

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll)  
Miernietz, Sharon K.

For Statement Date: 07/05/13

Purchasing Card Number (last 4 digits only): [REDACTED]

DUES

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 Number for items is \$5,000 or less
06/20	EPromos	DOJ mugs				1016.30	
06/22	Holiday Inn-Madison West	Teynor LPO FDW		5	70.00	350.00	
06/22	Holiday Inn-Madison West	Steffes LPO FDW		5	70.00	350.00	
06/22	Holiday Inn-Madison West	Mittelstadt LPO FDW		5	70.00	350.00	
06/22	Holiday Inn-Madison West	Gottsacker LPO FDW		5	70.00	350.00	
06/26	Holiday Inn-Madison West	Error - Refund will be given		2	70.00	140.00	Rec. 01/31/14 start
	Holiday Inn-Madison West	Teynor LPO FDW		5	70.00	350.00	
	Holiday Inn-Madison West	Steffes LPO FDW		5	70.00	350.00	
	Holiday Inn-Madison West	Mittelstadt LPO FDW		5	70.00	350.00	
	Holiday Inn-Madison West	Gottsacker LPO FDW		5	70.00	350.00	

JK to Fiscal 7/23 #13-095

# see attached email

CARD TOTAL \$3,956.30

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.

Sharon K. Miernietz  
Cardholder

07/12/13  
Date

Steph  
Supervisor

7/17/13  
Date

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

JK

Shawn Miller  
Div/Bureau P-Card Coordinator

7/18/13  
Date

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.





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



ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 07-05-13  
TOTAL ACTIVITY \$ 3,956.30

000001094 1  
SHARON K  
TAX [REDACTED]  
WI DEPT O  
17 W MAIN  
MADISON W

*All LPO FOW  
charges to be billed  
to specialized  
training grant  
Award # 13-095.*

"MEMO STATEMENT ONLY"  
DO NOT REMIT PAYMENT

RECEIVED

JUL 11 2013

NSIN DEPT OF JUSTICE  
E & STAND

Cardholder  
Approver

*[Signature]*

POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
06-24	06-20	EPROMOS PROMOTIONAL PR 212-4573929 NY PUR ID: 9999 TAX: 0.00	24071053172987174014624	7399	1,016.30
06-24	06-22	HOLIDAY INN HOTEL AND MADISON WI 0001205097 ARRIVAL: 06-21-13	24765013173286012050971	3501	350.00
06-24	06-22	HOLIDAY INN HOTEL AND MADISON WI 0001205110 ARRIVAL: 06-21-13	24765013173286012051102	3501	350.00
06-24	06-22	HOLIDAY INN HOTEL AND MADISON WI 0001205111 ARRIVAL: 06-21-13	24765013173286012051110	3501	350.00
06-24	06-22	HOLIDAY INN HOTEL AND MADISON WI 0001205112 ARRIVAL: 06-21-13	24765013173286012051128	3501	350.00
06-26	06-26	* HOLIDAY INN HOTEL AND MADISON WI 0001210333 ARRIVAL: 06-25-13	24765013177286012103339	3501	140.00
07-01	06-29	HOLIDAY INN HOTEL AND MADISON WI 0001210098 ARRIVAL: 06-28-13	24765013180286012100983	3501	350.00
07-01	06-29	HOLIDAY INN HOTEL AND MADISON WI 0001210121 ARRIVAL: 06-28-13	24765013180286012101213	3501	350.00
07-01	06-29	HOLIDAY INN HOTEL AND MADISON WI 0001210151 ARRIVAL: 06-28-13	24765013180286012101510	3501	350.00

Default Accounting Code: 455TS TS005

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER <div></div>		ACCOUNT SUMMARY	
	STATEMENT DATE 07-05-13	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE	\$0.00
SEND BILLING INQUIRIES TO:  C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION ND P.O. BOX 6335 FARGO, ND 58125-6335	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES	\$3,956.30
			CASH ADVANCES	\$0.00
			CASH ADVANCE FEE	\$0.00
			CREDITS	\$0.00
			TOTAL ACTIVITY	\$3,956.30

\* Error. To be refunded.



Account Name:	SHARON K MIEMIETZ
Company Name:	ST OF WI - DOJ
Account Number:	
Statement Date:	07-05-13

NEW ACCOUNT ACTIVITY					
POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
07-01	06-29	HOLIDAY INN HOTEL AND MADISON WI 0001210155 ARRIVAL: 06-28-13	24765013180286012101551	3501	350.00



120 Broadway, 13th Floor, Suite 1360, New York, NY 10271

## Order Acknowledgement

				In-Hands	PO #	Order #
					226423	226423

B I L L  T O	347200	WISCONSIN DEPARTMENT OF JUSTIC Attn: SHARON MIEMIETZ 17 WEST MAIN STREET MADISON, WI 53702		S H I P  T O	WISCONSIN DEPARTMENT OF JUSTIC Attn: SHARON MIEMIETZ 17 WEST MAIN STREET MADISON, WI 53702	
		Via UPS GroundTrak			FOB Factory	

Unit	Cust po #	Ord date	Terms	Type	Salesperson		
10		06/19/13	Pre-Paid		4L 5070	Brian Schoenherr-RET	

Ordered	Shipped	Item #	Description	Per	Unit price	Ext price
140		8817967	Trom Imprinted Desktop Mug by VisionUSA - 13 oz.	EA	6.150	861.00
1		Z-SETUP	Pad Printed	EA	50.000	50.00
1		Z-ESH	UPS Ground Shipping	EA	105.300	105.30
Sub total						1016.30

Color and imprinting instructions  
 SKU# 8817967  
 Item Color: Black  
 Imprint Location/Size: Side (Right-Hand Readable), 2.25"  
 w x 1.875" h  
 Logo Size: Use entire Imprint Area  
 Imprint Color(s): Stock Gold - Metallic PMS 872C  
 Imprint Method: Pad Printed

CUSTOMER ORDER

**BUSINESS EVENT AUTHORIZATION**

(This form must be completed for every business event which will have costs paid by DOJ.)

Name and Purpose of Event: Leadership in Police Organizations Faculty Development WorkshopDates/Times: June 17-21/24-28, 2014 8am-4pm City: MiddletonSponsoring Division/Bureau: DOJ/DLES Coordinator: Sharon MiernietzEstimated # of Attendees: State Employees (\* See below): 0Non-State Employees: 7

**1. Justification for site selection:** This must be provided if the location of the event will not a state government or university facility when more than 50% of attendees will be state employees.

Training will be held at no cost at the Middleton Police Department.

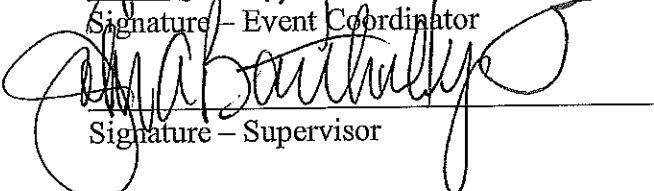
**2. Justification for Food Costs:** Meals and break items, including service fees, must always be at state rates. Justification must be provided if these costs will exceed state maximums. Additionally, if more than 50% of attendees will be state employees headquartered in the business event city, justification must be provided for any food costs.

State rates will be followed.

**3. Giveaways:** If items are to be purchased by DOJ and given to event attendees provide a description of the item, the dollar value of the item, the anticipated total cost, and the name of the vendor from whom the items will be purchased.

All LPO graduates receive an LPO challenge coin. Per coin cost approximately \$7 (ordered in bulk from Medalcraft, Green Bay).

## APPROVALS.

  
Signature - Event Coordinator5/10/13  
Date  
Signature - Supervisor5/10/13  
Date

\* If more than 50% of attendees will be state employees and costs will be incurred, approval of the Administrator, Division of Management Services, must be given prior to the business event.

\_\_\_\_\_  
Signature - Administrator, DMS\_\_\_\_\_  
Date



# Holiday Inn & Suites

20

07-12-13

WI Dept of Justice  
ES40682  
17 West Main Street  
PO BOX 7857  
Madison WI 53707

Folio No. : 220916  
A/R Number : WIDJ  
Group Code :  
Company : WI Dept of Justice  
Membership No. :  
Invoice No. :

Room No. : 3033  
Arrival : 06-16-13  
Departure : 06-21-13  
Conf. No. : 60284685  
Rate Code : IMSTI  
Page No. : 1 of 1

Miemietz, Sharon

Date	Teynor Description		Charges	Credits
06-16-13	Room Accommodations		70.00	
06-16-13	Safe Warranty		1.75	
06-17-13	Adj. Safe Warranty	Pclub	-1.75	
06-17-13	Room Accommodations		70.00	
06-17-13	Safe Warranty		1.75	
06-18-13	Adj. Safe Warranty	Pclub	-1.75	
06-18-13	Room Accommodations		70.00	
06-18-13	Safe Warranty		1.75	
06-19-13	Adj. Safe Warranty	Pclub	-1.75	
06-19-13	Room Accommodations		70.00	
06-19-13	Safe Warranty		1.75	
06-20-13	Adj. Safe Warranty	Pclub	-1.75	
06-20-13	Room Accommodations		70.00	
06-20-13	Safe Warranty		1.75	
06-21-13	Adj. Safe Warranty	Pclub	-1.75	
06-21-13	Visa			350.00
Total			350.00	350.00
Balance			0.00	

## Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550



**Holiday Inn  
& Suites**

72

07-12-13

<b>WI Dept of Justice</b>	Folio No. : <b>220953</b>	Room No. : <b>3035</b>
<b>ES40682</b>	A/R Number : <b>WIDJ</b>	Arrival : <b>06-16-13</b>
<b>17 West Main Street</b>	Group Code :	Departure : <b>06-21-13</b>
<b>PO BOX 7857</b>	Company : <b>WI Dept of Justice</b>	Conf. No. : <b>60284695</b>
<b>Madison WI 53707</b>	Membership No. :	Rate Code : <b>IMSTI</b>
Miernietz, Sharon	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
06-16-13	Room Accommodations	70.00	
06-16-13	Safe Warranty	1.75	
06-17-13	Adj. Safe Warranty Pclub	-1.75	
06-17-13	Room Accommodations	70.00	
06-17-13	Safe Warranty	1.75	
06-18-13	Adj. Safe Warranty Pclub	-1.75	
06-18-13	Room Accommodations	70.00	
06-18-13	Safe Warranty	1.75	
06-19-13	Adj. Safe Warranty Pclub	-1.75	
06-19-13	Room Accommodations	70.00	
06-19-13	Safe Warranty	1.75	
06-20-13	Adj. Safe Warranty Pclub	-1.75	
06-20-13	Room Accommodations	70.00	
06-20-13	Safe Warranty	1.75	
06-21-13	Adj. Safe Warranty Pclub	-1.75	
06-21-13	Visa		350.00
<b>Total</b>		<b>350.00</b>	<b>350.00</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550



# Holiday Inn & Suites

72

07-12-13

**WI Dept of Justice**  
**ES40682**  
**17 West Main Street**  
**PO BOX 7857**  
**Madison WI 53707**  
 Miemietz, Sharon

Folio No. : **220954**  
 A/R Number : **WID0J**  
 Group Code :  
 Company : **WI Dept of Justice**  
 Membership No. :  
 Invoice No. :

Room No. : **3037**  
 Arrival : **06-16-13**  
 Departure : **06-21-13**  
 Conf. No. : **60284697**  
 Rate Code : **IMSTI**  
 Page No. : **1 of 1**

