



Welcome Grimes, Alexandra N.

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Tuesday February 3, 2015

Local Travel

Nonlocal Travel

Approval

Administration

My Profile



Printer Friendly PDF

Nonlocal Travel Reimbursement Request - View

Traveler Information

Traveler's Name

KLENOW, PATRICIA K.

Reimbursement Document:

SAP Document:

Reimbursement Status: C - Complete

Approval Document:

SAP Document:

Office/School: WHITMAN MIDDLE SCHOOL

Total Estimated Expenses: \$ 1662.40

Travel Amount Limit: \$ 1662.40

Amount of Advance Received: \$ 0.00

Grant Amount: \$ 0.00

Departure Date: July 14, 2013

Return Date: July 17, 2013

Destination: Philadelphia, PA

Index: 702510 Subobject: 5022

Purpose of Travel: Professional Development

Travel Method: Bus

Travel Sponsor: AVID (Advancement Via Individual Determination)

Description of Expense	Sunday 07/14/13	Monday 07/15/13	Tuesday 07/16/13	Wednesday 07/17/13	Total Costs	Paid By FCPS	Paid by Traveler
Air/Train/Bus Fare					\$0.00	\$0.00	\$0.00
Registration Fee					\$669.00	\$669.00	\$0.00
Lodging (tax included)					\$637.56	\$637.56	\$0.00
Car Rental					\$0.00	\$0.00	\$0.00
Breakfast (M&IE Per Diem)	\$8.25				\$8.25	\$0.00	\$8.25
Lunch (M&IE Per Diem)	\$12.00	\$16.00	\$16.00	\$12.00	\$56.00	\$0.00	\$56.00
Dinner (M&IE Per Diem)	\$25.50	\$34.00	\$34.00	\$25.50	\$119.00	\$0.00	\$119.00
Incidentals (M&IE Per Diem)	\$3.75	\$5.00	\$5.00	\$3.75	\$17.50	\$0.00	\$17.50
POV Mileage Amount	\$7.57			\$7.57	\$15.13	\$0.00	\$15.13
Parking					\$0.00	\$0.00	\$0.00
Transportation					\$0.00	\$0.00	\$0.00
Other Expenses					\$0.00	\$0.00	\$0.00
Total					\$1522.44	\$1306.56	\$215.88
Travel Amount Limit							\$1662.40
Amount of Advance Received							\$0.00
Balance Due Traveler							\$215.88
Balance Due FCPS							\$0.00

Travel Notes

Action by Approving Authority

Level	Level Title	Approval Type	Approved By	Approved Date	Approval Status	Notes
0100	Funds Verification	Nonlocal Travel	sttang	07/23/2013	Approved	
1000	FAMIS Review	Nonlocal Travel	ilim	07/23/2013	Approved	None

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General Travel Questions Contact Accounts Payable at 571-423-3739 or [TravelInfo](#). Technical Support Contact Financial Services FASTeam at 571-423-3636 or [Financial Services FASTeam](#).



Mount Vernon Travel, Inc.

8601 Richmond Highway • Alexandria, VA 22309 • (703) 799-9400
FAX (703) 799-9402 • 800-221-9402
EMAIL: mvtravel@aol.com

February 11, 2013

Invoice # 071413

Mr. Derek Steele
FCPS AVID Programs
3877 Fairfax Ridge Road
Fairfax, VA 22030

PO# 85000 86214

Rec Doc 50000 98634

INVOICE

One way transfers from Plum Center to Philadelphia leaving on Sunday, July 14, 2013 and returning on Wednesday, July 17, 2013. Capital Executive will be providing Two/57 passenger motorcoach for this trip. Please provide itinerary.

