



Local Travel

Nonlocal Travel

Reports

Approval

Administration



Printer Friendly PDF

Nonlocal Travel Reimbursement Request - View

Traveler Information

Name and Home Address

MOHAN, PATRICK J.

Employee Vendor Number

Office Telephone Number 703-714-5400

Reimbursement Document:

SAP Document:

Reimbursement Status: C - Complete

Approval Document

SAP Document:

Office/School: MARSHALL HIGH SCHOOL

Departure Date: March 4, 2015

Return Date: March 7, 2015

Destination: Houston (L.B. Johnson Space Center), TX

Index: Subobject:

Purpose of Travel: Technical Training

Travel Method: Air

Travel Sponsor: Rice University Center for College Readiness

Total Estimated Expenses: \$ 2052.86
 Amount of Advance Received: \$ 0.00
 Grant Amount: \$ 0.00

Description of Expense	Wednesday 03/04/15	Thursday 03/05/15	Friday 03/06/15	Saturday 03/07/15	Total Costs	Paid By FCPS	Paid by Traveler
Air/Train/Bus Fare					\$444.20	\$444.20	\$0.00
Registration Fee					\$780.00	\$780.00	\$0.00
Lodging (tax included)					\$539.15	\$539.15	\$0.00
Car Rental					\$0.00	\$0.00	\$0.00
Breakfast (M&IE Per Diem)					\$0.00	\$0.00	\$0.00
Lunch (M&IE Per Diem)				\$13.50	\$13.50	\$0.00	\$13.50
Dinner (M&IE Per Diem)	\$27.00	\$36.00		\$27.00	\$90.00	\$0.00	\$90.00
Incidentals (M&IE Per Diem)			\$5.00		\$5.00	\$0.00	\$5.00
POV Mileage Amount	\$17.83				\$17.83	\$0.00	\$17.83
Parking				\$40.00	\$40.00	\$0.00	\$40.00
Transportation					\$0.00	\$0.00	\$0.00
Other Expenses					\$0.00	\$0.00	\$0.00
Total					\$1929.68	\$1763.35	\$166.33
Amount of Advance Received							\$0.00
Balance Due Traveler							\$166.33
Balance Due FCPS							\$0.00

No claim
for
meal on
3/6/2015

Travel Notes

The hotel stay originally had to be placed on my credit card; until the hotel received an authorization form, I could not use the IB credit card for the hotel. When the hotel switched from my credit card to the IB credit card, they switched everything, including the room service, to the IB card.

Action by Approving Authority

Level	Level Title	Approval Type	Approved By	Approved Date	Approval Status	Notes
0100	Funds Verification	Nonlocal Travel	lwebster	03/16/2015	Approved	None
1000	Accounting Review	Nonlocal Travel	ansherline	03/27/2015	Approved	None

[Back to List](#)


Patrick Mohan

NOTE TO FILE:

Patrick Mohan, traveler, had reserved the hotel room with his personal credit card. He thought his room service meal would be on his personal credit card. He presented the school's staff development p card to actually pay for the room and then the room service charge was also put on the schools p card, but he didn't notice it. So, he deducted the amount of (\$30.20) from his travel reimbursement request for meals. We reiterated to him that meals are not allowed to be charged on p cards, so he will be more careful in the future.

Leigh Webster
Leigh Webster

Finance



HILTON HOUSTON PLAZA/MEDICAL CENTER
6633 Travis Street | Houston, TX | 77030
T: 713 313 4000 | F: 713 313 4660
W: hilton.com

NAME AND ADDRESS:

Mohan, Patrick

Room: 1217/D2RRU1
Arrival Date: 3/4/2015 10:17:00 PM
Departure Date: 3/7/2015 6:34:00 AM

Adult/Child: 2/0
Room Rate: 145.00

Rate Plan: IB2
HH #
AL:
Car:

TAX #:

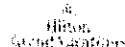
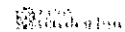
Confirmation Number: [REDACTED]