Date	<i>Mittelstadt</i>		Description	Charges	Credits
06-16-13			Room Accommodations	70.00	
06-16-13			Safe Warranty	1.75	
06-17-13			Adj. Safe Warranty Pclub	-1.75	
06-17-13			Room Accommodations	70.00	
06-17-13			Safe Warranty	1.75	
06-18-13			Adj. Safe Warranty Pclub	-1.75	
06-18-13			Room Accommodations	70.00	
06-18-13			Safe Warranty	1.75	
06-19-13			Adj. Safe Warranty Pclub	-1.75	
06-19-13			Room Accommodations	70.00	
06-19-13			Safe Warranty	1.75	
06-20-13			Adj. Safe Warranty Pclub	-1.75	
06-20-13			Room Accommodations	70.00	
06-20-13			Safe Warranty	1.75	
06-21-13			Adj. Safe Warranty Pclub	-1.75	
06-21-13			Visa		350.00
<b>Total</b>				<b>350.00</b>	<b>350.00</b>
<b>Balance</b>				<b>0.00</b>	

## Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
 1109 Fourier Drive  
 Madison, WI 53717  
 Telephone: (608) 826-0500 Fax: (608) 826-0550





# Holiday Inn & Suites

72

07-12-13

WI Dept of Justice  
ES40682  
17 West Main Street  
PO BOX 7857  
Madison WI 53707

Folio No. : 220955  
A/R Number : WIDJ  
Group Code :  
Company : WI Dept of Justice  
Membership No. :  
Invoice No. :

Room No. : 3039  
Arrival : 06-16-13  
Departure : 06-21-13  
Conf. No. : 60284698  
Rate Code : IMSTI  
Page No. : 1 of 1

Miemietz, Sharon

Date	<i>Grottsacker</i>	Description	Charges	Credits
06-16-13		Room Accommodations	70.00	
06-16-13		Safe Warranty	1.75	
06-17-13		Adj. Safe Warranty Pclub	-1.75	
06-17-13		Room Accommodations	70.00	
06-17-13		Safe Warranty	1.75	
06-18-13		Adj. Safe Warranty Pclub	-1.75	
06-18-13		Room Accommodations	70.00	
06-18-13		Safe Warranty	1.75	
06-19-13		Adj. Safe Warranty Pclub	-1.75	
06-19-13		Room Accommodations	70.00	
06-19-13		Safe Warranty	1.75	
06-20-13		Adj. Safe Warranty Pclub	-1.75	
06-20-13		Room Accommodations	70.00	
06-20-13		Safe Warranty	1.75	
06-21-13		Adj. Safe Warranty Pclub	-1.75	
06-21-13		Visa		350.00
<b>Total</b>			<b>350.00</b>	<b>350.00</b>
<b>Balance</b>			<b>0.00</b>	

## Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550



# Holiday Inn & Suites

72

07-12-13

**WI Dept of Justice**  
**ES40682**  
**17 West Main Street**  
**PO BOX 7857**  
**Madison WI 53707**

Miemietz, Sharon

Folio No. : **221378**  
 A/R Number : **WIDJ**  
 Group Code :  
 Company : **WI Dept of Justice**  
 Membership No. :  
 Invoice No. :

Room No. : **3003**  
 Arrival : **06-23-13**  
 Departure : **06-28-13**  
 Conf. No. : **60288538**  
 Rate Code : **IMSTI**  
 Page No. : **1 of 1**

Date	Description	Charges	Credits
06-23-13	Room Accommodations	70.00	
06-23-13	Safe Warranty	1.75	
06-24-13	Adj. Safe Warranty Pclub	-1.75	
06-24-13	Room Accommodations	70.00	
06-24-13	Safe Warranty	1.75	
06-25-13	Adj. Safe Warranty Pclub	-1.75	
06-25-13	Room Accommodations	70.00	
06-25-13	Safe Warranty	1.75	
06-26-13	Adj. Safe Warranty Pclub	-1.75	
06-26-13	Room Accommodations	70.00	
06-26-13	Safe Warranty	1.75	
06-27-13	Adj. Safe Warranty Pclub	-1.75	
06-27-13	Room Accommodations	70.00	
06-27-13	Safe Warranty	1.75	
06-28-13	Adj. Safe Warranty Pclub	-1.75	
06-28-13	Visa		350.00
<b>Total</b>		<b>350.00</b>	<b>350.00</b>
<b>Balance</b>		<b>0.00</b>	

## Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
 1109 Fourier Drive  
 Madison, WI 53717  
 Telephone: (608) 826-0500 Fax: (608) 826-0550



*Holiday Inn  
& Suites*

72

07-12-13

<b>WI Dept of Justice</b>	Folio No. : <b>221402</b>	Room No. : <b>2039</b>
<b>ES40682</b>	A/R Number : <b>WIDJ</b>	Arrival : <b>06-23-13</b>
<b>17 West Main Street</b>	Group Code :	Departure : <b>06-28-13</b>
<b>PO BOX 7857</b>	Company : <b>WI Dept of Justice</b>	Conf. No. : <b>60288541</b>
<b>Madison WI 53707</b>	Membership No. :	Rate Code : <b>IMSTI</b>
<b>Miemietz, Sharon</b>	Invoice No. :	Page No. : <b>1 of 1</b>

Date	<i>Steffes</i>	Description	Charges	Credits
06-23-13		Room Accommodations	70.00	
06-23-13		Safe Warranty	1.75	
06-24-13		Adj. Safe Warranty Pclub	-1.75	
06-24-13		Room Accommodations	70.00	
06-24-13		Safe Warranty	1.75	
06-25-13		Adj. Safe Warranty Pclub	-1.75	
06-25-13		Room Accommodations	70.00	
06-25-13		Safe Warranty	1.75	
06-26-13		Adj. Safe Warranty Pclub	-1.75	
06-26-13		Room Accommodations	70.00	
06-26-13		Safe Warranty	1.75	
06-27-13		Adj. Safe Warranty Pclub	-1.75	
06-27-13		Room Accommodations	70.00	
06-27-13		Safe Warranty	1.75	
06-28-13		Adj. Safe Warranty Pclub	-1.75	
06-28-13		Visa [REDACTED]		350.00
<b>Total</b>			<b>350.00</b>	<b>350.00</b>
<b>Balance</b>			<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550



*Holiday Inn*  
& Suites

72

07-12-13

WI Dept of Justice  
ES40682  
17 West Main Street  
PO BOX 7857  
Madison WI 53707

Folio No. : 221401  
A/R Number : WIDJ  
Group Code :  
Company : WI Dept of Justice  
Membership No. :  
Invoice No. :

Room No. : 2035  
Arrival : 06-23-13  
Departure : 06-28-13  
Conf. No. : 60288542  
Rate Code : IMSTI  
Page No. : 1 of 1

Date	Description	Charges	Credits
06-23-13	Room Accommodations	70.00	
06-23-13	Safe Warranty	1.75	
06-24-13	Adj. Safe Warranty Pclub	-1.75	
06-24-13	Room Accommodations	70.00	
06-24-13	Safe Warranty	1.75	
06-25-13	Adj. Safe Warranty Pclub	-1.75	
06-25-13	Room Accommodations	70.00	
06-25-13	Safe Warranty	1.75	
06-26-13	Adj. Safe Warranty Pclub	-1.75	
06-26-13	Room Accommodations	70.00	
06-26-13	Safe Warranty	1.75	
06-27-13	Adj. Safe Warranty Pclub	-1.75	
06-27-13	Room Accommodations	70.00	
06-27-13	Safe Warranty	1.75	
06-28-13	Adj. Safe Warranty Pclub	-1.75	
06-28-13	Visa		350.00
Total		350.00	350.00
Balance		0.00	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550



# Holiday Inn & Suites

72

07-12-13

<b>WI Dept of Justice</b>	Folio No. : <b>221414</b>	Room No. : <b>3039</b>
<b>ES40682</b>	A/R Number : <b>WIDJ</b>	Arrival : <b>06-23-13</b>
<b>17 West Main Street</b>	Group Code :	Departure : <b>06-28-13</b>
<b>PO BOX 7857</b>	Company : <b>WI Dept of Justice</b>	Conf. No. : <b>60288546</b>
<b>Madison WI 53707</b>	Membership No. :	Rate Code : <b>IMSTI</b>
<b>Miemietz, Sharon</b>	Invoice No. :	Page No. : <b>1 of 1</b>

Date	<i>Gottsacker</i>	Description	Charges	Credits
06-23-13		Room Accommodations	70.00	
06-23-13		Safe Warranty	1.75	
06-24-13		Adj. Safe Warranty Pclub	-1.75	
06-24-13		Room Accommodations	70.00	
06-24-13		Safe Warranty	1.75	
06-25-13		Adj. Safe Warranty Pclub	-1.75	
06-25-13		Room Accommodations	70.00	
06-25-13		Safe Warranty	1.75	
06-26-13		Adj. Safe Warranty Pclub	-1.75	
06-26-13		Room Accommodations	70.00	
06-26-13		Safe Warranty	1.75	
06-27-13		Adj. Safe Warranty Pclub	-1.75	
06-27-13		Room Accommodations	70.00	
06-27-13		Safe Warranty	1.75	
06-28-13		Adj. Safe Warranty Pclub	-1.75	
06-28-13		Visa <span style="background-color: black; color: black;">XXXXXXXXXX</span>		350.00
<b>Total</b>			<b>350.00</b>	<b>350.00</b>
<b>Balance</b>			<b>0.00</b>	

## Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550

**Kim, Jun S.**

**From:** Miemietz, Sharon K.  
**Sent:** Thursday, January 02, 2014 12:21 PM  
**To:** Kim, Jun S.  
**Subject:** RE: Purchase Card Log

Hi Jun,

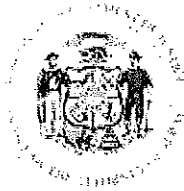
I'll try to be brief. We had several people attending a T&S training event housed at the Holiday Inn during the last 2 weeks in June. I provided them (in person) a list with people's names and their check-in/check-out dates. I received folios for the authorized stays.

The \$140 charge was a mystery so I contacted the hotel when my purchasing card bill arrived and spoke with several people. I did not receive a folio for that stay so I could only provide the check-in date and explain that it was an error – I had only authorized 4 people to stay a total of 10 nights. The general manager said she would look into it and get back to me. I did not hear from her again. When the \$70 credit appeared I called them again – I believe it was twice - and left messages but never received a response. At that point, I gave up.

Sharon



Sharon Miemietz  
Career Development Consultant  
Training & Standards Bureau  
608/266-7380  
Fax: 608/266-7869  
[www.wilenet.org](http://www.wilenet.org)



**From:** Kim, Jun S.  
**Sent:** Thursday, January 02, 2014 12:12 PM  
**To:** Miemietz, Sharon K.  
**Subject:** Purchase Card Log

Hi Sharon,

This is Jun Kim with Bureau of Budget and Finance. How are you?

I'm emailing you in regards to your P-Card Log Statement Date 07/19/13 for a credit of \$70.00 from Holiday Inn-West Madison. You made a note stating we are owed a credit of \$140.00, because we were charged that amount on your previous P-Card Statement Date 7/4/13, but was only able to receive a credit of \$70.00. I know this was a while back, but I was wondering if you could elaborate a bit more on what happened and why we were charged \$140.00 in the first place. Also to follow up if you were able to resolve the issue or if Pam, the General Manager from Holiday Inn-West you listed, or any representative from Holiday Inn contacted you afterwards in regards to the credit.

Thank you,  
Jun

Kim, Jun S.

---

**From:** psanderson@wiscohoteles.com  
**Sent:** Monday, January 27, 2014 5:15 PM  
**To:** Kim, Jun S.  
**Subject:** RE: Department of Justice Holiday Inn-Madison West Charges

I just sent over the credit - sorry for the delay

Pam

Pamela A. Sanderson  
General Manager  
Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison WI 53717

608-203-4700  
Fax: 608-826-0550  
psanderson@wiscohoteles.com

Trip Advisor - Awarded Certificate of Excellence for 2013

Check out our new website - [www.wiscohoteles.com](http://www.wiscohoteles.com)  
[www.wiscohoteles.com](http://www.wiscohoteles.com)

#### Confidentiality Statement

Please note: The information contained in this e-mail and any attached document(s) is intended only for the person or entity to which it is addressed and may contain confidential and /or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the number and delete the material from any computer.

