

PURCHASING CARD LOG

OK-BA

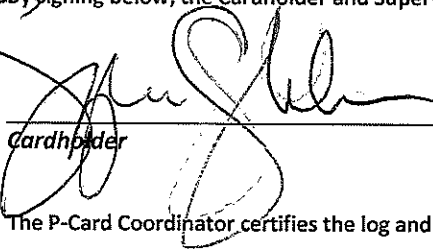
Cardholder (Employee) Name (as shown on payroll) <b>Sopen B. Shah</b>	For Statement Date: 12-01-17
Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">XXXX</span>	

Receipts are attached in order of occurrence

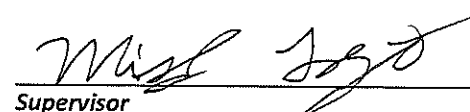
Transaction Date	Vendor Name/City	Items Purchased For Travel, Purpose of Trip	Depart/Return Dates for Air Travel Charges	Number of Nights	Room Rate	Total Cost	Inventory # for items is \$5,000 or less
11/21	USCA 7 <sup>th</sup> Circuit	ECF enrollment				196.00	
11/21	Nat'l Assn of Attorneys General	Enrollment in 2018 Supreme Court Seminar (training)				395.00	
		↳ MTR					

CARD TOTAL: 591.00

By signing below, the Cardholder and Supervisor certify these charges are for state business purposes only and in full compliance with the Purchasing Card Manual.

  
Cardholder

12/29/2017  
Date

  
Supervisor

12/29  
Date

The P-Card Coordinator certifies the log and receipts are in compliance with the Purchasing Card Manual guidelines.

Div/Bureau P-Card Coordinator

Date

JV 519481  
RA 3/21/18

Upon receipt of your US Bank statement, the purchasing card log must be completed for that statement period.

Cardholder is responsible to obtain a receipt for all purchases and credits.

**Instructions to complete Purchasing Card Log**

1. Complete your name and the last four (4) digits of your card at the top left section of the form.
2. Complete the statement date in the top right section of the form as listed on your US Bank statement.
3. List all purchases that have been charged to your purchasing card during this statement period. This includes:
  - The transaction date.
  - The name of the vendor.
  - A description of the item purchased.
  - If the purchase was for travel, i.e. hotel costs, provide the purpose of the trip.
  - Include the travel dates, number of lodging nights, room rate.
4. All items listed on this log should include the total cost.
5. If any item requires to be inventoried, provide the assigned inventory number in the last column and on the same line as the purchased item.
6. Attach all receipts to the back of the log in order of occurrence.
7. As the cardholder, sign and date the purchasing card log.
8. Route the log to your supervisor for signature and date.
9. Obtain the division or bureau p-card coordinator approval.
10. Completed log along with all receipts and appropriate signatures shall be routed to the Bureau of Budget and Finance (BBF) for final auditing and file retention. The approved log must be received in BBF within three (3) weeks of statement date.

Please remember to:

- Enclose your check or money order, payable in U.S. dollars, with this payment coupon, but do not staple or tape them together.
- Write your account number on the front of your check or money order.
- Make checks payable to: Corporate Payment Systems  
P.O. Box 790428  
St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State

Zip

( )

Home Phone

( )

Business Phone

### CUSTOMER SERVICE 1-800-344-5696

Our Customer Service Representatives are available 24 hours a day, 365 days a year. If you have questions about your Commercial Card account, please call Corporate Payment Systems at 1-800-344-5696 or write to us at Corporate Payment Systems, P.O. Box 6343, Fargo, ND 58125-6343.

### MAKING PAYMENTS

The amount shown as Amount Due is payable in full upon delivery of this billing statement.

If an employer is making payment for individual employee cardholders, the employer must provide a single check, or other payment acceptable to Corporate Payment Systems, covering all Amounts Due, as well as a list of account numbers and the dollar amount to be credited to each account.

If individual employee cardholders are responsible for payment, a check, or other payment acceptable to Corporate Payment Systems, for the Amount Due together with the top portion of this billing statement must be mailed by the individual employee to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428.

