

TRAVEL EXPENSE REIMBURSEMENT REQUEST

[illegible]

Accounts Payable
Lesa Southard

I hereby certify that the expenses listed above are correct and were incurred in the official performances of my job.

MAKE CHECK PAYABLE TO:

Traveler Jim Tate Acct. # 114110558901
Approved by: Derek Roland Date: 1/29/2019

Name: Jim Tate
Address: 5 West Main Street
Franklin, NC 28734



RALEIGH CRABTREE MARRIOTT

GUEST FOLIO

379	ROLAND/DEREK	159.00	01/11/19	10:15	13410	7285
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
NKNG	TATE/JIM		01/09/19	17:29		
TYPE	999 9 RAMA I RORD TH		ARRIVE	TIME		
54	BANGKOK 32701					
ROOM		PASSPORT:				
CLERK	ADDRESS	MCXXXXXXXXXXXX1029			RWD#:	XXXXX6156
		PAYMENT				

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
01/09	ROOM	379, 1	159.00	
01/09	ROOMTAX	379, 1	11.53	
01/09	OCCTAX	379, 1	9.54	
01/10	ROOM	379, 1	159.00	
01/10	ROOMTAX	379, 1	11.53	
01/10	OCCTAX	379, 1	9.54	
01/11	CCARD-MC			
	SETTLED TO:	MASTERCARD XXXXXXXXXXXXXXX1029	360.14	.00

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OK PL
114110 558901Received &
Approved By:

JAN 30 2019

Accounts Payable
Lesa SouthardRALEIGH CRABTREE MARRIOTT
4500 MARRIOTT DRIVE
RALEIGH, NC 27612

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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 amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, 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