#### -----Original Message-----

**From:** "Kim, Jun S." <kimjs@doj.state.wi.us>  
**Sent:** Friday, January 17, 2014 12:24pm  
**To:** "psanderson@wiscohoteles.com" <psanderson@wiscohoteles.com>  
**Cc:** "West, Jennifer A." <westja@doj.state.wi.us>  
**Subject:** Department of Justice Holiday Inn-Madison West Charges

Hi Pam,

This is Jun Kim with the Department of Justice whom you spoke to a little earlier today.

So here is a summary of what we have. Sharon Miemietz was charged 2 nights for \$140.00, which the transaction occurred on to our bank statement on June 26, 2013. Sharon Miemietz had multiple guests under her name staying at your hotel for 5 nights, which they arrived on 6-21-13 as well as some arriving on 06-28-



**Holiday Inn**  
& Suites

20

01-27-14

<b>Sharon Miemietz</b>	Folio No. :	233441	Room No. :	9006
<b>17 W Main St Madison Wi</b>	A/R Number :		Arrival :	01-27-14
<b>Usa 0001 53703 Madison</b>	Group Code :		Departure :	01-27-14
<b>USA_0001 53703</b>	Company :	WI Dept of Justice	Conf. No. :	
<b>US</b>	Membership No. :		Rate Code :	INCOMP
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
01-27-14	Adj. Room Charges Tax Exemp	-70.00	
01-27-14	Visa [REDACTED] had duplicate reserv by central reservation		-70.00
<b>Total</b>		<b>-70.00</b>	<b>-70.00</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

The Holiday Inn Hotel & Suites Madison West  
1109 Fourier Drive  
Madison, WI 53717  
Telephone: (608) 826-0500 Fax: (608) 826-0550



## PURCHASING CARD LOG (Bill to Account 566P321)

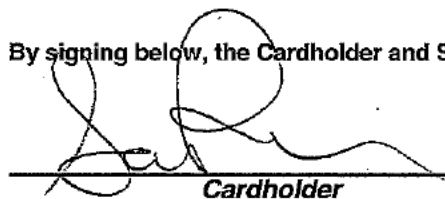
Cardholder (Employee) Name (as shown on payroll) Sara Phelan	For Statement Date: 07/19/2013 DLES
Purchasing Card Number (last 4 digits only): [REDACTED]	


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 Number for items is \$5,000 or less
7-9	United-Fox World Travel	Presenter transportation for CIB Conference-Paudert				975.60	
7-9	Fox World Travel agent fee					9.25	
7-12	4Imprint	Conference Supplies-pens				282.89	
7-11	Fox World Travel agent fee					9.25	
7-11	Delta-Fox World Travel	Presenter transportation for CIB Conference-Stucker				527.60	

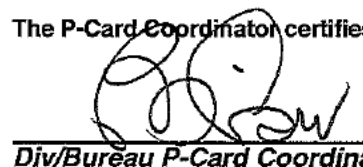
CARD TOTAL 1804.59

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.

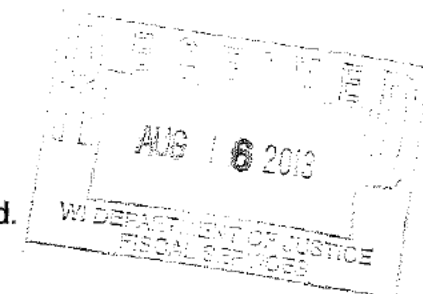
  
Cardholder  
8/6/13  
Date

  
Supervisor  
8-6-2013  
Date

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

  
Div/Bureau P-Card Coordinator  
08/15/2013  
Date

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





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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 07-19-13  
TOTAL ACTIVITY \$ 1,804.59

000000830 1 AV 0.360 106481212854104 P

SARA PHELAN  
TAX [REDACTED]  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
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
07-11	07-09	UNITED 0167265455897 800-932-2732 TX PAUDERT/ROBERT HENRY DEPARTURE: 09-10-13 SGF UA M ORD UA M GRB UA M ORD AU M SGF	24692163191000726855735	3000	975.60
07-11	07-09	AGENT FEE 8900600455964 FOX WORLD TRA WI PAUDERT/ROBERT DEPARTURE: 07-09-13 XAA XD X XAO	24717053191871911922512	4511	9.25
07-15	07-12	4IMPRINT 877-4467746 WI PUR ID: 7947920 TAX: 0.00	24351783193002283038205	5969	282.89
07-15	07-11	AGENT FEE 8900600457197 FOX WORLD TRA WI STUCKER/RONALD DEPARTURE: 07-11-13 XAA XD X XAO	24717053193871931883015	4511	9.25
07-15	07-11	DELTA AIR 0067265457282 OSHKOSH WI STUCKER/RONALD DEPARTURE: 09-10-13 MCO DL K DTW DL K GRB DL K MSP DL K MCO	24717053193871932328036	3058	527.60

Default Accounting Code: 455CIB CIB011		
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]	
	STATEMENT DATE 07-19-13	DISPUTED AMOUNT \$ .00
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	ACCOUNT SUMMARY	
	PREVIOUS BALANCE \$ .00	
	PURCHASES & OTHER CHARGES \$1,804.59	
	CASH ADVANCES \$ .00	
	CASH ADVANCE FEE \$ .00	
	CREDITS \$ .00	
	TOTAL ACTIVITY \$1,804.59	

## Electronic Expense Receipt

## Travelport ViewTrip™

## Expense Receipt

for Robert Henry Paudert  
DJUST

Friday, August 02, 2013

expires on Saturday, September 14, 2013

Reservation ZW4CP4 by Fox World Travel

Trip Cost USD 984.85

Date	Description	Amount
7/9/2013	United Airlines eTicket 0167285455897	975.60
	Airfare	866.98
	Taxes, fees and surcharges	108.62
7/9/2013	Service Fee	9.25
VI	Total Due USD 984.85	



Internet Explorer cannot display this page

What you can try:



Flight - United Airlines Inc (UA) - 4353		Tuesday, September 10, 2013
Flight Operated By:		Expressjet Airlines Dba United Express
United Airlines Inc Confirmation Number:		B5P96B
Depart:	10:10 AM	Springfield Branson Regional Arpt (SGF)
Arrive	11:41 AM	O'Hare Intl Arpt (ORD), Terminal 1
Flight 4353		Non-stop
Class of Service:		ECONOMY (M)
Seat	Status	Passenger
16A (Non-smoking)	Confirmed	PAUDERT, ROBERT HENRY
Status: Confirmed (HK)		

Flight - United Airlines Inc (UA) - 5853		Tuesday, September 10, 2013
Flight Operated By:		Expressjet Airlines Dba United Express
United Airlines Inc Confirmation Number:		B5P96B
Depart:	1:06 PM	O'Hare Intl Arpt (ORD), Terminal 2
Arrive	2:00 PM	Austin Straubel Fld (GRB)
Flight 5853		Non-stop
Class of Service:		ECONOMY (M)
Seat	Status	Passenger
14A (Non-smoking)	Confirmed	PAUDERT, ROBERT HENRY
Status: Confirmed (HK)		

Flight - United Airlines Inc (UA) - 5876		Thursday, September 12, 2013
Flight Operated By:		Expressjet Airlines Dba United Express
United Airlines Inc Confirmation Number:		B5P96B
Depart:	9:12 AM	Austin Straubel Fld (GRB)
Arrive	10:09 AM	O'Hare Intl Arpt (ORD), Terminal 2
Flight 5876		Non-stop
Class of Service:		ECONOMY (M)
Seat	Status	Passenger
16A (Non-smoking)	Confirmed	PAUDERT, ROBERT HENRY
Status: Confirmed (HK)		

Flight - United Airlines Inc (UA) - 5024		Thursday, September 12, 2013
Flight Operated By:		Trans States Airlines Dba United Express
United Airlines Inc Confirmation Number:		B5P96B
Depart:	11:58 AM	O'Hare Intl Arpt (ORD), Terminal 1
Arrive	1:27 PM	Springfield Branson Regional Arpt (SGF)
Flight 5024	Non-stop	
Class of Service:	ECONOMY (M)	
Seat	Status	Passenger
02A (Non-smoking)	Confirmed	PAUDERT, ROBERT HENRY

Status: Confirmed (HK)

© 2013 Travelport. All rights reserved. Any trademarks herein are the property of their respective owners.  
Travelport and the Travelport logo are trademarks of Travelport.



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

Toll Free 877-446-7746  
Free Fax 800-355-5043

**Main Address**

SARA PHELAN  
WISCONSIN DEPT OF JUSTICE  
17 W MAIN ST  
MADISON, WI 53703-3960

**Invoice Address**

Sara Phelan  
Wisconsin Dept of Justice  
17 W Main Street  
Madison WI 53703  
USA

**Shipping Address**

Sara Phelan  
Wisconsin Dept of Justice  
17 W Main Street  
MADISON, WI 53703  
USA  
Tel: 608-266-7955

**Fax:**

**Order Number** 7947920

**Account No.** 2509393

**Order Date** June 6, 2013

**Account Rep.** Silvia Gorham

Item		Simplistic Grip Pen - Silver				Colors (Barrel,Trim): Silver, Blue	
Qty	Item #	Description	Unit \$	Price \$	Total \$		
1,000	114057-SIL	Simplistic Grip Pen - Silver	0.2700	270.00	270.00		
1	Set-Up Charge	Set-Up Charge	25.0000	25.00	25.00		
1	Coupon	Coupon Code	-25.0000	-25.00	-25.00		
		Freight		12.89	12.89		

**Artwork Instructions**

Product Color (Base, Trim): Silver, Blue  
Imprint Location: Barrel - Diagonal From Clip  
Imprint Colors: Imprint Color to Match Trim.

**Additional Notes:**

Blue is Out Of Stock until 6/10/13

Questions call: Silvia Gorham  
Phone: 877-446-7746 Ext 8550  
Email: sgorham@4imprint.com  
Direct Fax: 855-781-4002

**Grand Total** 282.89

## Travelport ViewTrip™

## Expense Receipt

for Ronald Robert Stucker  
DJUST

Friday, August 02, 2013

expires on Saturday, September 14, 2013

Reservation VPG9LE by Fox World Travel

		Trip Cost USD 536.85	
Date	Description		Amount
7/11/2013	Delta Air Lines eTicket 0067265457282		527.60
	Airfare	450.23	
	Taxes, fees and surcharges	77.37	
7/11/2013	Service Fee		9.25
VI [REDACTED]		Total Due USD 536.85	

Flight - Delta Air Lines (DL) - 1928		Tuesday, September 10, 2013
Delta Air Lines Confirmation Number: GJPYWR		
Depart:	10:10 AM	Orlando Intl Arpt (MCO)
Arrive	12:44 PM	Detroit Metro Wayne Cnty Arpt (DTW), Terminal EM
Flight 1928		Non-stop
Class of Service:		Economy Class (K)
Seat	Status	Passenger
24A (Non-smoking)	Confirmed	STUCKER, RONALD ROBERT

Status: Confirmed (HK)

Flight - Delta Air Lines (DL) - 6101		Tuesday, September 10, 2013
Flight Operated By: Chautauqua Dba Delta Connection		
Delta Air Lines Confirmation Number: GJPYWR		
Depart:	3:50 PM	Detroit Metro Wayne Cnty Arpt (DTW), Terminal EM
Arrive	4:11 PM	Austin Straubel Fld (GRB)
Flight 6101		Non-stop
Class of Service:		Economy Class (K)
Seat	Status	Passenger
06C (Non-smoking)	Confirmed	STUCKER, RONALD ROBERT

Status: Confirmed (HK)

Flight - Delta Air Lines (DL) - 4119		Thursday, September 12, 2013
Flight Operated By: Endeavor Air Dba Delta Connection		
Delta Air Lines Confirmation Number: GJPYWR		
Depart:	12:10 PM	Austin Straubel Fld (GRB)
Arrive	1:22 PM	Minneapolis St Paul Intl (MSP), Terminal 1
Flight 4119		Non-stop
Class of Service:		Economy Class (K)
Seat	Status	Passenger
05D (Non-smoking)	Confirmed	STUCKER, RONALD ROBERT

Status: Confirmed (HK)



Internet Explorer cannot display this page

What you can try:

[Diagnose Connection Problems](#)
[More information](#)

Flight - Delta Air Lines (DL) - 683		Thursday, September 12, 2013
Delta Air Lines Confirmation Number:		GJPYWR
Depart:	2:30 PM	Minneapolis St Paul Intl (MSP), Terminal 1
Arrive	6:40 PM	Orlando Intl Arpt (MCO)
Flight 683		Non-stop
Class of Service:		Economy Class (K)
Seat	Status	Passenger
26F (Non-smoking)	Confirmed	STUCKER, RONALD ROBERT

Status: Confirmed (HK)

© 2013 Travelport. All rights reserved. Any trademarks herein are the property of their respective owners.  
Travelport and the Travelport logo are trademarks of Travelport.