3/7/2015

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/4/2015	2353890	GUEST ROOM	\$145.00
3/4/2015	2353890	STATE OCCUPANCY TAX	\$8.70
3/4/2015	2353890	COUNTY OCCUPANCY TAX	\$5.80
3/4/2015	2353890	CITY OCCUPANCY TAX	\$10.15
3/5/2015	2354357	GUEST ROOM	\$145.00
3/5/2015	2354357	STATE OCCUPANCY TAX	\$8.70
3/5/2015	2354357	COUNTY OCCUPANCY TAX	\$5.80
3/5/2015	2354357	CITY OCCUPANCY TAX	\$10.15
3/6/2015	2354674	*ROOM SERVICE	\$30.20
3/6/2015	2354810	GUEST ROOM	\$145.00
3/6/2015	2354810	STATE OCCUPANCY TAX	\$8.70
3/6/2015	2354810	COUNTY OCCUPANCY TAX	\$5.80
3/6/2015	2354810	CITY OCCUPANCY TAX	\$10.15
3/7/2015	2355042	[REDACTED]	(\$508.95)
3/7/2015	2355043	[REDACTED]	(\$30.20)
		BALANCE	\$0.00



CONRAD



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO / CHECK NO.

3/7/2015

CARD MEMBER NAME
Mohan, Patrick

AUTHORIZATION

INITIAL

ESTABLISHMENT NO. & LOCATION

YOUR CHARGE CARD IS THE PROPERTY OF HILTON. IT CANNOT BE USED FOR CASH.

PURCHASES & SERVICES

TAXES

TIPS & MISC

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-30.20

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

PAYMENT DUE UPON RECEIPT

CHECK # [REDACTED] DATE 3/06/15
ROOM # 1217 TIME 8:00PM

-- ROOM SERVICE : FIKER

ORDERED	AMOUNT
1 PAN CAN CHK BRE	11
VEC/MASH/POT	2.50
1 2.00 Delivery	2.00
1 COKE	2.00

This was changed to the room

SUBTOT	23.25
SERV	4.65
	2.30

TOTAL DUE 30.20

OF GUESTS 1

Mixed Beverage sales taxes are included
in the sales price
*****FOR HOTEL GUEST ONLY*****

ROOM# _____ GRATUITY _____

TOTAL _____

NAME: _____
(please print)

SIGNATURE: _____

THANK YOU FOR JOINING US AT

HILTON HOUSTON PLAZA
6633 TRAVIS STREET
HOUSTON, TX. 77030
(713) 313-4000
FAX (713) 313-4660



Local Travel

Nonlocal Travel

Reports

Approval

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Printer Friendly PDF

Nonlocal Travel Reimbursement Request - View

Traveler Information

Name and Home Address

PALITS, JONATHAN D

Employee Vendor Number

Office Telephone Number 703-714-5400

Reimbursement Document: [REDACTED]

SAP Document: [REDACTED]

Reimbursement Status: C - Complete

Approval Document: [REDACTED]

SAP Document: [REDACTED]

Office/School: MARSHALL HIGH SCHOOL

Departure Date: March 4, 2015

Return Date: March 7, 2015

Destination: Houston (L.B. Johnson Space Center), TX

Index: [REDACTED] Subobject: [REDACTED]

Purpose of Travel: Technical Training

Travel Method: Air

Travel Sponsor: Rice University Center for College Readiness

Total Estimated Expenses: \$ 1530.86
 Amount of Advance Received: \$ 0.00
 Grant Amount: \$ 0.00

Description of Expense	Wednesday 03/04/15	Thursday 03/05/15	Friday 03/06/15	Saturday 03/07/15	Total Costs	Paid By FCPS	Paid by Traveler
Air/Train/Bus Fare					\$444.20	\$444.20	\$0.00
Registration Fee					\$780.00	\$780.00	\$0.00
Lodging (tax included)					\$0.00	\$0.00	\$0.00
Car Rental					\$0.00	\$0.00	\$0.00
Breakfast (M&IE Per Diem)					\$0.00	\$0.00	\$0.00
Lunch (M&IE Per Diem)				\$13.50	\$13.50	\$0.00	\$13.50
Dinner (M&IE Per Diem)	\$27.00	\$36.00	\$36.00	\$27.00	\$126.00	\$0.00	\$126.00
Incidentals (M&IE Per Diem)	\$3.75	\$5.00			\$8.75	\$0.00	\$8.75
POV Mileage Amount	\$17.83				\$17.83	\$0.00	\$17.83
Parking	\$60.00				\$60.00	\$0.00	\$60.00
Transportation					\$0.00	\$0.00	\$0.00
Other Expenses					\$0.00	\$0.00	\$0.00
Total					\$1450.28	\$1224.20	\$226.08
Amount of Advance Received							\$0.00
Balance Due Traveler							\$226.08
Balance Due FCPS							\$0.00

Travel Notes

Parking Cost was \$68, which is \$60 in parking, and the rest is covered in Incidentals. Then there is 0 for other expenses.

