	
4	****				·····							······································				
5															····	····
	1	TOTAL	\$ 109.20	<u> </u>			***************************************					·				
Date:		0/15/1	4													
Signature:	1	1	. Mi	al A.	***			Mr. of	Page		2ND PAGE USI Out Of	ED	]	(R 0	2/19/2014 b	ý TNLEITMEYER)
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Office of A E-Mail: SB-	ccounting Ser	vice Bur i@DFA.S	au, PO Box 3278, TATE.AR.US   Tele	1509 West 71 ephone: (501)	h, Room 100 682-1675	, Little Rocl Fax: (501	k, AR 72203 L) 682-2166		Invo	ice Docum	ent Number:					
									1					<del></del>	<del></del>	

DEPARTM NAME OF PLACE OF	PERSONEL NO ENT PAYEE RESIDENCE A IGNMENT FOR	HSPA/DDC Matthew Glass	COST CEN	TER	411318		1	WBS Eler	nent_F.0	565.DDC13-FDC	OFFICIAL STATION PRIVATE VEHICLE	↓ LICENSE NO.			
DATE	174176	]		DETAIL	ED'EXP	ENDITT		THER THA					<del></del>		
	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	morry	MEALS	PER DIEM	TAXI	INCIDEN TALS	TELE PHONE	TOTAL PER DAY	FROM	то	MILEAGE DRIVEN		AMOUNT CLAIMED
	Little Rock	Executive Committee Meeting												12.1	CEREILED
10/02/14	Little Rock	Executive Committee Meeting									Marion	Little Rock	130	0.42	54.60
											Little Rock	Marion	130	0.42	54.60
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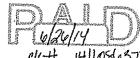
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E-Mail: SB	Accounting Si I-ACCOUNTIN	ervice bur IG@DFA.S	eau, ro sox 3278, TATE.AR.US   Tel	: 1303 West /fr iephone: (501)	, Room 10 682-1675	00, Little Rock, AR 7220 Fax: (501) 682-216	56		Invo	oice Docur	nent Number:			

VENDOR/F DEPARTM NAME OF 1		100185021 HSPA/DDC Matthew Glass							ř	;	OFFICIAL STATIO	N			
	RESIDENCE AN	Matthew Glass							1		PRIVATE VEHICLE				***************************************
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DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL	MEALS	PER DIEM.	TAXI	INCIDEN	TELE PHONE	TOTAL PER	FROM	то	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
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Approved _	Z	542		*****						M~	CC		SUB-TOTAL MILEAGE C		\$111,49
		Travel 5	iupervisor					-		Signa	ature of Traveler		TOTAL CLA		\$111.49
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### Department of Finance and Administration

# Office of Accounting Direct Invoice / Credit Memo - Form F10001



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Vendor N	lo:	100185021		Invoice Da	ite:	06/19/20	14	Payee:	Matthew G	lass					
Transacti	on:			Posting Da	ate:			Address:				······································			
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# Office of Administrative Services Travel Reimbursement Form

EMPLOYI	g and office	INFORMATION				<del></del>				***********						<del></del>		····		
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Print Å Hide Hide Expand All Hide Hide Hide Hide Hide Hide Hide Hide Hide Hide Hide Little Rock Nissan Dealer www.ChooseNissan.com/LittleRock At ChooseNissan.com, Fire Local Offers & Other Great Nissan Deals! Go for 0.2 mi Go for 0.3 mi Go for 0.3 mi Go for 0.1 mi Go for 0.6 mi Go for 203 ft Go for 0.2 mi Go for 2.3 mi Go for 123.5 mi Go for 2.8 mi Go for 0.2 mi Go for 524 ft Go for 318 ft Enfer notes here Take exit #153B/I-30 W/US-65 S/US-67 S/US-167 S/Little Rock to the left onto I-30 W. (B) 707 Interstate 30, Little Rock, AR 72202-2674 Map & Directions | Map Only | Directions Only Take left ramp onto I-55 S toward Memphis. Take exit #8/I-40 W/Little Rock onto I-40 W. Total Distance: 130,68 miles -- Total Time: 1:59 h Take exit #140A/9Th St. onto I-30 W. Turn left onto E 9th St toward I-30 E. Turn left onto I-30 E. YAHOO! Ţ. **(**) Ĺ A. È. ₩. 1

Your destination on I-30 E is on the right. The trip takes 130.7 mi and 1:59 h.

(B) 707 Interstate 30, Little Rock, AR 72202-2674

Expand All

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When using any driving drections or map, it is a good idea to double check and make sure the road still exists, watch our for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning



# Department of Finance and Administration Office of Accounting Direct Invoice / Credit Memo - Form F10001 CK. NO. 1410700 4446 DATE \$107 2014



BASIC DAT	'A							REMIT TO:							
Vendor No		105876	)	Invoice Da	ite:	03/14/20	14	Payee:	Matthew Gi	ass	··				
Transactio	on:			Posting Da	ate:			Address:				· · · · · · · · · · · · · · · · · · ·			
Reference	<b>:</b> :	Counc	l Travel	Invoice Ar	nount:	\$ 159.49	)	City:							
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VENDO	RIPERSONEL NO	)	a								OFFICIAL STATION	1			
DEPAR	TMENT	HSPA/DDC	_					_			PRIVATE VEHICLE				,
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- 4-1		Travel St	pervisor							Sigr	nature of Traveler		TOTAL CL	AIMED	154.44
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# South On Main 1300 MAIN ST LITTLE ROCK, AR 72202

Server: Joe 09:21 PM Table 44/1

03/12/2014 03/12/2014 3/3005

SALE

2097198

Mastercard 209 Card #XXXXXXXXXXXX4904 Magnetic card present: GLASS MATTHEW Card Entry Method: S

Approval: 096.

Amount:

\$ 50.29

+ Tip:

= Total: \_\_

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

Thank You & Have a Nice Day.

Guest Copy