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) <b>Elizabeth A. Behnke</b>	For Statement Date: <b>8/02/2013</b> <i>DLES</i>
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 Number for items is \$5,000 or less
7/26/2013	CF Gear	CLB Custom Flash Drives				1,795.00	
7/29/2013	Staples	Office Supplies				37.79	

CARD TOTAL 1,832.79

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.

*Elizabeth A. Behnke* 8/8/2013 *[Signature]* 8-8-13  
Cardholder Date Supervisor Date

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

*[Signature]* 08/15/2013  
Div/Bureau P-Card Coordinator Date

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

RECEIVED

AUG 13 2013

DLES FISCAL





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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 08-02-13  
TOTAL ACTIVITY \$ 1,832.79

000000857 1 AV 0.360 106481229682064 P  
ELIZABETH BEHNKE  
TAX [REDACTED]  
WI DEPT OF JUSTICE DLES  
17 W MAIN ST  
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
07-26	07-24	CFGear 800-371-1984 SD PUR ID: q01be0f8 TAX: 0.00	24506013206980016988181	5045	1,795.00
07-29	07-27	STAPLES 877-8267755 MI PUR ID: 7103471123000001 TAX: 0.00	24164073209105208879801	5111	37.79

Default Accounting Code: 455DLES DLES004			
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY
	STATEMENT DATE 08-02-13	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE \$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT.		PURCHASES & OTHER CHARGES \$1,832.79
			CASH ADVANCES \$ .00
			CASH ADVANCE FEE \$ .00
			CREDITS \$ .00
			TOTAL ACTIVITY \$1,832.79

PAID on P-Card 7/24



2818 W 12th Street  
Sioux Falls, SD 57104

# Invoice

p: 800.371.1984  
f: 605.275.2045  
e: accounting@cfgear.com

Due Date	Date	Invoice #
7/24/2013	7/24/2013	7629

## Bill To:

Wisconsin DOJ  
Elizabeth Behnke  
17 W Main Str  
Madison, WI 53703

## Ship To

Wisconsin DOJ  
Elizabeth Behnke  
17 W Main Str  
Madison, WI 53703

☐ Please check box if your physical address or e-mail address has changed, and indicate change(s) on reverse side.

**Balance ... \$1,795.00**



2818 W 12th Street  
Sioux Falls SD 57104

www.cfgear.com

p: 800.371.1984 f: 605.275.2045

PLEASE DETACH AND RETURN TOP PORTION  
WITH YOUR PAYMENT.

Description	Qty	Rate	Amount	P.O. No.	Terms	Flash Rep
					Due on receipt	BVE
The Pedaltothemetal Flash Drive-512MBblack/silver	500	3.59	1,795.00			
Standard Logo Imprint Included	500	0.00	0.00			
Pulse Preloading Service	500	0.00	0.00			
UPS Ground		0.00	0.00			
<p>If you have not already submitted payment please do so as soon as possible. We will not ship any drives until payment has been made or other arrangements have been approved.</p> <p>CFgear offers a net-30 payment policy to qualified accounts and on orders with a minimum total of \$1,000.00. We also accept major credit cards and bank or cashier's checks. CFgear reserves the right to do periodic credit reviews for customers with late payment histories to continue their NET 30 terms. Our Net terms policy requires that payment is PROCESSED AND APPROVED within 30 calendar days of receiving the order. Orders not paid within the 30 day window may be subject to a 3% monthly service charge on total order value.</p> <p>We want you to be happy as a clam with your custom flash drives. So please note that CFgear's products and/or services requiring customization are not refundable after production commences. Additionally, production proofs and /or screen shots depicting how your custom hardware or software looks on screen may vary slightly compared to actual production.</p>						

*From all of us here at CFgear,  
THANK YOU for your business!*

Sales Tax (0.0%)	\$0.00
Total	\$1,795.00
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,795.00</b>

CREDIT CARD

AUTHORIZATION FORM



**CFgear**

**2818 W 12<sup>th</sup> Street  
Sioux Falls, SD 57104**

Date

To Whom It May Concern:

I authorize CFgear to charge my: (circle one)

☒ Visa

☐ Mastercard

☐ AmEx

☐ Discover

Credit card number:  -  -  -

Expiration Date

Card Security Code

In the amount of \$

Invoice Number(s) or Company Name

Print name as it appears on the credit card

Signature

Billing Zip Code

Submit by Email

CFgear  
2818 W 12th Street  
Sioux Falls, SD 57104

07/24/2013

SALE

Total: \$1,795.00

Visa

[REDACTED]

Exp. Date: xx / xx

Wisconsin DOJ

Auth. Code:

Trans. ID:

QuickBooks Trans. No:

Merchant No.: 5247710000929737

Thank you for your business

CUSTOMER COPY



2818 W 12th Street  
Sioux Falls, SD 57104

p: 800.371.1984  
f: 605.275.2045  
web: www.CFgear.com

## Packing Slip

Invoice #

7629

P.O. No.

**Ship To**

Wisconsin DOJ  
Elizabeth Behnke  
17 W Main Str  
Madison, WI 53703

**PAID**  
**07/24/2013**

Customer Contact	Customer E-mail	Customer Phone	Terms	Flash Rep
	lenzse@doj.state.wi.us	608-240-3595 - Joshua	Due on receipt	BVE

Quantity	Description
500	The Pedaltothemetal Flash Drive-512MBblack/silver
500	Standard Logo Imprint Included
500	Pulse Preloading Service
	UPS Ground
<i>From all of us here at CFgear, THANK YOU for your business!</i>	



that was easy:

TO REACH CUSTOMER SERVICE,  
PLEASE DIAL (877)294-5499.

REFER TO THIS ORDER NO. FOR ALL INQUIRIES

CUSTOMER NO.	SHIP DATE	ORDER NO.
0070109864	7/26/13	7103471123-000001
PURCHASE ORDER NO.	RELEASE NO.	
COST CENTER	REQUISITIONER	

Staples Advantage

SHIPPING LOCATION: FC: OAK CREEK, WI

CARRIER ROUTE: 1MF/COU /R4

S  
H  
I  
P  
T  
O

ST OF WI-DEPT OF JUSTICE  
ELIZABETH BEHNKE  
17 W MAIN ST  
FLOOR 8 - DLES  
MADISON, WI 53703-3305  
Contact: (608) 266-5710 - ELIZABETH BEHNKE

S  
O  
L  
D  
T  
O

ST OF WI DEPT OF JUSTICE  
CC ONLY/633 W WISCONSIN AVE  
STE 803  
MILWAUKEE, WI 532031918

TOTAL PACKAGES: MULTI

PAGE: 1

SPECIAL INSTRUCTIONS

LINE	ITEM NUMBER	ITEM / MODEL DESCRIPTION / NUMBER	UNIT OF MEAS	QTY ORDERED	QTY SHIPPED	B/O QTY	YOUR PRICE	EXTENDED AMOUNT
1	508994	FOLDR DBLE TOP LTR 1/3 ASST /508994	BX	1	1	0	15.83	15.83
2	784559	SUREHOOK FILE FLDR ASST LTR 20/6152 1/5 ASST	BX	2	2	0	10.36	20.72
3	UNV31750	OPENER, LETTER, 9", OFF SET /6077945	EA	1	1	0	1.24	1.24
Merchandise Total.....								37.79
Delivery.....								.00
Tax.....								.00
								-----



that was easy:  
News  
& Previews

Check your order status online by  
selecting My Order Status from the  
My Orders drop down.

TOTAL VALUE  
OF ORDER:

37.79

0041

029

Thank You For Your Order! Staples, Inc.

THIS IS NOT AN INVOICE

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) Stacy E Lenz Purchasing Card Number (last 4 digits only) [REDACTED]	For Statement Date: <del>09/13/13</del> 8/02/13 DLES
--	---

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 Number for items is \$5,000 or less
07/25/13	WI Police Chiefs Conference	Registration Fee				\$150.00	
7/31/13	Quality Logo Products	Booth Giveaways				\$370.94	

CARD TOTAL \$520.94.00

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.

Stacy E Lenz 9/24/13 [Signature] 9/24/13  
Cardholder Date Supervisor Date

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

[Signature] 10/09/2013  
Div/Bureau P-Card Coordinator Date

RECEIVED

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

SEP 25 2013

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

DLES FISCAL

Instructions to complete Purchasing Card Log



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



ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 08-02-13  
TOTAL ACTIVITY \$ 520.94

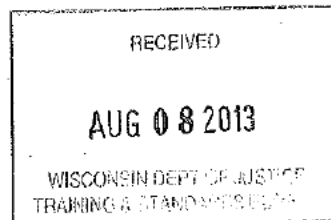
000000837 1 AV 0.360 106481229682044 P

STACY E LENZ  
TAX [REDACTED]  
WI DEPT OF JUSTICE TS  
17 W MAIN ST  
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
07-25	07-24	PAYPAL *WIPOLICELEA 402-935-7733 WI PUR ID: 9573516753 TAX: 0.00	24492153205849735168499	8398	150.00 ✓
07-31	07-29	QUALITY LOGO PRODUCTS 866-3125646 IL PUR ID: 2502301KW TAX: 0.00	24071053211987144314891	7311	370.94 ✓



Default Accounting Code: 455TS TS004		
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]	
	STATEMENT DATE 08-02-13	DISPUTED AMOUNT \$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT	
	ACCOUNT SUMMARY	
	PREVIOUS BALANCE \$ .00	
	PURCHASES & OTHER CHARGES \$520.94	
	CASH ADVANCES \$ .00	
	CASH ADVANCE FEE \$ .00	
	CREDITS \$ .00	
	TOTAL ACTIVITY \$520.94	



## **Lenz, Stacy E.**

---

**From:** Barthuly, J. Tony  
**Sent:** Wednesday, July 24, 2013 12:54 PM  
**To:** Lenz, Stacy E.  
**Subject:** Re: Your payment to Wisconsin Police Leadership Foundation

Thanks

Sent from my iPhone

On Jul 24, 2013, at 12:17 PM, "Lenz, Stacy E." <[lenzse@doj.state.wi.us](mailto:lenzse@doj.state.wi.us)> wrote:

You and Helen are set for the Chiefs conference.  
Stacy

---

**From:** [service@paypal.com](mailto:service@paypal.com) [<mailto:service@paypal.com>]  
**Sent:** Wednesday, July 24, 2013 12:17 PM  
**To:** Lenz, Stacy E.  
**Subject:** Your payment to Wisconsin Police Leadership Foundation



**You sent a payment of \$150.00 USD to  
Wisconsin Police Leadership Foundation.**

Jul 24, 2013 10:16:35 PDT  
Receipt No:3941-6380-7037-5061

Hello Stacy Lenz,

This charge will appear on your credit card statement as payment to PAYPAL \*WIPOLICELEA.

