



Department of Finance and Administration
Office of Accounting
 Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	04/02/2015	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	[REDACTED]		
Reference:	Aulism Awareness	Invoice Amount:	\$ 111.72	City:	[REDACTED]		
Calculate Tax:	<input type="checkbox"/> Yes <input type="checkbox"/> No			State:	[REDACTED]	ZIP Code:	[REDACTED]

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:	State:	ZIP:		House Bank:	TREAS		
Cont. Key (CK/SAV):	Tax ID:			Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 111.72	P0	411320	F.0665.DDC-FPL			Mileage from Autism Awareness Day
2								at the Capitol on 4/2/15
3								
4								
5								
TOTAL		\$ 111.72						

Date:	4/10/2015	
Signature:	<i>Lewis Mitchell Boyd</i>	LM 4/10-1-15

CHECK BOX IF 2ND PAGE USED
 Page Out Of (R 02/19/2014 by TNLEITMEYER)

Remit Form to:
 Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203
 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

DFA Accounting Only

Invoice Document Number:

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 105876
 DEPARTMENT HSPA/DDC
 NAME OF PAYEE Matthew Glass
 PLACE OF RESIDENCE AND ADDRESS [REDACTED]
 COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
 PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411320 WBS Element F.0665.DDC-FPL

INT ORDER _____

DETAILED EXPENDITURES OTHER THAN MILEAGE															
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
04/02/15	Little Rock	Meeting									Marion	Little Rock	133	0.42	55.86
04/02/15	Little Rock	Meeting									Little Rock	Marion	133	0.42	55.86
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
SUB-TOTALS															
INCIDENTALS											TOTALS FOR MILEAGE		266.00	0.42	111.72

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
 (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
 and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved [Signature]
 Travel Supervisor

[Signature]
 Signature of Traveler
Chairman of DD Council
 Title

SUB-TOTAL MILEAGE CLAIMED \$111.72
 TOTAL CLAIMED \$111.72



Department of Finance and Administration
Office of Accounting
Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	03/12/2015	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	████████████████████		
Reference:	Quarterly Meeting	Invoice Amount:	\$ 115.50	City:	██████████		
Calculate Tax:	Yes <input type="checkbox"/> No <input type="checkbox"/>			State:	██████	ZIP Code:	██████

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 115.50	P0	411320	F.0665.DDC-FPL			Mileage from Quarterly Meeting on
2								03/11/2015-03/12/2015
3								
4								
5								
TOTAL		\$ 115.50						

Date:	2/17/2015	
Signature:	<i>Lewis Mitchell Boyd</i>	<i>DM 3-18-15</i>

<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED
Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TNLEITMEYER)
DFA Accounting Only
Invoice Document Number: <input type="text"/>

Remit Form to:
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 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 105876
 DEPARTMENT HSPA/DDC
 NAME OF PAYEE Matthew Glass
 PLACE OF RESIDENCE AND ADDRESS [REDACTED]
 COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
 PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411320 WBS Element F.0665.DDC-FPL INT ORDER _____

DATE	NAME OF TOWN VISITED	DESCRIPTION	DETAILED EXPENDITURES OTHER THAN MILEAGE								TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
			COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE							
03/11/15	Little Rock	Council Meeting										Marion	Little Rock	136	0.42	57.12
03/12/15	Little Rock	Council Meeting										Little Rock	North Little Rock	9	0.42	3.78
03/12/15	Little Rock	Council Meeting										North Little Rock	Marion	130	0.42	54.60
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
SUB-TOTALS												TOTALS FOR MILEAGE		275	0.42	115.50

INCIDENTALS

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
 (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
 and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM: _____

Approved [Signature]
 Travel Supervisor

[Signature]
 Signature of Traveler
Chairman
 Title

SUB-TOTAL MILEAGE CLAIMED \$115.50
 TOTAL CLAIMED \$115.50



Department of Finance and Administration
Office of Accounting
 Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	02/09/2015	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	[REDACTED]		
Reference:	Meeting In LR	Invoice Amount:	\$ 330.30	City:	[REDACTED]		
Calculate Tax:	Yes	No		State:	[REDACTED]	ZIP Code:	[REDACTED]