Action by Approving Authority

Level	Level Title	Approval Type	Approved By	Approved Date	Approval Status	Notes
0100	Funds Verification	Nonlocal Travel	lwebster	03/16/2015	Approved	None
1000	Accounting Review	Nonlocal Travel	ansherline	03/26/2015	Approved	None

[Back to List](#)


MARSHALL HS IB SD
MARSHALL HS
MARSHALL HIGH SCHOOL FINANCE
7731 LEESBURG PK
FALLS CHURCH VA 22043-2498

ACCOUNT NUMBER

STATEMENT DATE: 01/27/15

CARDHOLDER ACTIVITY

Travel Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
01-07	01-05			
01-08	01-07			
01-23	01-21			
01-23	01-21	55432865022000747031708	UNITED 01675338232606 800-932-2732 TX MOHAN/PATRICK DEPARTURE: 03-04-15 P.O.S.: SALES TAX: \$0.00 IAD UA G MSY UA G IAH UA W IAD	444.20
01-23	01-21	55432865022000747031716	UNITED 01675338232610 800-932-2732 TX PALLIS/JONATHAN DEPARTURE: 03-04-15 P.O.S.: SALES TAX: \$0.00 IAD UA G MSY UA G IAH UA W IAD	444.20
Total Travel Activity				



JPMORGAN CHASE BANK NA
P.O. BOX 15918
MAIL SUITE DE1-1404
WILMINGTON DE 19850

MEMO STATEMENT
THIS IS NOT A BILL

ACCOUNT NUMBER [REDACTED]

STATEMENT DATE 01-27-15

NET CHARGES [REDACTED]

MARSHALL HS IB SD ** 0000000
MARSHALL HS
MARSHALL HIGH SCHOOL FINANCE
7731 LEESBURG PK
FALLS CHURCH VA 22043-2498

FOR RECONCILIATION PURPOSES ONLY. DO NOT SEND PAYMENT.

NAME: MARSHALL HS IB SD

CYCLE LIMIT: \$10,000

ACCOUNTING CODE: [REDACTED]

CARDHOLDER ACTIVITY

Purchasing Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
01-02	12-31	[REDACTED]		[REDACTED]
Total Purchasing Activity				[REDACTED]

Travel Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
01-07	01-06	[REDACTED]		[REDACTED]
01-07	01-05	[REDACTED]		[REDACTED]

FOR CUSTOMER SERVICE CALL:
1-800-316-6056

FOR LOST/STOLEN CARDS CALL:
1-800-316-6056

FOR TTY/TDD SERVICE CALL:
1-800-955-8060

ACCOUNT NUMBER

[REDACTED]

STATEMENT DATE:
01/27/15

ACCOUNT SUMMARY

PURCHASES & OTHER CHARGES	[REDACTED]
CASH ADVANCES	.00
CREDITS	.00
CASH ADVANCE FEE	.00
NET CHARGES	[REDACTED]
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
P.O. BOX 15918
MAIL SUITE DE1-1404
WILMINGTON DE 19850

MEMO STATEMENT
THIS IS NOT A BILL

ACCOUNT NUMBER [REDACTED]

STATEMENT DATE 12-27-14

NET CHARGES [REDACTED]

MARSHALL HS IB SD
MARSHALL HS
MARSHALL HIGH SCHOOL FINANCE
7731 LEESBURG PK
FALLS CHURCH VA 22043-2498

** 0000000

FOR RECONCILIATION PURPOSES ONLY. DO NOT SEND PAYMENT.

NAME: MARSHALL HS IB SD

CYCLE LIMIT: \$10,000

ACCOUNTING CODE: [REDACTED]

CARDHOLDER ACTIVITY

Purchasing Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
12-08	12-05	[REDACTED]	[REDACTED]	[REDACTED]
12-08	12-05	[REDACTED]	[REDACTED]	[REDACTED]
12-09	12-08	55432864343000117659216	RICE - SCS HOUSTON TX P.O.S.: 000000000000000000 SALES TAX: 0.00	780.00
12-09	12-08	55432864343000117659224	RICE - SCS HOUSTON TX P.O.S.: 000000000000000000 SALES TAX: 0.00	780.00
Total Purchasing Activity				[REDACTED]

FOR CUSTOMER SERVICE CALL:
1-800-316-6056

FOR LOST/STOLEN CARDS CALL:
1-800-316-6056

FOR TTY/TDD SERVICE CALL:
1-800-955-8060

ACCOUNT NUMBER

STATEMENT DATE:
12/27/14

ACCOUNT SUMMARY

PURCHASES & OTHER CHARGES	[REDACTED]
CASH ADVANCES	.00
CREDITS	.00
CASH ADVANCE FEE	.00
NET CHARGES	[REDACTED]
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