**Save time with a PayPal account**

Create a PayPal account and save your payment information. You won't need to enter your payment information every time you shop online.

**Sign Up Now**

**Shop with confidence**

We keep your financial information secure.

**Transactions monitored 24/7**

Our fraud specialists help protect your account.

**You're protected**

Zero fraud liability for eligible unauthorized purchases. [See eligibility](#)

**Merchant information:**

Wisconsin Police Leadership Foundation  
[wplftreasurer@gmail.com](mailto:wplftreasurer@gmail.com)  
<http://www.wichiefs.org>  
920 2860357

**Instructions to merchant:**

None provided

**Shipping information**

Stacy Lenz  
17 W. Main Street  
P.O. Box 7070

**Shipping method**

Not specified

Madison, WI 53703  
United States

Description	Unit price	Qty	Amount
2013 WPLF Summer Training Conference	\$150.00 USD	1	\$150.00 USD
Total:			\$150.00 USD

**Receipt No: 3941-6380-7037-5061**

Please keep this receipt number for future reference. You'll need it if you contact customer service at Wisconsin Police Leadership Foundation or PayPal.

[Help Center](#) | [Security Center](#)

Please don't reply to this email. It'll just confuse the computer that sent it and you won't get a response.

Copyright © 2013 PayPal, Inc. All rights reserved. PayPal is located at 2211 N. First St., San Jose, CA 95131.

PayPal Email ID PP1469



QUALITY LOGO PRODUCTS, INC.  
724 N. Highland Ave.  
Aurora, IL 60506  
(866) 312-5646  
<http://www.qualitylogoproducts.com>

# Invoice

Date	Invoice #
8/13/2013	120734

Bill To
Wisconsin Department Of Justice 17 W. Main St., 8th Fl. Madison, WI 53703

**PAID**  
**07/29/2013**

				Sales Rep.
				KW
Account #	QLP Order Number	Shipping Method	Terms	Due Date
256238	2562381KW	UPS	Credit Card	8/13/2013
Description		Qty	Rate	Amount
Blue Sunglasses Clip		375	0.84	315.00
Setup Charge		1	30.00	30.00
Shipping Charge		1	25.94	25.94
Thank you for your business!				Total \$370.94
				<b>Balance Due \$0.00</b>

Phone #	Fax #	E-mail	Web Site
(866)312-5646	(866)314-5646	<a href="mailto:info@qualitylogoproducts.com">info@qualitylogoproducts.com</a>	<a href="http://www.qualitylogoproducts.com/">http://www.qualitylogoproducts.com/</a>

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) Michelle Sandry	For Statement Date: 08-02-2013 <i>DLES</i>
Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">[REDACTED]</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 Number for items is \$5,000 or less
7-31-13	EPROMOS promotional	Give away item for Jail Administrator Conference				1276.13	

RECEIVED

AUG 20 2013

DLES FISCAL

~~7567P 321R 9200~~  
3214 3740

CARD TOTAL \$1276.13

JK done ✓

JK

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.

Michelle Sandry  
Cardholder

8-15-13  
Date

[Signature]  
Supervisor

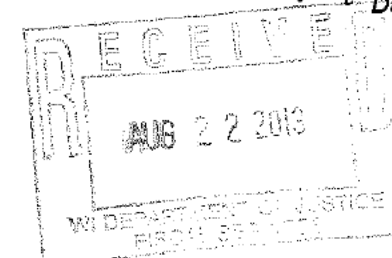
8/19/13  
Date

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

Merrill Phillips  
Div/Bureau P-Card Coordinator

8/19/13  
Date

08/22/2013





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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 08-02-13  
TOTAL ACTIVITY \$ 1,276.13

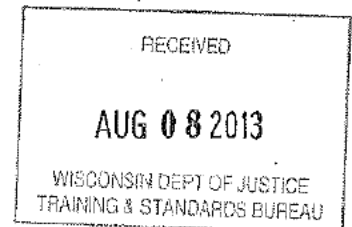
000000834 1 AV 0.360 106481229682041 P

MICHELLE M SANDRY  
TAX [REDACTED]  
WI DEPT OF JUSTICE TS  
17 W MAIN ST  
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
08-02	07-31	EPROMOS PROMOTIONAL PR 212-4573929 NY PUR ID: 9999 TAX: 0.00	24071053213987147612646	7399	1,276.13



Default Accounting Code: 455TS TS009		
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]	
	STATEMENT DATE 08-02-13	DISPUTED AMOUNT \$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT	
	TOTAL ACTIVITY \$1,276.13	



# INVOICE

## REMITTANCE STUB

ePromos - MN

08/07/13

Invoice date

Invoice # 229417

Order # 229417

Job #

WI Dept of Justice

Customer

Customer # 421687

510 4L Salesperson

Customer # 421687  Job # 229417	SOLD WI DEPT OF JUSTICE ATTN: MICHELLE SANDRY 17 W MAIN ST TRAINING AND STANDARDS BUREAU MADISON WI 53703	SHIP WI DEPT OF JUSTICE ATTN: KRISTI 3099 E WASHINGTON AVE TRAINING AND STANDARDS BUREAU MADISON WI 53707
		Via UPS Ground FOB Factory

Unit	Customer po #	Salesperson	Order date	Invoice date	Date shipped	Invoice #
40	510	Karl Gilbert - EGL	07/18/13	08/07/13	08/05/13	229417

Ordered	Shipped	Qty BO	Item #	Description	Price Per	Amount
150	150		8828519	Outdoor Custom Blanket - Solid Color - 48" x 53"	7.480 EA	1122.00
1	1		Z-SETUP	Decoration Setup Charge	40.000 EA	40.00
1	1		Z-COUPON	Coupon Code # JULYSHP (Less deposit)	-100.000 EA	-100.00
						-1276.13

How can we improve? Tell us at <http://survey.epromos.com>

Terms Pre-Paid	-214.13	0.00	214.13	0.00	PLEASE PAY THIS AMOUNT >>>>>>	0.00
	Sub-total	Insurance	Shpg/Hdlg	Sales tax		<b>Total USD\$</b>

Total due 0.00 USD\$

Make checks payable to: ePromos Promotional Products Inc. Direct billing questions to: Freddy Eira (212)457-3929 or [freddy.eira@epromos.com](mailto:freddy.eira@epromos.com). ePromos is required by law to collect all applicable state and local taxes for services and goods shipped to AZ, FL, MN, MA and NY. Customers may be required to remit use taxes; consult your tax advisor. TIN# 13-410-5597

EMAILED CUSTOMER INVOICE

## PURCHASING CARD LOG

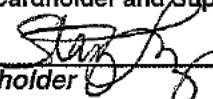
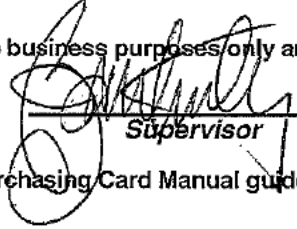
Cardholder (Employee) Name (as shown on payroll) Stacy E Lenz Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">[REDACTED]</span>	For Statement Date: <del>08/15/13</del> 8/16/13 <span style="float: right;">DLES</span>
---	--

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 Number for items is \$5,000 or less
08/05/13	Quality Logo Products	Attorney General Padfolio				\$1,023.61	
8/05/13	Cambria Suites	Lodging - LPO Instructor	Grant - 14-007			<del>\$350.00</del> <del>\$661.87</del>	← \$70.00 of it will be credited next statement credit on 11/22/13 stmt
08/08/13	Amazon	Zagg for IPADS - DLES				\$234.00	
8/13/13	Amazon	Computer Case				\$29.75	
08/14/13	Courtyard	Lodging LPO Instructor	Grant 14-007			<del>\$70.00</del>	
			SR done - ya				

CARD TOTAL \$1,707.36

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	9/24/13 _____ Date	 _____ Supervisor	9/24/13 _____ Date
--	--------------------------	--	--------------------------

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

 _____ Div/Bureau P-Card Coordinator	10/09/2013 _____ Date	 _____ Date
--	-----------------------------	--

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.

RECEIVED  
 OCT 4 2013  
 DLES FISCAL



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



ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 08-16-13  
TOTAL ACTIVITY \$ 1,707.36

000001207 1 AV 0.360 106481244809915 P

STACY E LENZ  
TAX [REDACTED]  
WI DEPT OF JUSTICE TS  
17 W MAIN ST  
MADISON WI 53703-3960

"MEMO STATEMENT ONLY"  
DO NOT REMIT PAYMENT

RECEIVED

AUG 27 2013

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

NEW ACCOUNT ACTIVITY					
POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
08-05	08-01	QUALITY LOGO PRODUCTS 866-3125646 IL PUR ID: 2562382KW TAX: 0.00	24071053214987114167615	7311	1,023.61 ✓
08-05	08-02	CAMBRIA SUITES MADISON MADISON WI 0129171944 ARRIVAL: 08-01-13	24755423215152159256131	7011	350.00 ✓
08-08	08-07	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA PUR ID: 108-8903721-23602 TAX: 0.00	24692163219000036402671	5942	234.00 ✓
08-13	08-12	AMAZON.COM AMZN.COM/BILL WA PUR ID: 104-7186609-42954 TAX: 0.00	24692163224000631519187	5942	29.75 ✓
08-14	08-12	COURTYARD BY MARRIOTT MAD MADISON WI 046 12080 ARRIVAL: 08-12-13	24610433225004058144276	3690	70.00 ✓

Default Accounting Code: 455TS TS004

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER <div></div>		ACCOUNT SUMMARY	
	STATEMENT DATE 08-16-13	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE \$ .00	
SEND BILLING INQUIRIES TO:  C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6335 FARGO, ND 58125-6336	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES \$1,707.36	
			CASH ADVANCES \$ .00	
			CASH ADVANCE FEE \$ .00	
			CREDITS \$ .00	
			TOTAL ACTIVITY \$1,707.36	





QUALITY LOGO PRODUCTS, INC.  
724 N. Highland Ave.  
Aurora, IL 60506  
(866) 312-5646  
<http://www.qualitylogoproducts.com>

# Invoice

Date	Invoice #
8/20/2013	121461

Bill To
Wisconsin Department Of Justice Attn: Stacy Lenz 17 W. Main St., 8th Fl. Madison, WI 53703

**PAID**  
08/01/2013

				Sales Rep.
				KW
Account #	QLP Order Number	Shipping Method	Terms	Due Date
256238	2562382KW	UPS	Credit Card	8/20/2013
Description		Qty	Rate	Amount
Black Renaissance Padfolio (One Location Deboss)		50	17.73	886.50
Setup Charge		1	75.00	75.00
Shipping Charge		1	62.11	62.11
Thank you for your business!			Total	\$1,023.61
			Balance Due	\$0.00

Phone #	Fax #	E-mail	Web Site
(866)312-5646	(866)314-5646	<a href="mailto:info@qualitylogoproducts.com">info@qualitylogoproducts.com</a>	<a href="http://www.qualitylogoproducts.com/">http://www.qualitylogoproducts.com/</a>



## Payment Authorization Form

www.qualitylogoproducts.com

724 N. Highland Ave.  
Aurora, IL 60506  
Phone: 866/ 312-5646  
Fax: 866/ 314-5646  
info@qualitylogoproducts.com

---

### Wisconsin Department Of Justice

Order Number(s): 2562382KW

Amount Paid: \$1,023.61

---

## Thank You For Your Payment!

Card Type: Visa

Card Number: [REDACTED]

Please print a copy of this page for your records.