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020200	\$ 220.60	P0	411320	F.0665.DDC-FPL			Lodging for Meeting in LR on 2/9/15
2	5050020300	\$ 109.70	P0	411320	F.0665.DDC-FPL			Mileage for Meeting in LR on 2/9/15
3								
4								
5								
TOTAL		\$ 330.30						

Date:	3/27/15	
Signature:	<i>Lerie Mitchell</i>	<i>JM 3-2-15</i>
<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TNLEITMEYER)		
DFA Accounting Only		
Invoice Document Number:		<input type="text"/>

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ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 105876
DEPARTMENT HSPA/ODC
NAME OF PAYEE Matthew Glass
PLACE OF RESIDENCE AND ADDRESS: _____
COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411320 WBS Element F.0665.DDC-FPL

DATE	NAME OF TOWN VISITED	DESCRIPTION	DETAILED EXPENDITURES OTHER THAN MILEAGE											MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED		
			COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL PER DAY	FROM	TO						
02/08/15	Little Rock	Meetings																
02/09/15	Little Rock	Meetings												Marion	Little Rock	130.50	0.42	54.81
														Little Rock	Marion	130.67	0.42	54.89
02/08/15	Little Rock	Lodging		220.60													0.42	
																	0.42	
																	0.42	
																	0.42	
																	0.42	
																	0.42	
																	0.42	
																	0.42	
																	0.42	
																	0.42	
SUB-TOTALS				220.60													0.42	
INCIDENTALS																	0.42	
													TOTALS FOR MILEAGE	261.17	0.42	109.70		

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
(5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM: _____

Approved _____
Travel Supervisor

Signature of Traveler

Title

SUB-TOTAL \$220.60
MILEAGE CLAIMED \$109.70
TOTAL CLAIMED \$330.30

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 105876
 DEPARTMENT HSPA/DDC
 NAME OF PAYEE Matthew Glass
 PLACE OF RESIDENCE AND ADDRESS: [REDACTED]
 COST ASSIGNMENT FOR TRIP:


OFFICIAL STATION _____
 PRIVATE VEHICLE LICENSE NO. _____
 COST CENTER 411320 WBS Element F.0665.DDC-FPL

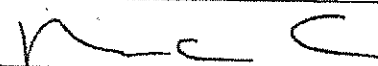
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	DETAILED EXPENDITURES OTHER THAN MILEAGE							TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
				HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE							
02/08/15	Little Rock	Meetings														
02/09/15	Little Rock	Meetings									Marion	Little Rock	130.50	0.42	54.81	
											Little Rock	Marion	130.67	0.42	54.89	
02/11/15	LR	lodging		330.00										0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
SUB-TOTALS																
INCIDENTALS																
												TOTALS FOR MILEAGE		261.17	0.42	109.70

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
 (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
 and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved  2/27/15
 Travel Supervisor


 Signature of Traveler
Chairman
 Title

SUB-TOTAL 330.60
 MILEAGE CLAIMED \$109.70
 TOTAL CLAIMED \$109.70

330.60

Lexie Boyd

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

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 >>

MARRIOTT

Marriott Rewards members may receive this email automatically after every stay.

[Join Marriott Rewards today >>](#)

Summary of Your Stay

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

Guest: GLASS/MATTHEW
[REDACTED]
[REDACTED]
USA

Dates of stay: Feb 08, 2015 - Feb 09, 2015 **Room number:** 919
Guest number: 4657 **Group number:**
Marriott Rewards number: None

Date	Description	Reference	Charges	Credits
02/08/15	TR ROOM	919, 1	174.00	
02/08/15	SL TAX	919, 1	15.66	
02/08/15	OCC TAX	919, 1	6.96	
02/08/15	PARKING	DSA	22.00	
02/08/15	SL TAX	DSA	1.98	
02/09/15	Payment - MasterCard XXXXXXXXXXXX4904	ROOM C/O		220.60

Total balance **0.00 USD**

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

SHOP.MARRIOTT.COM

Important Information

Do Not Reply to this Email

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.