Departure Date: Sunday, July 14, 2013

Origin: Plum Center

Destination: Philadelphia

Vehicle Requirements: Capital Executive

Two/57 Passenger Coaches

One/57 Passenger Coach @ \$950.00 Per Bus X 2 Buses = \$1,900.00

Departure Date: Wednesday, July 17, 2013

Origin: Plum Center

Destination: Philadelphia

Vehicle Requirements: Capital Executive

Two/57 Passenger Coaches

One/57 Passenger Coach @ \$950.00 Per Bus X 2 Buses = \$1,900.00

TOTAL COST OF SERVICE : \$3,800.00 ÷ 40 = 95

RQ09-109319-54A

Price is for Bus only

Price does not include Bus Driver gratuity

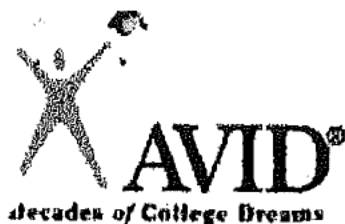
Full Payment is due July 1, 2013

Checks should be made payable to : Mount Vernon Travel, Inc.
8601 Richmond Highway
Alexandria, Virginia 22309
(703) 799-9400

(This form is to be used for all order requests for data input into FOCUS)

3,800.00

Received in FOCUS Date:



AVID Center
9246 Lightwave Ave, Ste. 200
San Diego CA 92123
(858) 380-4800

Invoice # 58877
Page 1

Federal Tax ID# 33-0522594

INVOICE

Bill To:

Fairfax County Public School
Attn: Accounts Payable
8115 Gatehouse Road
Falls Church VA 22042

Ship To:

Fairfax County Public School
Attn: Accounts Payable
8115 Gatehouse Road
Falls Church VA 22042

Customer ID:	Purchase Order #:	Shipping Method:	Terms:	Date:
FAIRFAX COUNTY	CC0108		Net 30	3/23/2012
Qty	Description	Unit Price	Amount	
40	AVID Summer Institute Registration Fee - Philadelphia- July 30 - August 1, 20	\$869.00	\$26,760.00	
0	AVID Summer Institute Registration Fee - Philadelphia- July 30 - August 1, 20 Steele Derek Fee Waived	\$0.00	\$0.00	

AVID CENTER
9246 LIGHTWAVE AVE STE
SAN DIEGO, CA 92123

03/23/2012 09:34:55
Merchant ID: [REDACTED]
Terminal ID: [REDACTED]
329214011994

CREDIT CARD

CARD # [REDACTED]
INVOICE [REDACTED]
Batch #: [REDACTED]
Approval Code: [REDACTED]
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00
Cust Code:
Card Code: M

**AVID CENTER
PAID**

SALE AMOUNT

$\$26760.00 \div 40 = 669$

58877

CUSTOMER COPY

Fairfax County PS
Philadelphia SI

When you provide a check as payment, you authorize us to either
information from your check to make a one-time electronic
fund transfer from your account or to process the payment as a
check transaction.

REMITTANCE PAYABLE TO: AVID Center
Please return copy of this invoice with your remittance.

Subtotal	\$26,760.00
Discount	\$0.00
Tax	\$0.00
Freight	\$0.00
Total Due	\$26,760.00



JPMORGAN CHASE BANK NA
PO BOX 15918
MAIL SUITE DE1-1404
WILMINGTON DE 19850

MEMO STATEMENT
THIS IS NOT A BILL

ACCOUNT NUMBER

STATEMENT DATE

05-27-13

NET CHARGES

\$26,760.00

OFFICE OF MS-SD-AVID
DIS-OFF OF MS SD-AVID
7423 CAMPALGER AVENUE
FALLS CHURCH VA 22042-3608

FOR RECONCILIATION PURPOSES ONLY. DO NOT SEND PAYMENT.

NAME: OFFICE OF MS-SD-AVID

CYCLE LIMIT: \$38,000

ACCOUNTING CODE:

CARDHOLDER ACTIVITY

Purchasing Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
05-02	05-01		AVID CENTER SAN DIEGO CA	26,760.00
Total Purchasing Activity				26,760.00

FOR CUSTOMER SERVICE CALL:

FOR LOST/STOLEN CARDS CALL:

FOR TTY/TDD SERVICE CALL:

ACCOUNT NUMBER

STATEMENT DATE:
05/27/13

ACCOUNT SUMMARY

PURCHASES & OTHER CHARGES	26,760.00
CASH ADVANCES	.00
CREDITS	.00
CASH ADVANCE FEE	.00
NET CHARGES	\$26,760.00
DISPUTE AMOUNT	.00

SEND BILLING INQUIRIES TO:
JPMORGAN CHASE BANK NA
COMMERCIAL CARD SOLUTIONS
P.O. BOX 2015
MAIL SUITE IL1-6225
ELGIN, IL 60121