---

You have just completed one of the three approvals, thanks!

Your custom printed order cannot go into production until all three approvals are completed:

**Step 1:** Approve the Order Acknowledgment Form sent via email.

**Step 2:** Step 2: Submit payment = DONE!

**Step 3:** PRINT, SIGN, and RETURN the artwork proof provided via email.

\* Please keep an eye on your email if you have not yet received your Art Proof; you should receive your proof within one business day after steps 1 and 2 are completed.

**\*IMPORTANT RUSH ORDER INFORMATION:** Please call 866-312-5646x4 if there are only two hours left before the deadline on your Order Acknowledgement Form and you have not completed all three approvals.

---

**Cambria Suites (WI143)**

5045 Eastpark Blvd  
Madison, WI 53718  
(608) 241-7070  
GM.WI143@choicehotels.com

Account: 297821534

Date: 9/24/13

Room: 213 LSTATE

Arrival Date: 8/11/13

Departure Date: 8/15/13

Check In Time: 8/11/13 10:57 PM

Check Out Time: 8/15/13 7:49 AM

Rewards Program ID:

You were checked out by: sknute.wi143

You were checked in by: pharri.wi143

**Total Balance Due: 0.00**

TEYNOR, KYLE  
17 WEST ST  
MADISON, WI 53703

Post Date	Description	Comment	Amount
8/2/13	Visa Payment		(350.00)
8/11/13	Room Charge	#213 TEYNOR, KYLE	70.00
8/12/13	Room Charge	#213 TEYNOR, KYLE	70.00
8/13/13	Room Charge	#213 TEYNOR, KYLE	70.00
8/14/13	Room Charge	#213 TEYNOR, KYLE	70.00
8/15/13	Visa Payment	Adjustment	70.00

**Folio Summary 8/11/13 - 8/15/13**

Room Charge	280.00
Visa Payment	(280.00)
Balance Due:	0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

*\$70 credited  
8/30/13 statement*

X \_\_\_\_\_  
CHOICEprivileges®

You could be earning free nights and other great rewards. Join Choice Privileges today, at [www.choiceprivileges.com](http://www.choiceprivileges.com).

**Final Details for Order #108-8903721-2360249**Print this page for your records.**Order Placed:** August 6, 2013**Amazon.com order number:** 108-8903721-2360249**Order Total: \$234.00****Shipped on August 7, 2013****Items Ordered****Price**

3 of: ZAGGkeys PROfolio Bluetooth Keyboard for iPad 2 and iPad (3rd/4th generation)

\$78.00

Condition: New

Sold by: Triplenet Pricing ([seller profile](#))**Shipping Address:**Stacy Lenz  
17 W MAIN ST 8TH FLOOR  
MADISON, WI 53703-3960  
United States

Item(s) Subtotal: \$234.00

Shipping &amp; Handling: \$0.00

-----

Total before tax: \$234.00

Sales Tax: \$0.00

-----

**Shipping Speed:**

Standard

**Total for This Shipment: \$234.00**

-----

**Payment information****Payment Method:**

Visa | Last digits: [REDACTED]

Item(s) Subtotal: \$234.00

Shipping &amp; Handling: \$0.00

-----

**Billing address**Stacy Lenz  
17 W MAIN ST 8TH FLOOR  
MADISON, WI 53703-3960  
United States

Total before tax: \$234.00

Estimated tax to be collected: \$0.00

-----

**Grand Total: \$234.00**To view the status of your order, return to [Order Summary](#).**Please note:** This is not a VAT invoice.[Conditions of Use](#) | [Privacy Notice](#) © 1996-2013, Amazon.com, Inc. or its affiliates

amazon.com

**Final Details for Order #104-7186609-4295409**Print this page for your records.**Order Placed:** August 9, 2013**Amazon.com order number:** 104-7186609-4295409**Order Total: \$29.75****Shipped on August 12, 2013****Items Ordered**

1 of: V7 16-Inch Professional Laptop Backpack (CBP1-9N)

Condition: New

Sold by: Amazon.com LLC

**Price**

\$20.85

**Shipping Address:**Stacy Lenz  
17 W MAIN ST 8TH FLOOR  
MADISON, WI 53703-3960  
United States

Item(s) Subtotal: \$20.85

Shipping &amp; Handling: \$8.90

-----

Total before tax: \$29.75

Sales Tax: \$0.00

-----

**Shipping Speed:**

Standard Shipping

**Total for This Shipment: \$29.75**

-----

**Payment information****Payment Method:**

Visa | Last digits: [REDACTED]

Item(s) Subtotal: \$20.85

Shipping &amp; Handling: \$8.90

-----

Total before tax: \$29.75

Estimated tax to be collected: \$0.00

-----

**Billing address**Stacy Lenz  
17 W MAIN ST 8TH FLOOR  
MADISON, WI 53703-3960  
United States**Grand Total: \$29.75**To view the status of your order, return to [Order Summary](#).**Please note:** This is not a VAT invoice.[Conditions of Use](#) | [Privacy Notice](#) © 1996-2013, Amazon.com, Inc. or its affiliates

**Lenz, Stacy E.**

**From:** Thanks for staying! [efolio@courtyard.com]  
**Sent:** Wednesday, August 14, 2013 5:22 AM  
**To:** Lenz, Stacy E.  
**Subject:** Your Aug 11, 2013 - Aug 12, 2013 stay at the Courtyard Madison East

Thank you for choosing the Courtyard Madison East for your recent stay.

As requested, below is a billing summary or adjustment for your stay. **If you have questions about your bill**, please contact the hotel directly at (608) 661-8100.

Make another reservation on Marriott.com >>



Marriott Rewards members may receive this email automatically after every stay.

Join Marriott Rewards today >>

### Summary of Your Stay

**Hotel:** Courtyard Madison East  
2502 Crossroads Drive  
Madison, Wisconsin 53718  
USA  
(608) 661-8100

**Guest:** SCOTT MITTELSTEADT  
WI DEP OF JUSTICE  
17 W MAIN ST  
MADISON, WI 53718  
USA

**Dates of stay:** Aug 11, 2013 - Aug 12, 2013

**Guest number:** 51990

**Marriott Rewards number:** None

**Room number:** 109

**Group number:**

Date	Description	Reference	Charges	Credits
08/11/13	ROOM CHARGE	RB109	70.00	
08/12/13	Payment - Visa	VI07:31AM		70.00

**Total balance**

**0.00 USD**

Was that the best night's sleep you've ever had? How about a repeat performance at your place!



### Important Information

#### Do Not Reply to this Email

This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (608) 661-8100.

#### Why Have I Received this Email?

You have received this email because you requested during your stay to receive an electronic version of your bill by email.

#### Availability

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) Stacy E Lenz Purchasing Card Number (last 4 digits only) [REDACTED]	For Statement Date: <del>08/19/13</del> 8/30/13 DLES
--	---

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 Number for items is \$5,000 or less
08/19/13	La Quinta Inns	Field Rep Lodging - Audit compliance on CJ-IDC Course				\$250.00	
8/22/13	Quality Logo Products	DOJ Giveaway item				\$661.87	
08/22/13	Sheraton Hotel	Lodging LESB Member				\$70.00	
8/26/13	Quality Logo Products	Jail Administrators Conference				\$790.90	
08/20/13	Cambria Suites	Lodging credit - LPO Instructor 14-007 original charge on 8/16/13 statement				(\$70.00)	

RECEIVED

CARD TOTAL \$1,702.77

OCT 4 2013

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.

Stacy E Lenz 9/24/13  
Cardholder Date

[Signature] DLES FISCAL 9/24/13  
Supervisor Date

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

Theresa Phillips 10/09/2013  
Div/Bureau P-Card Coordinator Date

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.



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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 08-30-13  
TOTAL ACTIVITY \$ 1,702.77

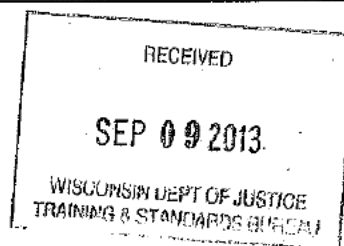
000001116 1 AV 0.360 106481259100989 P

STACY E LENZ  
TAX [REDACTED]  
WI DEPT OF JUSTICE TS  
17 W MAIN ST  
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
08-19	08-15	LA QUINTA INNS 1036 OAK CREEK WI 145456 ARRIVAL: 08-11-13	24692163228000156383932	3516	250.00 ✓
08-20	08-15	CAMBRIA SUITES MADISON MADISON WI	74755423231732288091106	7011	70.00CR ✓
08-22	08-21	QUALITY LOGO PRODUCTS 866-312-5646 IL PUR ID: 1254191KW TAX: 0.00	24431053233206746224484	5999	661.87 ✓
08-22	08-21	SHERATON HOTELS MADISON MADISON WI 0012992308210 ARRIVAL: 08-20-13	24610433233072003206862	3503	70.00 ✓
08-26	08-24	QUALITY LOGO PRODUCTS 866-312-5646 IL PUR ID: 2562384KW TAX: 0.00	24431053236206831307811	5999	790.90 ✓



Default Accounting Code: 455TS TS004

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY	
	STATEMENT DATE 08-30-13	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE	\$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES	\$1,772.77
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$70.00
			TOTAL ACTIVITY	\$1,702.77



08/15/13 8:17 AM

LA QUINTA INN 1038

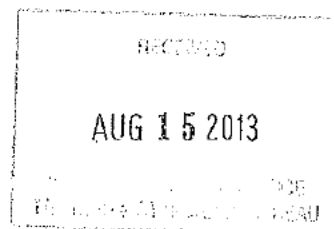
Fax: 414-782-0513

Aug 15 2013 06:19am P001/001  
NiteVision 2010 SP0 HF2 P1LA QUINTA INN MILWAUKEE AIRPORT  
7141 SOUTH 13TH STREET  
OAK CREEK, WI 53154  
4147622266Richards, Eileen  
w5750 fish ct  
MONTELLO, WI 53949  
Company: LFolio#: 1036145456  
Room: 129  
Arrival: 08/11/13  
Departure: 08/15/13  
Returns Club No :  
Voucher/Ship/PO:

Trans #	Date	Description	Charges	Payments	Balance
563399	8/11/2013	Rm: 129 BAR - Best Available Rate	\$70.00	\$0.00	\$70.00
563723	8/12/2013	Rm: 129 BAR - Best Available Rate	\$60.00	\$0.00	\$130.00
564058	8/13/2013	Rm: 129 BAR - Best Available Rate	\$60.00	\$0.00	\$190.00
564371	8/14/2013	Rm: 129 BAR - Best Available Rate	\$60.00	\$0.00	\$250.00
564546	8/15/2013	CC PMT - VISA	\$0.00	\$250.00	\$0.00
Balance:					\$0.00

Method of Pay: Credit Card: VISA - [REDACTED]

Signature: [REDACTED]

THANK YOU  
WE APPRECIATE YOUR BUSINESS

Sheraton Madison Hotel  
706 John Nolen Drive  
Madison, WI 53713  
United States  
Tel: (608) 251-2300 Fax: (608) 251-1189

Terri Hook  
17 W. Main Street  
Madison, WI 53703

Email: LENZSE@DOJ.STATE.WI.US

Page Number : 1  
Guest Number: 436043 Arrive Date: 26-AUG-13 15:37  
Folio ID : A Depart Date: 27-AUG-13 09:28  
No. Of Guest: 1  
Room Number : 305  
Room Rate : 70.00  
Club Account:

---

Information Invoice

Sheraton Madison 27-AUG-13 09:28 MARIEC

Date	Reference	Description	Charges	Credits
26-AUG-13	DEPOSIT	Deposit Applied		-70.00
26-AUG-13	RT305	Room Charge	70.00	
		** Total	70.00	-70.00
		*** Balance	0.00	

---

As a Starwood Preferred Guest, you could have earned 140 Starpoints for this visit. Please provide your member number or enroll today.