HILTON HOUSTON PLAZA/MEDICAL CENTER
6633 Travis Street | Houston, TX | 77030
T: 713 313 4000 | F: 713 313 4660
W: hilton.com

NAME AND ADDRESS

Mohan Patrick

Room: 1217/D2RRU1
Arrival Date: 3/4/2015 10:17:00 PM
Departure Date: 3/7/2015 6:34:00 AM

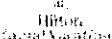
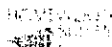
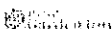
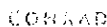
Adult/Child: 2/0
Room Rate: 145.00

Rate Plan: IB2
HH #
AL:
Car:

TAX #:
Confirmation Number: [REDACTED]

3/7/2015

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/4/2015	2353890	GUEST ROOM	\$145.00
3/4/2015	2353890	STATE OCCUPANCY TAX	\$8.70
3/4/2015	2353890	COUNTY OCCUPANCY TAX	\$5.80
3/4/2015	2353890	CITY OCCUPANCY TAX	\$10.15
3/5/2015	2354357	GUEST ROOM	\$145.00
3/5/2015	2354357	STATE OCCUPANCY TAX	\$8.70
3/5/2015	2354357	COUNTY OCCUPANCY TAX	\$5.80
3/5/2015	2354357	CITY OCCUPANCY TAX	\$10.15
3/6/2015	2354674	*ROOM SERVICE	\$30.20
3/6/2015	2354810	GUEST ROOM	\$145.00
3/6/2015	2354810	STATE OCCUPANCY TAX	\$8.70
3/6/2015	2354810	COUNTY OCCUPANCY TAX	\$5.80
3/6/2015	2354810	CITY OCCUPANCY TAX	\$10.15
3/7/2015	2355042	[REDACTED]	(\$506.95)
3/7/2015	2355043	[REDACTED]	(\$30.20)
		BALANCE	-50.00



ACCOUNT NO

DATE OF CHARGE

FOLIO NO / CHECK NO.

3/7/2015

CARD MEMBER NAME
Mohan, Patrick

AUTHORIZATION
081032

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT ADDRESS (BY PHONE) THE CARD IS NOT FOR REFUND

PURCHASES & SERVICES

TAXES

TIPS & MISC

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-30.20

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

PAYMENT DUE UPON RECEIPT

CHECK # [REDACTED] DATE 3/06/15
ROOM # 1217 TIME 8:00PM

-- ROOM SERVICE : FIKER

ORDERED	AMOUNT
1 PARMAN CHK BRE	11
VEG/MASH/POT	2.00
1 2.00 Delivery	2.00
1 COKE	2.00

Handwritten notes:
This was changed to the room.

SUBTOT	23.25
SERV	4.65
	2.30

TOTAL DUE 30.20

OF GUESTS 1

Mixed Beverage sales taxes are included
in the sales price

*****FOR HOTEL GUEST ONLY*****

ROOM# _____ GRATUITY _____

TOTAL _____

NAME: _____
(please print)