A payment of less than the Amount Due, but intended to settle an account in full, must be mailed to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. Accepting a partial payment will not change any agreement between either the individual employee cardholder or the employer and Corporate Payment Systems in any way.

Use the enclosed envelope to mail your payment to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. All payments by check or money order and accompanied by a payment coupon will be credited to your account on the day of receipt if received at this address by 1:00 p.m. on any banking day. Banking days are all calendar days except Saturday, Sunday and federal holidays. Other payments will be credited to your account within five days of receipt by Corporate Payment Systems.

### LOST OR STOLEN CARDS

If a Card is lost or stolen, the individual employee cardholder must call Corporate Payment Systems immediately at 1-800-344-5696 and notify the employer in accordance with the employer's policies and/or instructions.

### BILLING INQUIRIES

Before disputing or questioning a charge on your statement, take the following actions:

- Determine if other employees of the corporation / institution may have participated in the transaction.
- Review your receipts for the amount in question as it may have posted to your statement with a different merchant name.
- Attempt to contact the merchant to resolve the issue.

To dispute the transaction, phone Corporate Payment Systems Customer Service at the telephone number on the front of this statement and have the following information available:

- The date and dollar amount of the transaction you are questioning.
- An explanation of why you believe there is an error along with any documentation you may have to support your claim.
- The date you contacted the merchant to attempt to resolve this issue and the merchant's response.

Many inquiries can be corrected over the phone, but phoning alone does not preserve your rights. To preserve your rights, we must receive your written communication no later than 60 days after we sent you the first bill on which the error or problem appeared. Please send a letter with your name, account number and the above information to: CORPORATE PAYMENT SYSTEMS, P.O. BOX 6335, FARGO, ND 58125-6335. You do not have to pay the amount of the charge that is in dispute while we are investigating; however, you are obligated to pay any charges that are not in question. While we investigate your dispute, we cannot report you as delinquent or take any action to collect the amount you question.

**Muirhead, Richard W.**

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**From:** paygovadmin@mail.doc.twai.gov  
**Sent:** Tuesday, November 21, 2017 3:29 PM  
**To:** Shah, Sopen B.; Muirhead, Richard W.  
**Subject:** Pay.gov Payment Confirmation: USCA07 CM ECF

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact Seventh Circuit Clerks Office at (312) 435-5850.

Application Name: USCA07 CM ECF  
Pay.gov Tracking ID: 2664V4BA  
Agency Tracking ID: 07-39026-968  
Transaction Type: Sale  
Transaction Date: Nov 21, 2017 4:28:32 PM

Account Holder Name: Sopen B. Shah  
Transaction Amount: \$196.00  
Card Type: Visa  
Card Number: \*\*\*\*\*[REDACTED]

Attorney Name: Sopen B. Shah  
Contact Telephone Number: (608) 261-5942 Person Completing Transaction: Sopen B. Shah Appellate Case Number - if applicable:

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

**National Association of Attorneys  
General**

**ORDER**

1850 M Street NW  
12th Floor  
Washington, DC 20036

Order #: 1942  
Date: 11/21/2017  
PO #:  
Payment Method: Credit Card  
Status: Closed

**BILL TO:**

Sopen Shah  
Office of the Attorney General of Wisconsin  
17 W Main St  
P.O. Box 7857  
Madison, WI 53703-3960 US  
(920) [REDACTED]

**SHIP TO:**

Sopen Shah  
Office of the Attorney General of Wisconsin  
(920) [REDACTED]

**COMMENTS OR SPECIAL INSTRUCTIONS:**

QTY	DESCRIPTION	UNIT PRICE	TOTAL
1	2018 Supreme Court Seminar - AG Staff	395.00 USD	395.00 USD
SUBTOTAL			395.00 USD
DISCOUNTS:			0.00 USD
SALES TAX:			0.00 USD
SHIPPING & HANDLING:			0.00 USD
TOTAL:			395.00 USD
BALANCE DUE:			0.00 USD