Tell us about your stay. [www.sheraton.com/reviews](http://www.sheraton.com/reviews)



## Payment Authorization Form

[www.qualitylogoproducts.com](http://www.qualitylogoproducts.com)

724 N. Highland Ave.  
Aurora, IL 60506  
Phone: 866/ 312-5646  
Fax: 866/ 314-5646  
[info@qualitylogoproducts.com](mailto:info@qualitylogoproducts.com)

---

**Wisconsin Department Of Justice**

Order Number(s): 1254191KW

**Amount Paid: \$661.87**

---

### Thank You For Your Payment!

Card Type: Visa

Card Number: [REDACTED]

Please print a copy of this page for your records.

---

You have just completed one of the three approvals, thanks!

Your custom printed order cannot go into production until all three approvals are completed:

**Step 1: Approve the Order Acknowledgment Form sent via email.**

**Step 2: Submit payment = DONE!**

**Step 3: PRINT, SIGN, and RETURN the artwork proof provided via email.**

\* Please keep an eye on your email if you have not yet received your Art Proof; you should receive your proof within one business day after steps 1 and 2 are completed.

**\*IMPORTANT RUSH ORDER INFORMATION:** Please call 866-312-5646x4 if there are only two hours left before the deadline on your Order Acknowledgement Form and you have not completed all three approvals.

---



QUALITY LOGO PRODUCTS, INC.  
724 N. Highland Ave.  
Aurora, IL 60506  
(866) 312-5646  
<http://www.qualitylogoproducts.com>

# Invoice

Date	Invoice #
9/11/2013	124154

Bill To
Wisconsin Department Of Justice Attn: Stacy Lenz 17 W. Main St., 8th Fl. Madison, WI 53703

**PAID**  
**08/20/2013**

				Sales Rep.
				KW
Account #	QLP Order Number	Shipping Method	Terms	Due Date
256238	1254191KW	UPS	Credit Card	9/11/2013
Description		Qty	Rate	Amount
Silver With Black Accents Purse Hanger Keychain (One Location Laser Engraving)		200	2.92	584.00
Setup Charge		1	50.00	50.00
Shipping Charge		1	27.87	27.87
Thank you for your business!				Total \$661.87
				<b>Balance Due \$0.00</b>

Phone #	Fax #	E-mail	Web Site
(866)312-5646	(866)314-5646	<a href="mailto:info@qualitylogoproducts.com">info@qualitylogoproducts.com</a>	<a href="http://www.qualitylogoproducts.com/">http://www.qualitylogoproducts.com/</a>



QUALITY LOGO PRODUCTS, INC.  
724 N. Highland Ave.  
Aurora, IL 60506  
(866) 312-5646  
<http://www.qualitylogoproducts.com>

# Invoice

Date	Invoice #
9/13/2013	124469

Bill To
Wisconsin Department Of Justice Attn: Stacy Lenz 17 W. Main St., 8th Fl. Madison, WI 53703

**PAID**  
**08/23/2013**

Sales Rep.
KW

Account #	QLP Order Number	Shipping Method	Terms	Due Date
256238	2562384KW, 2562385KW	UPS	Credit Card	9/13/2013
Description		Qty	Rate	Amount
Red/White Tri Magna Clip		375	1.05	393.75
Red/White Tri Magna Clip Overruns		9	1.09	9.81
Setup Charge		1	30.00	30.00
Shipping Charge		1	29.02	29.02
Navy Die Cut Handle Bag (9.5" X 14")		1,000	0.26	260.00
Setup Charge		1	50.00	50.00
Shipping Charge		1	28.13	28.13
Customer Courtesy Discount Overruns			-9.81	-9.81
Thank you for your business!			Total	\$790.90
			<b>Balance Due</b>	<b>\$0.00</b>

Phone #	Fax #	E-mail	Web Site
(866)312-5646	(866)314-5646	<a href="mailto:info@qualitylogoproducts.com">info@qualitylogoproducts.com</a>	<a href="http://www.qualitylogoproducts.com/">http://www.qualitylogoproducts.com/</a>

## PURCHASING CARD LOG (Bill to Account 566P321)

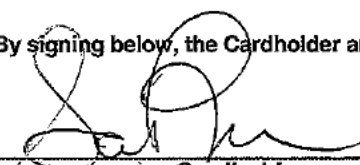
Cardholder (Employee) Name (as shown on payroll) Sara Phelan	For Statement Date: 09/13/2013 <i>DLS</i>
Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">XXXX</span>	

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 Number for items is \$5,000 or less
9-08	Pick N Save	Conference supplies				103.24	
9-08	Walgreens	Conference supplies				61.52	


CARD TOTAL 164.76

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      10/14/13  
Date

  
\_\_\_\_\_  
Supervisor      10/14/13  
Date

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

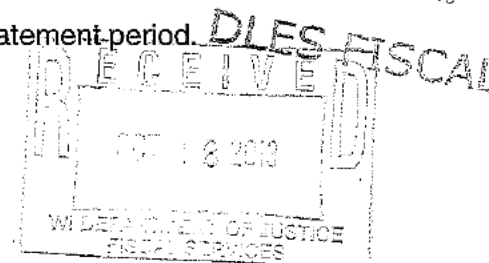
  
\_\_\_\_\_  
Div/Bureau P-Card Coordinator      10/18/2013      10/14/13  
Date

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.

RECEIVED

OCT 17 2013





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



000001196 1 AV 0.360 f06481276821617 P

SARA PHELAN  
TAX [REDACTED]  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
MADISON WI 53703-3960

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 09-13-13  
TOTAL ACTIVITY \$ 164.76

"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
09-09	09-08	PICK N SAVE 00063941 MCFARLAND WI	24164073251845110321224	5411	103.24
09-09	09-08	WALGREENS #10554 MCFARLAND WI PUR ID: 00000000000000000000 TAX: 0.00	24445003252600132767327	5912	61.52

Default Accounting Code: 455CIB CIB011

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		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	09-13-13	\$ .00	PREVIOUS BALANCE	\$ .00
			PURCHASES & OTHER CHARGES	\$164.76
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$ .00
		AMOUNT DUE \$ 0.00 DO NOT REMIT	TOTAL ACTIVITY	\$164.76

# Pick 'n Save

5709 HWY 51 McFARLAND, WI  
(608) 838 - 3604

\*\*\* PICK 'N SAVE #6394 \*\*\*  
\*\*\* 5709 HWY. 51 \*\*\*  
\*\*\* MCFARLAND, WI 53558 \*\*\*  
\*\*\* (608) 838-3604 \*\*\*

CARD [REDACTED] EX XX/XX CC  
AUTH 094805  
MERCHANT ID# 006394  
TRACE# 005589

APPROVED 09/08/13 12:03  
PAYMENT AMOUNT 103.24

0 48204998548  
Your Cashier: MARGARET V

2@7.77	400ZHRSHY MINIATUR	15.54 B
RegPrice	19.98	You Save 4.44
3@7.77	400ZKIT KAT & PB C	23.31 F
RegPrice	29.97	You Save 6.66
2@7.77	400ZREESES PB CUP	15.54 B
RegPrice	19.98	You Save 1.44
5@7.77	400ZMARS MXD MINI	38.85 B
RegPrice	49.95	You Save 11.10
4@2.50	120ZTOOTSIE MIDGEE	10.00 B
RegPrice	11.96	You Save 1.96
80	BONUS TICKET \$50	1
80	BONUS TICKET \$50	1
80	TICKET PER ORDER	1

\*\*\*\* SUBTOTAL 103.24  
\*\*\*\* TAX .00  
\*\*\*\* TOTAL 103.24

TAX EXEMPTION 4.40-  
VF CREDIT 103.24  
CHANGE .00

SAVINGS 28.60

TOTAL NUMBER OF ITEMS SOLD = 16  
9/08/13 12:03 PM 6394 04 0195 102918

THANK YOU FOR SHOPPING  
PICK 'N SAVE  
PLEASE COME AGAIN!

LIVING UP TO YOUR LIFE!

# Walgreens

#10554 4605 LARSON BEACH RD  
MC FARLAND, WI 53558  
608-838-8829

103 0121 0022 09/08/2013 12:32 PM

(H)HERSHEY KDS STUF JMB BG24.440Z  
03400020006 17.96 SALE  
4 @ 4.49  
REGULAR PRICE 8.99  
REWARDS SAVINGS 10.00  
STR IVC 4 @ -1.00 -4.00  
(H)HERSHEY REESE JMB SS DRC 19.5Z  
03400040382 13.47 SALE  
3 @ 4.49  
REGULAR PRICE 6.99  
REWARDS SAVINGS 7.50  
STR IVC 3 @ -1.00 -3.00  
(H)MARS MKY WAY F/S 11.240Z DRC12  
04000015124 8.97 SALE  
3 @ 2.99  
REGULAR PRICE 3.29  
REWARDS SAVINGS 0.90  
STR IVC 3 @ -1.00 -3.00  
MARS SNICKERS FUN SIZE 11.180Z  
04000015140 8.97 SALE  
3 @ 2.99  
REGULAR PRICE 3.29  
REWARDS SAVINGS 0.90  
STR IVC 3 @ -1.00 -3.00  
DUM DUM POPS 180CT 30.50Z  
03080000064 7.99  
NESTLE WONKA MIXUPS 120Z  
07920021675 17.16  
4 @ 4.29

TOTAL 61.52  
VISA ACCT [REDACTED] 61.52  
CHANGE .00

BALANCE REWARDS SAVINGS 19.30  
STORE COUPON SAVINGS 13.00

THANK YOU FOR SHOPPING AT WALGREENS

REDEEM AT THE REGISTER WITH AS FEW AS  
5000 POINTS. RESTRICTIONS APPLY. SEE  
PROGRAM RULES FOR DETAILS. PLEASE GO  
TO WALGREENS.COM/BALANCE.

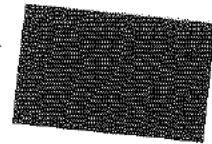
REF: 055-4220-1213-1309-0803



\*\*\*\*\*



*See attached email for billing code*



## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) Sara Phelan	For Statement Date: 11/22/2013 <i>DUES</i>
Purchasing Card Number (last 4 digits only):	

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 Number for items is \$5,000 or less
11-18	Lexington Metals	Challenge Coins for Attorney General				796.25	✓

CARD TOTAL 796.25

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.

	<u>12/4/13</u>		<u>12-18-13</u>
Cardholder	Date	Supervisor	Date

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

	<u>12/26/2013</u>
Div/Bureau P-Card Coordinator	Date

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.