Authenticity of Bills

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

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.

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GUEST FOLIO



LITTLE ROCK - MARRIOTT

919 GLASS/MATTHEW

174.00 02/09/15 12:00

4557 ACCT#

57

02/08/15 13:09

RWD#:

Payment

Address

Room Clerk

CHARGES

02/08 TR ROOM	919: 1	174.00
02/08 SL TAX	919: 1	15.66
02/08 OCC TAX	919: 1	16.96
02/08 PARKING	DSA	22.00
02/08 SL TAX	DSA	1.98
02/09 MC CARD		

\$220.60

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE LITTLE ROCK MARRIOTT! HOPE YOU ENJOYED YOUR STAY! TO EXPEDITE YOUR CHECKOUT, PLEASE CONTACT THE FRONT DESK. SEE YOU AGAIN WHEN IN LITTLE ROCK!

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: LEXIE.BOYD@ARKANSAS.GOV

SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposes any credit card entry in the reference column which has been entered on the cardholder's bill. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

To secure your next stay, go to marriott.com



Department of Finance and Administration
Office of Accounting
Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	01/27/2015	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	██████████		
Reference:	Legislature Meeting	Invoice Amount:	\$ 110.00	City:	██████████		
Calculate Tax:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			State:	██████	ZIP Code:	██████

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 110.00	P0	411320	F.0665.DDC-FPL			Mileage from Legislature Meeting
2								on 1/27/2015
3								
4								
5								
TOTAL		\$ 110.00						

Date:	1/21/2015						
Signature:	<i>Lynne Michelle Boyd</i>			<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TNLEITMEYER)			
Remit Form to:				DFA Accounting Only			
Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US Telephone: (501) 682-1675 Fax: (501) 682-2166				Invoice Document Number: <input type="text"/>			

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 105876
DEPARTMENT HSPA/DDC
NAME OF PAYEE Matthew Glass
PLACE OF RESIDENCE AND ADDRESS [REDACTED]
COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411320 WBS Element F.0665.DDC-FPL

DETAILED EXPENDITURES OTHER THAN MILEAGE															
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
01/26/15	Little Rock	Meeting									Marion	Little Rock	130.42	0.42	55.00
01/27/15	Little Rock	Meeting									Little Rock	Marion	130.45	0.42	55.00
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
														0.42	
SUB-TOTALS											TOTALS FOR MILEAGE		261	0.42	110.00

INCIDENTALS

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
(5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved [Signature]
Travel Supervisor

[Signature]
Signature of Traveler
Chairman of DD Council
Title

SUB-TOTAL
MILEAGE CLAIMED \$110.00
TOTAL CLAIMED \$110.00



Department of Finance and Administration
Office of Accounting
Direct Invoice / Credit Memo - Form F10001


BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	12/11/2014	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	██████████		
Reference:	Quarterly Meeting	Invoice Amount:	\$ 132.74	City:	██████████		
Calculate Tax:	Yes	No		State:	██████████	ZIP Code:	██████████

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020100	\$ 22.74	P0	411320	F.0665.DDC-FPL			Meals from Legislature Meeting
2	5050020300	\$ 110.00	P0	411320	F.0665.DDC-FPL			Mileage from Legislature Meeting
3								January 21-22, 2015
4								
5								
TOTAL		\$ 132.74						

Date:	1/27/2015		
Signature:	 <i>DM 1-27-15</i>		<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TNLEITMEYER)
Remit Form to: Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US Telephone: (501) 682-1675 Fax: (501) 682-2166			DFA Accounting Only Invoice Document Number: <input type="text"/>



Department of Finance and Administration
Office of Accounting
 Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	12/11/2014	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	██████████		
Reference:	Quarterly Meeting	Invoice Amount:	\$ 140.01	City:	██████████		
Calculate Tax:	Yes	No		State:	██████████	ZIP Code:	██████████