JPMORGAN CHASE BANK NA
PO BOX 15918
MAIL SUITE DE1-1404
WILMINGTON DE 19850

MEMO STATEMENT
THIS IS NOT A BILL

ACCOUNT NUMBER [REDACTED]

STATEMENT DATE 04-27-13

NET CHARGES \$8,500.80

OFFICE OF MS-SD-AVID
DIS-OFF OF MS SD-AVID
7423 CAMPALGER AVENUE
FALLS CHURCH VA 22042-3608

FOR RECONCILIATION PURPOSES ONLY. DO NOT SEND PAYMENT.

NAME: OFFICE OF MS-SD-AVID

CYCLE LIMIT: \$38,000

ACCOUNTING CODE: [REDACTED]

CARDHOLDER ACTIVITY

Travel Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-17	04-16	[REDACTED]	MARRIOTT 33703 PHLDL C PHILADELPHIA PA 000005405 ARRIVAL: 04-15-13	8,500.80
Total Travel Activity				8,500.80

FOR CUSTOMER SERVICE CALL: [REDACTED] FOR LOST/STOLEN CARDS CALL: [REDACTED]	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE: 04/27/13	PURCHASES & OTHER CHARGES	8,500.80
SEND BILLING INQUIRIES TO: JPMORGAN CHASE BANK NA COMMERCIAL CARD SOLUTIONS P.O. BOX 2015 MAIL SUITE IL1-6225 ELGIN, IL 60121		CASH ADVANCES	.00
		CREDITS	.00
		CASH ADVANCE FEE	.00
		NET CHARGES	\$8,500.80
		DISPUTE AMOUNT	.00



JPMORGAN CHASE BANK NA
PO BOX 15918
MAIL SUITE DE1-1404
WILMINGTON DE 19850

MEMO STATEMENT
THIS IS NOT A BILL

ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 07-27-13
NET CHARGES \$5,844.30

OFFICE OF MS-SD-AVID
DIS-OFF OF MS SD-AVID
7423 CAMPALGER AVENUE
FALLS CHURCH VA 22042-3608

FOR RECONCILIATION PURPOSES ONLY. DO NOT SEND PAYMENT.

NAME: OFFICE OF MS-SD-AVID

CYCLE LIMIT: \$5,000

ACCOUNTING CODE: [REDACTED]

CARDHOLDER ACTIVITY

Travel Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-22	07-20	[REDACTED]	MARRIOTT 33703 PHLDL C PHILADELPHIA PA 000005405 ARRIVAL: 07-19-13	5,844.30
Total Travel Activity				5,844.30

FOR CUSTOMER SERVICE CALL:

FOR LOST/STOLEN CARDS CALL:

FOR TTY/TDD SERVICE CALL:

ACCOUNT NUMBER

STATEMENT DATE:
07/27/13

ACCOUNT SUMMARY

PURCHASES & OTHER CHARGES	5,844.30
CASH ADVANCES	.00
CREDITS	.00
CASH ADVANCE FEE	.00
NET CHARGES	\$5,844.30
DISPUTE AMOUNT	.00

SEND BILLING INQUIRIES TO:
JPMORGAN CHASE BANK NA
COMMERCIAL CARD SOLUTIONS
P.O. BOX 2015
MAIL SUITE IL1-6225
ELGIN, IL 60121



HOTELS & RESORTS

AVID CENTER SUMMER INSTITUTE
the Philadelphia Marriott Downtown

PAYMENT: CC	\$	0.00	USD
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INVOICE TOTAL	\$	0.00	USD
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MBS Customer Care: (866) 435-7627

The summary of charges is as follows:

Charges:

Room and Tax:	\$	14,345.10	
Subtotal:			\$ 14,345.10

Payments:

Advance Deposit:	(\$	8,500.80)	
Payments Received:			
Credit Card:	(\$	5,844.30)	
Subtotal Payments:			(\$ 14,345.10)

Total Amount Due:	\$	0.00	USD
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Upon receipt of this invoice, kindly remit payment to:

Marriott Business Services
P.O. Box 403003
Atlanta, GA, 30384-3003

Please reference the above invoice number on your remittance.