SIGNATURE: _____

THANK YOU FOR JOINING US AT

HILTON HOUSTON PLAZA
6633 TRAVIS STREET
HOUSTON, TX. 77030
(713) 313-4000
FAX (713) 313-4660

Fang, Kristen

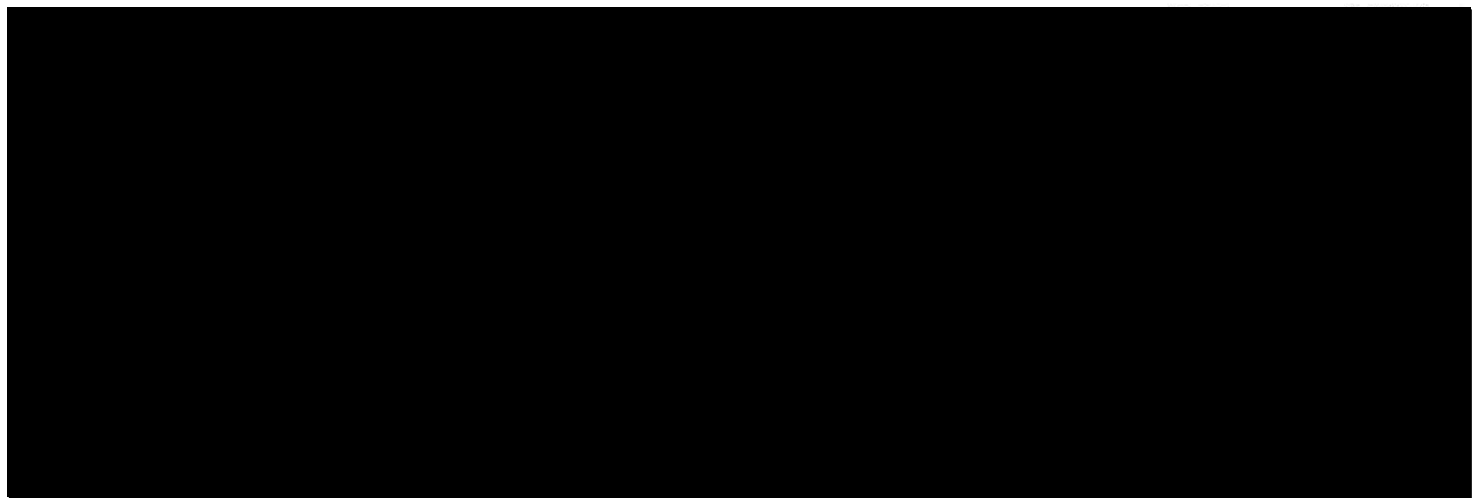
From: Webster, Leigh
Sent: Monday, January 04, 2016 3:14 PM
To: Fang, Kristen
Subject: FW: URGENT- Jonathan Pallis

Kristen -

From: Pallis, Jonathan
Sent: Monday, January 04, 2016 3:10 PM
To: Webster, Leigh
Subject: RE: URGENT- Jonathan Pallis

Hi Leigh,

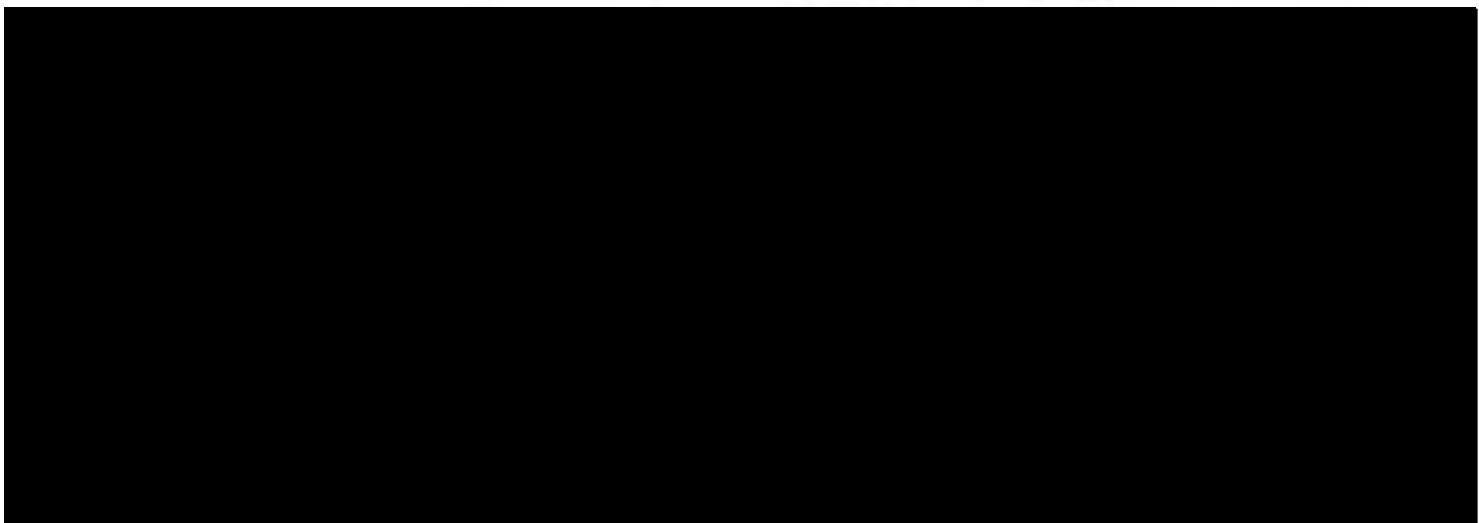
Here is my bank statement:



03/09/2015 CHECKCARD [REDACTED] IAD DULLES PAY AND GO 6
DULLES VA [REDACTED]



-68.00



It is the charge of \$68 on 03/09/2015