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:	State:	ZIP:		House Bank:	TREAS		
Cont. Key (CK/SAV):	Tax ID:			Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020100	\$ 29.97	P0	411320	F.0665.DDC-FPL			Meals from Quarterly Meeting
2	5050020300	\$ 110.04	P0	411320	F.0665.DDC-FPL			Mileage from Quarterly Meeting
3								December 10-11, 2014
4								
5								
TOTAL		\$ 140.01						

Date:	12/22/2014	
Signature:	<i>Levin Michelle</i>	<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TNLEITMEYER)

Remit Form to:	DFA Accounting Only
Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US Telephone: (501) 682-1675 Fax: (501) 682-2166	Invoice Document Number: <input type="text"/>

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 105876
DEPARTMENT HSPA/DDC
NAME OF PAYEE Matthew Glass
PLACE OF RESIDENCE AND ADDRESS _____
COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411320 WBS Element F.0665.DDC-FPL

INT ORDER _____

DATE	NAME OF TOWN VISITED	DESCRIPTION	DETAILED EXPENDITURES OTHER THAN MILEAGE											MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED	
			COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL PER DAY	FROM	TO					
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											Little Rock	Marion	130	0.42	54.60
																0.42	
12/10/14	Little Rock	Dinner			29.97						29.97					0.42	
																0.42	
																0.42	
																0.42	
																0.42	
																0.42	
																0.42	
																0.42	
SUB-TOTALS					29.97						29.97						
INCIDENTALS																	
			(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests and Wards of the State (8) Other (Explain)														
			TOTALS FOR MILEAGE											261	0.42	110.04	

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM: _____

Approved _____
Travel Supervisor

SUB-TOTAL \$29.97
MILEAGE CLAIMED \$110.04
TOTAL CLAIMED \$140.01

Signature of Traveler
Title



Department of Finance and Administration
Office of Accounting
 Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	100185021	Invoice Date:	10/15/2014	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	[REDACTED]		
Reference:	Meetings in LR	Invoice Amount:	\$ 109.20	City:	[REDACTED]		
Calculate Tax:	Yes	No		State:	[REDACTED]	ZIP Code:	[REDACTED]

TAX AND WITHHOLDING				DETAILS			
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 109.20	00	411318	F.0665.DDC13-FDC			Mileage for Several Meetings
2								In Little Rock
3								
4								
5								
TOTAL		\$ 109.20						

Date: 10/15/14

Signature: *Leanne Michelle Boyd* *Jan 10/15/14*

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Remit Form to:
 Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203
 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

DFA Accounting Only

Invoice Document Number:

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 100185021
DEPARTMENT HSPA/DDC
NAME OF PAYEE Matthew Glass
PLACE OF RESIDENCE AND ADDRESS [REDACTED]
COST ASSIGNMENT FOR TRIP: [REDACTED]

OFFICIAL STATION _____
PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411318 WBS Element _F.0665.DDC13-FDC_INT ORDER

DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	DETAILED EXPENDITURES OTHER THAN MILEAGE							TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
				HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE							
10/15/14	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
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
															0.42	
SUB-TOTALS												TOTALS FOR MILEAGE		260	0.42	109.20
INCIDENTALS		(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests and Wards of the State (8) Other (Explain)										RECAPITULATION				

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved _____
Travel Supervisor

[Signature]
Signature of Traveler
Council Member
Title

SUB-TOTAL MILEAGE CLAIMED \$109.20
TOTAL CLAIMED \$109.20



Department of Finance and Administration
Office of Accounting
Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:			
Vendor No:	100185021	Invoice Date:	10/02/2014	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	██████████		
Reference:	Executive Committee	Invoice Amount:	\$ 109.20	City:	██████████		
Calculate Tax:	Yes	No		State:	██████	ZIP Code:	██████

TAX AND WITHHOLDING				DETAILS			
Tax Code:	PO	Withholding Code:	00	Assignment (Invoice #):		Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	A
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 109.20	00	411318	F.0665.DDC13-FDC			Mileage for Attending the Executive
2								Committee Meeting
3								
4								
5								
TOTAL		\$ 109.20						

Date:	10/15/14	
Signature:	<i>Louie Mitchell</i>	<i>DM 10/15/14</i>

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DFA Accounting Only

Invoice Document Number:

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Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203
E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 100185021
DEPARTMENT HSPA/DDC
NAME OF PAYEE Matthew Glass
PLACE OF RESIDENCE AND ADDRESS [REDACTED]
COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411318 WBS Element _F.0665.DDC13-FDC_INT ORDER

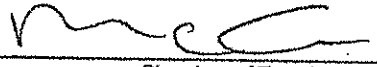
DATE	NAME OF TOWN VISITED	DESCRIPTION	DETAILED EXPENDITURES OTHER THAN MILEAGE								TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED	
			COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE								
10/02/14	Little Rock	Executive Committee Meeting										Marion	Little Rock	130	0.42	54.60	
10/02/14	Little Rock	Executive Committee Meeting										Little Rock	Marion	130	0.42	54.60	
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
															0.42		
SUB-TOTALS																	
INCIDENTALS																	
												TOTALS FOR MILEAGE	260	0.42	109.20		

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
(5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved _____
Travel Supervisor


Signature of Traveler
Council Member
Title

SUB-TOTAL MILEAGE CLAIMED \$109.20
TOTAL CLAIMED \$109.20



Department of Finance and Administration
Office of Accounting
Direct Invoice / Credit Memo - Form F10001

BASIC DATA				REMIT TO:	
Vendor No:	100185021	Invoice Date:	09/03/2014	Payee:	Matthew Glass
Transaction:		Posting Date:		Address:	
Reference:	Speaking Event	Invoice Amount:	\$ 111.49	City:	
Calculate Tax:	<input type="checkbox"/> Yes <input type="checkbox"/> No			State:	ZIP Code:

TAX AND WITHHOLDING		DETAILS	
Tax Code:	P0	Withholding Code:	00
		Assignment (Invoice #):	Business Area: 0665

ONE TIME VENDOR DATA				PAYMENT DATA	
Name:				Payment Terms:	001
Address:				Payment Method:	W Payment Method Supplement: A
City:	State:	ZIP:		House Bank:	TREAS
Cont. Key (CK/SAV):	Tax ID:			Payment Block:	
Bank Key (Rtg. No.):				Payment Reference:	
Bank Account:				Invoice Reference:	

MANUAL CHECK ONLY		DETAILS	
Check Number:		Cash GL Account:	
Check Date:		Check Amount:	

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 111.49	P0	411318	F.0665.DDC13-FDC			Mileage Reimbursement for Attending
2								the Community First Choice Option
3								on August 28, 2014
4								
5								
TOTAL		\$ 111.49						

Date:	9/4/2014	
Signature:	<i>Louie Mitchell</i>	<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TRILEITMEYER)
Remit Form to:		DFA Accounting Only
Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203		Invoice Document Number:
E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US Telephone: (501) 682-1675 Fax: (501) 682-2166		

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO 100185021
 DEPARTMENT HSPA/DDC
 NAME OF PAYEE Matthew Glass
 PLACE OF RESIDENCE AND ADDRESS _____
 COST ASSIGNMENT FOR TRIP: _____

OFFICIAL STATION _____
 PRIVATE VEHICLE LICENSE NO. _____

COST CENTER 411318 WBS Element F.0665.DDC13-FDC_INT ORDER

DETAILED EXPENDITURES OTHER THAN MILEAGE																
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED	
08/27/14	Little Rock	CFCO									Marion	Little Rock	130	0.42	54.78	
08/28/14	Little Rock	CFCO									Little Rock (Hotel)	Little Rock (Mac)	2	0.42	0.76	
08/28/14	Little Rock	CFCO									Little Rock (Mac)	Marion	133	0.42	55.95	
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
														0.42		
SUB-TOTALS														0.42		
INCIDENTALS		(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests and Wards of the State (8) Other (Explain)									TOTALS FOR MILEAGE			265	0.42	111.49

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved [Signature]

 Travel Supervisor

[Signature]

 Signature of Traveler

Title _____

SUB-TOTAL
 MILEAGE CLAIMED \$111.49
 TOTAL CLAIMED \$111.49



Department of Finance and Administration
Office of Accounting
 Direct Invoice / Credit Memo - Form F10001

