

COPY

3/20/18
cc-

PURCHASING CARD LOG

013-BA

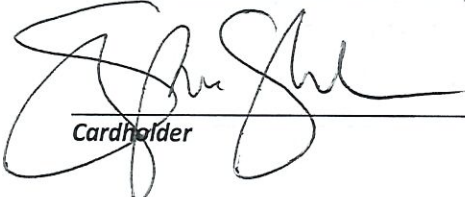
Cardholder (Employee) Name (as shown on payroll) Sopen B. Shah	For Statement Date: 01-26-18
Purchasing Card Number (last 4 digits only): XXXX	

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
1/13	American Airlines	Checked bag fee	Depart 1/13/18 Return 1/18/18			25.00	
1/18	Hyatt Regency D.C.	Lodgings for NAAG Supreme Court Seminar		2	209.00	418.00	
		Occupancy Tax		2	30.93	61.86	
→ TTR ✓ → Washington D.C. → \$228 Allowed							

CARD TOTAL: 504.86

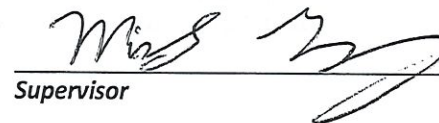
By signing below, the Cardholder and Supervisor certify these charges are for state business purposes only and in full compliance with the Purchasing Card Manual.



Cardholder

3/19/18

Date



Supervisor

3/19

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 51948

MA 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.



ST OF WI - DOJ



U.S. BANCORP SERVICE CENTER
P. O. Box 6343
Fargo, ND 58125-6343

ACCOUNT NUMBER XXXX-XXXX-XXXX
STATEMENT DATE 01-26-18
TOTAL ACTIVITY \$ 504.86

000001636 01 SP 0.510 106481423768287 P

SOPEN B SHAH
TAX
DEPARTMENT OF JUSTICE SGO
17 W MAIN STREET
MADISON WI 53703-3960

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

Cardholder Signature _____ Date _____
Approver Signature _____ Date _____

NEW ACCOUNT ACTIVITY

POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
01-15	01-13	AMERICAN AIR0010273910898 FORT WORTH TX SHAH/SOPEN B DEPARTURE: 01-13-18 EBC AA Y FEE	24431068014978001352878	3001	25.00
01-22	01-18	HYATT REGENCY WASHINGTON WASHINGTON DC24431068019722029192212 19739142 ARRIVAL: 01-16-18		3640	479.86

Default Accounting Code: 455SGO

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER XXXX-XXXX-XXXX		ACCOUNT SUMMARY	
	STATEMENT DATE	DISPUTED AMOUNT		
SEND BILLING INQUIRIES TO: C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6335 FARGO, ND 58125-6335	01-26-18	\$.00	PREVIOUS BALANCE	\$.00
			PURCHASES & OTHER CHARGES	\$504.86
			CASH ADVANCES	\$.00
			CASH ADVANCE FEE	\$.00
			CREDITS	\$.00
		AMOUNT DUE \$ 0.00 DO NOT REMIT	TOTAL ACTIVITY	\$504.86

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.

UNITED



PASSENGER RECEIPT

1 OF 1

US

EXCESS BAGGAGE
TICKET

18JAN18

SI/DB74C2 /

SHAH/SOPENB

NOT VALID FOR

TRANSPORTATION

PSGR TICKET 01670757089315

DCA UA ORD UA MKE

D4D592

1 FIRST CHECKED BAG 25.00

USD 25.00

VIXXXXXXXXXXXXXXXX/015400

1 016 2602658777 6

USD 25.00

THIS IS YOUR RECEIPT

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

A STAR ALLIANCE MEMBER

PASSENGER TICKET AND BAGGAGE CHECK

ISSUED BY

AMERICAN AIRLINES



PASSENGER RECEIPT 1

ISS. AGENT ID. 13JAN18 52101103

NAME OF PASSENGER (NOT TRANSFERABLE)

MKE OCY

FARE BASIS

/ MILWAUKEE

SHAH/SOPEN B

CARR.

FLIGHT

CLASS DATE

TIME

STATUS NOT VALID BEFORE

NOT VALID AFTER

NOT VALID FOR

TRANSPORTATION

PSGR TICKET 0017075722207

MKECLT-AA CLTDCA-AA

01 UPT050LB 23KG AND62LI

25.00

FARE

EQUIV. FARE PAID

FORM OF PAYMENT

USD 25.00

PCS CK WT. UNCK WT.

FP

BAXXXXXXXXXXXXXXXX

079472

ALLOW

PCS

CK WT.

UNCK WT.

TAX/FEE/CHARGE

NA

TAX/FEE/CHARGE

NA

TOTAL

NA

USD

25.00

00124254032294

0 001 0273910898 6

0 AMERICAN AIRLINES
REFUNDABLE ONLY WITH
US RELATED FLIGHT CPN
6 RETAIN THIS RECEIPT
THROUGHOUT YOUR
JOURNEYFOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

PCS CK WT. UNCK WT. SEQ. NO. PCS CK WT. UNCK WT.

BAGGAGE ID NR.

COUPON AIRLINE

FORM SERIAL NO.

CK

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

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Capitol Hill**
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Washington, DC 20001
Tel: 202-737-1234
Fax: 202-737-5773
www.hyattregencywashington.com

INVOICE

Ms Sopen Shah
17 W Main Street
Po Box 7857
Madison WI 53703
United States

Room No. 0432
Arrival 01-16-18
Departure 01-18-18
Folio Window 1
Folio No. 1305200

Confirmation No. [REDACTED]
Group Name NAAG Supreme Court Seminar
Booking No. 32KGL356

Date	Description	Charges	Credits
01-16-18	Group Room	209.00	
01-16-18	Occupancy Tax	30.93	
01-17-18	Group Room	209.00	
01-17-18	Occupancy Tax	30.93	
01-18-18	Visa	XXXXXXXXXXXX [REDACTED] XX/XX	479.86

Total 479.86 479.86

Guest Signature

Balance 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Was your stay exceptional? Please let us know what you think...
Simply e-mail us at Jeff.Conrade@hyatt.com

For more information on the Hyatt Regency Washington on Capitol Hill or other Hyatt Hotels and Resorts, visit us on the web at WWW.HYATT.COM

Lost & Found questions, please email Lost@hyatt.com

Please remit payment to:
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Lock Box 6012
Washington, DC 20042

For inquiries concerning your bill, please call 888-587-2877

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