PAID
 6/26/14
 DL# 14110586571

BASIC DATA				REMIT TO:			
Vendor No:	100185021	Invoice Date:	06/19/2014	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	[REDACTED]		
Reference:	DDC Meeting	Invoice Amount:	\$ 110.04	City:	[REDACTED]		
Calculate Tax:	Yes <input type="checkbox"/> No <input type="checkbox"/>			State:	[REDACTED]	ZIP Code:	[REDACTED]

TAX AND WITHHOLDING				DETAILS				
Tax Code:	P0	Withholding Code:	00	Assignment (Invoice #):			Business Area:	0665

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	
City:	State:	ZIP:		House Bank:	TREAS		
Cont. Key (CK/SAV):	Tax ID:			Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5050020300	\$ 110.04	00	411318	F.0665.DDC13-FDC			DDC Board Member Meeting
2								
3								
4								
5								
TOTAL		\$ 110.04						

Date:	6-25-14		
Signature:	<i>Satrasa Mullis</i>	<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> [R. 02/19/2014 by TNLEITMEYER]	

Remit Form to:	DFA Accounting Only	
Office of Accounting Service Bureau, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US Telephone: (501) 682-1675 Fax: (501) 682-2166	Invoice Document Number:	



Office of Administrative Services
Travel Reimbursement Form

EMPLOYEE AND OFFICE INFORMATION				VEHICLE INFORMATION	
Vendor #/ Personnel #		Dept/ Office	HSPA/DDC	Official Station	
Purpose of Trip	Arkansas Governor's Developmental Disabilities Council Meeting			License No.	
Payee Name	Matthew Bliss			Beginning Mileage	
Payee Address	[REDACTED]			Ending Mileage	

EXPENDITURES AND MILEAGE INFORMATION												MILEAGE INFORMATION								
Date	Name of Town Visited	Common Carrier	Room	Room Tax	Meals	Meals Tax	Per Diem	Vehicle/ Taxi	Incidentals	Phone	Total Per Day	From	To	Miles Claimed	Per Mile	Amount Claimed	TOTAL	INT / WBS	Cost Center	
6/19	Little Rock																			
SUBTOTALS																				

INCIDENTALS KEY	A = Postage B = Parking Fee C = Registration Fee D = Emergency Car Repair E = Services for the Blind F = Minor Purchases G = Guest/Ward Meals Other: explain below:

JUSTIFICATIONS	Hotel Rate %	Meal Rate %	Hotel Rate %	Meal Rate %	Airline Ticket #	Other

Employee Signature	Title	Date	Approving Authority Signature	Title	Date
		6/20/14			

Map & Directions

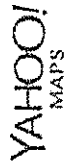
Map Only

Directions Only

Print

Little Rock Nissan Dealer www.ChooseNissan.com/LittleRock At ChooseNissan.com. Find Local Offers & Other Great Nissan Deals!

Ad



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

Enter notes here

255

Total Distance: 130.68 miles — Total Time: 1:59 h



Expand All



Go for 0.2 mi

Hide



Go for 0.3 mi

Hide



Go for 0.3 mi

Hide



Go for 0.1 mi

Hide



Go for 0.6 mi

Hide



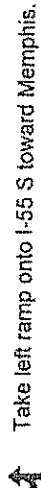
Go for 203 ft

Hide



Go for 0.2 mi

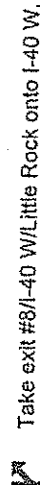
Hide



Take left ramp onto I-55 S toward Memphis.

Go for 2.3 mi

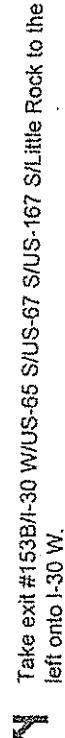
Hide



Take exit #8/I-40 W/Little Rock onto I-40 W.

Go for 123.5 mi

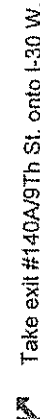
Hide



Take exit #153B/I-30 W/US-65 S/US-67 S/US-167 S/Little Rock to the left onto I-30 W.

Go for 2.8 mi

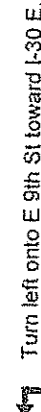
Hide



Take exit #140A/9Th St. onto I-30 W.

Go for 0.2 mi

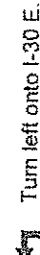
Hide



Turn left onto E 9th St toward I-30 E.

Go for 318 ft

Hide



Turn left onto I-30 E.

Go for 524 ft

Hide

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

Hide

 707 Interstate 30, Little Rock, AR 72202-2674

Expand All

When using any driving directions or map, it is a good idea to double check and make sure the road still exists, watch out 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

PAID

SCANNED

CK. NO. 1410700446
 DATE 3/17/2014

BASIC DATA				REMIT TO:			
Vendor No:	105876	Invoice Date:	03/14/2014	Payee:	Matthew Glass		
Transaction:		Posting Date:		Address:	[REDACTED]		
Reference:	Council Travel	Invoice Amount:	\$ 159.49	City:	[REDACTED]		
Calculate Tax:	<input type="checkbox"/> Yes <input type="checkbox"/> No			State:	[REDACTED]	ZIP Code:	[REDACTED]

TAX AND WITHHOLDING		DETAILS	
Tax Code:		Withholding Code:	
		Assignment (Invoice #):	
		Business Area:	

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:	001		
Address:				Payment Method:	W	Payment Method Supplement:	
City:		State:		House Bank:	TREAS		
Cont. Key (CK/SAV):		Tax ID:		Payment Block:			
Bank Key (Rtg. No.):				Payment Reference:			
Bank Account:				Invoice Reference:			

MANUAL CHECK ONLY		DETAILS	
Check Number:		Cash GL Account:	
Check Date:		Check Amount:	

Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1	5020020300	\$ 109.20		411318	F.0665.DDC13-FPL			Council member mileage to Quarterly mtg
2	5050003100	\$ 50.29		411318	F.0665.DDC13-FPL			council member meals
3								
4								
5								
TOTAL		\$ 159.49						

Date:	<u>3-14-14</u>	
Signature:	<i>Latrease Mullins</i>	

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 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

DFA Accounting Only

Invoice Document Number:

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT

VENDOR/PERSONEL NO _____

DEPARTMENT HSPA/DDC

NAME OF PAYEE Matthew Glass

PLACE OF RESIDENCE AND ADDRESS _____

COST ASSIGNMENT FOR TRIP: _____

COST CENTER 411318

WBS Element F.0665.DDC13-FDC INT ORDER _____

OFFICIAL STATION _____

PRIVATE VEHICLE LICENSE NO. _____

DETAILED EXPENDITURES OTHER THAN MILEAGE

DATE 2012	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
	LITTLE ROCK	<u>DDC Council mtg</u> FAMILY LEADERSHIP			<u>50.29</u>						<u>Marion, AR</u>	<u>LR, AR</u>	<u>130</u>	<u>0.42</u>	<u>54.60</u>
											Little Rock, AR	<u>Marion, AR</u>	<u>130</u>	<u>0.42</u>	<u>54.60</u>
														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
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														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
														<u>0.42</u>	
					<u>50.29</u>									<u>0.42</u>	<u>109.20</u>
SUB-TOTALS											TOTALS FOR MILEAGE			<u>0.42</u>	


INCIDENTALS

- (1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
(5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
and Wards of the State (8) Other (Explain)

RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM: _____

Approved _____
Travel Supervisor



 Signature of Traveler

 Title

SUB-TOTAL MILEAGE CLAIMED _____
 TOTAL CLAIMED 159.49

Matthew
Glass

South On Main
1300 MAIN ST
LITTLE ROCK, AR 72202

Server: Joe DOB: 03/12/2014
09:21 PM 03/12/2014
Table 44/1 3/3005!

SALE

Master card 2097198
Card #XXXXXXXXXXXX4904
Magnetic card present: GLASS MATTHEW
Card Entry Method: S

Approval: 096...

Amount: \$ 50.29
+ Tip: _____
= Total: _____

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

X _____

Thank You &
Have a Nice Day.

Guest Copy