*7/23/14  
N8*



ST OF WI - DOJ



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

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 11-22-13  
TOTAL ACTIVITY \$ 796.25

000003599 1 AV 0.360 106481359916286 P

SARA PHELAN  
TAX [REDACTED]  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
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
11-19	11-18	LEXINGTONME 800-282-8419 FL PUR ID: 10547185538 TAX: 0.00	24492153322849471856446	5999	796.25

Default Accounting Code: 455CIB CIB011

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER <div></div>		ACCOUNT SUMMARY	
	STATEMENT DATE 11-22-13	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE	\$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES	\$796.25
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$ .00
			TOTAL ACTIVITY	\$796.25

**LEXINGTON METAL PRODUCTS  
CORPORATION**

PO Box 522  
Lithia, FL 33547-0522  
800-282-8419  
e-mail: lexingtonmetal@tampabay.rr.com  
web: www.militarybrasscoins.com

**Invoice**

Date	Invoice #
11/18/2013	02714

**Bill To**

Wisconsin Department of Justice  
Crime Information Bureau  
17 W. Main Street  
PO Box 2718  
Madison WI 53701-2718

**Ship To**

Wisconsin Department of Justice  
Crime Information Bureau  
17 W. Main Street  
PO Box 2718  
Madison WI 53701-2718

**PAID**  
11/18/2013

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	
Sara Phelan	Pre-Paid	PJR	12/23/2013	US Mail	Lithia, FL	
Quantity	Item Code	Description			Price Each	Amount
125	LMC-175	Custom 1.75 Inch Diameter Stamped Brass Coin "Wisconsin Attorney General" plated in gold with two sided color and one-sided sandblast texturing and 3D Wisconsin State Seal			5.25	656.25
1	Die Charge	Die Charge for Custom Coin			140.00	140.00
1	Free Shipping	Free Shipping and Insurance			0.00	0.00
1	Art Charge	Artwork and Design Charge			0.00	0.00
		Out-of-state sale, exempt from sales tax			0.00%	0.00
\$19.00 cost of shipping was deducted from this invoice for pre-payment with credit card.				Total	\$796.25	

*Put it on a coin!*

Charge to Acct 566P321

OK per  
Teague Harvey  
12/20/2013  
Re

## PURCHASING CARD LOG

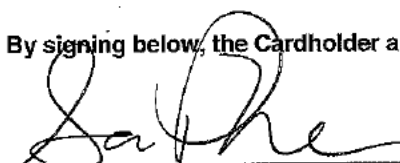
Cardholder (Employee) Name (as shown on payroll) Sara Phelan	For Statement Date: 12/06/2013 DLES
Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">XXXX</span>	

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 Number for items is \$5,000 or less
11-29	4Imprint	Conference supplies				510.63	
11-29	Will Enterprise	Conference Shirts				273.46	
12-06	US Travel	Agent Fee				6.00	
12-06	(American Airlines) US Travel	CIB Conference presenter travel- Bob Harris SLATT				292.60	

CARD TOTAL 1082.69

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

12/19-13  
Date

  
Supervisor

12-19-13  
Date

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

  
Div/Bureau P-Card Coordinator

12/26/2013 CB 12-20-13  
Date

RECEIVED

DEC 20 2013

DLES FISCAL

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.

7/29/14  
nj



PAGE 1 OF 1



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

Toll Free 877-446-7746  
Free Fax 800-355-5043

**Main Address**

SARA PHELAN  
WISCONSIN DEPT OF JUSTICE  
17 W MAIN ST  
MADISON, WI 53703-3960

**Invoice Address**

Sara Phelan  
Wisconsin Dept of Justice  
17 W Main Street  
Madison WI 53703  
USA

**Shipping Address**

Sara Phelan  
WI Department of Justice  
17 West Main Street  
MADISON, WI 53703  
USA  
Tel: 608-266-7955

Fax:

**Invoice Number** 8509796

**Account No.** 2509393

**Invoice Date** November 27, 2013

**Account Rep.** Ashley Smet

Item		Fireside 15 oz. Ceramic Mug				Colors (base,trim): Navy Blue, Navy Blue	
Qty	Item #	Description	Unit \$	Price \$	Total \$		
250	119794-OL	Fireside 15 oz. Ceramic Mug	1.3000	325.00	325.00		
1	Set-Up Charge	Screen Charge	45.0000	45.00	45.00		
		Freight		140.63	140.63		

<b>Invoice Total</b>	<b>510.63</b>
<b>Payment via VISA</b>	<b>510.63</b>
<b>Amount Due</b>	<b>0.00</b>



# WILL ENTERPRISES

7474 N. Will Enterprise Court • Milwaukee, WI 53224  
(414) 365-3320 • (800) 442-2039 • fax (414) 365-3018

[www.willpromo.com](http://www.willpromo.com)

## Invoice: 163982

Date Ordered: 8/2/13

Date Invoiced: 8/20/13

Date Due: 9/19/13

PAST DUE

Ordered By	Phone	Fax	Email
Sara Phelan	608-266-7955		phelansm@doj.state.wi.us

WISCONSIN DEPARTMENT OF JUSTICE  
17 WEST MAIN ST.  
PO BOX 2718  
MADISON, WI 53701-2718

SHIP TO:  
WISCONSIN DEPARTMENT OF JUSTICE/S. PHELAN  
17 W MAIN STREET  
MCFARLAND, WI 53558

Customer #	PO Number	Terms	Salesperson	Ship Method
14700		Net 30	Mattalyn W. ext 41	UPS Ground Commercial

Design ID	Design Title	Type
86996	2012 CIB Logo	

Qty	Part Number	Color	Description	Youth Adult	2/4 S	6/8 M	10/12 LG	14/16 XL	2XL	3XL	Unit Price	Total Price
4	5330	Pacific Blue	FeatherLite - Ladies' Short Sleeve Platinum Pique Sport Shirt - 5330		1	2	1				20.25	81.00
1	5330_3xl	Pacific Blue	FeatherLite - Ladies' Short Sleeve Platinum Pique Sport Shirt - 5330							1	23.25	23.25
4	0330	Pac Blue	FeatherLite® Short Sleeve Platinum Pique Sport Shirt — 0330				3	1			20.25	81.00
1	0330_4xl	Pac Blue	FeatherLite® Short Sleeve Platinum Pique Sport Shirt — 0330		1						24.25	24.25
2	13V0114	Periwinkle	Van Heusen - Ladies' Silky Poplin Shirt - 13V0114		1		1				26.98	53.96
12												

Note:

Subtotal	263.46
Sales Tax	
Shipping	10.00
Total	273.46
Paid	
Balance	273.46

Report Date: 11/22/2013

Page # 1/1



USTRavel Government Division  
Phone: 206-674-4335  
Hrs. Mon-Sun 7a-7p  
[www.ustravel.com](http://www.ustravel.com)

**Add to Calendar**

[What is this?](#)

Wednesday, 4DEC 2013 01:56 PM EST

**Passengers:** ROBERT FRANK HARRIS

Agency Reference Number: OXOFPA

STATE OF WISCONSIN  
101 E. WILSON ST, 6TH FLOOR  
MADISON WI 53703-3405

Review this itinerary for accuracy regarding flights/times/dates and personal information.

USTRavel must be notified within 24 hours regarding corrections.

Thank you for choosing USTRavel.

Agent: USTRavel Automation BR80

<b>AIR</b>	<b>Tuesday, 16SEP 2014</b>	
<b>American Airlines</b> Operated By: AMERICAN EAGLE AIRLINES <b>From:</b> Springfield MO, USA <b>To:</b> Chicago O'Hare IL, USA Stops: nonstop Seats: 05A Equipment: ERJ-145 Jet ARRIVES ORD TERMINAL 3 Frequent Flyer Number:		
<b>Flight Number:</b> 2982 <b>Class:</b> S-Coach/Economy <b>Depart:</b> 08:45 AM <b>Arrive:</b> 10:15 AM <b>Duration:</b> 1 hour(s) 30 minute(s) <b>Status:</b> CONFIRMED <b>Miles:</b> 436 <b>MEAL:</b> FOOD FOR PURCHASE		
American Airlines Confirmation number is OXOFPA Check in on-line to obtain boarding pass: <a href="#">American</a> Click here for Baggage policies and fees: <a href="#">American</a>		

<b>AIR</b>	<b>Tuesday, 16SEP 2014</b>	
<b>American Airlines</b> Operated By: AMERICAN EAGLE AIRLINES <b>From:</b> Chicago O'Hare IL, USA <b>To:</b> Green Bay WI, USA Stops: nonstop Seats: 05A Equipment: ERJ-145 Jet DEPARTS ORD TERMINAL 3 Frequent Flyer Number:		
<b>Flight Number:</b> 3286 <b>Class:</b> S-Coach/Economy <b>Depart:</b> 12:45 PM <b>Arrive:</b> 01:35 PM <b>Duration:</b> 0 hour(s) 50 minute(s) <b>Status:</b> CONFIRMED <b>Miles:</b> 181 <b>MEAL:</b> FOOD FOR PURCHASE		
American Airlines Confirmation number is OXOFPA Check in on-line to obtain boarding pass: <a href="#">American</a> Click here for Baggage policies and fees: <a href="#">American</a>		

<b>AIR</b>	<b>Thursday, 18SEP 2014</b>	
<b>American Airlines</b> Operated By: CHAUTAUQUA AS AMERICAN CONNECTION		
<b>Flight Number:</b> 5287 <b>Class:</b> S-Coach/Economy		



From: Green Bay WI, USA

To: Chicago O'Hare IL, USA

Stops: nonstop

Seats: 04A

Equipment: Embraer RJ140 Jet

ARRIVES ORD TERMINAL 3

Frequent Flyer Number: [REDACTED]

American Airlines Confirmation number is OXOFPA

Check in on-line to obtain boarding pass: [American](#)

Click here for Baggage policies and fees: [American](#)

Depart: 11:40 AM

Arrive: 12:35 PM

Duration: 0 hour(s) 55 minute(s)

Status: CONFIRMED

Miles: 181

MEAL: FOOD FOR PURCHASE

AIR

Thursday, 18SEP 2014

American Airlines

Operated By: AMERICAN EAGLE AIRLINES

From: Chicago O'Hare IL, USA

To: Springfield MO, USA

Stops: nonstop

Seats: 04A

Equipment: Embraer RJ140 Jet

DEPARTS ORD TERMINAL 3

Frequent Flyer Number: [REDACTED]

American Airlines Confirmation number is OXOFPA

Check in on-line to obtain boarding pass: [American](#)

Click here for Baggage policies and fees: [American](#)

Flight Number: 3039

Class: S-Coach/Economy

Depart: 01:20 PM

Arrive: 02:50 PM

Duration: 1 hour(s) 30 minute(s)

Status: CONFIRMED

Miles: 436

MEAL: FOOD FOR PURCHASE

OTHER

Thursday, 30OCT 2014

THANK YOU

FOR \*EMERGENCY\* AFTER HOURS SERVICE WITHIN THE US  
OR CANADA CALL 800-358-1125 AND GIVE CALLING CODE  
S-5CWG. AFTER HOURS FEES WILL APPLY.  
DEPT/AGY-WISCONSIN DEPARTMENT OF JUSTICE

**Ticket/Invoice information**

Ticket for: ROBERT FRANK HARRIS

Date issued: 12/4/2013 Invoice Nbr: 8001138

Ticket Nbr: AA7362885902 Electronic Tkt: Yes Amount: 292.60

Base: 231.63 US Tax: 17.37 USD XT Tax: 43.60 USD

Charged to: [REDACTED]

Service fee: ROBERT FRANK HARRIS

Date issued: 12/4/2013

Document Nbr: XD0615102319

Amount: 6.00

Charged to: [REDACTED]

Total Tickets: 292.60

Total Fees: 6.00

Total Amount: 298.60

Please check carry on requirements at [www.tsa.gov](http://www.tsa.gov).

Charges may apply for checked baggage. Contact carrier prior to travel.

For International Travel, please check the latest [State Department Advisories](#).

Terms & Conditions information. Check the latest [travel tips](#)

[Airport Parking](#)

## PURCHASING CARD LOG (Bill to Account 566P321)

Cardholder (Employee) Name (as shown on payroll) Sara Phelan	For Statement Date: 01/03/2014 <i>DLES</i>
Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">[REDACTED]</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 Number for items is \$5,000 or less
12-27	4Imprint	Conference supplies				1117.89 ✓	

*JR-2 to CIB conf Budget*

CARD TOTAL 1117.89

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.

*[Signature]*  
Cardholder

*1/24/14*  
Date

*[Signature]*  
Supervisor

*1/24/14*  
Date

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

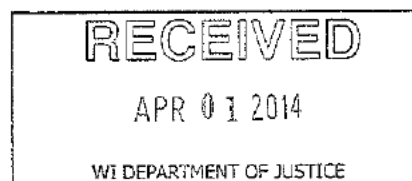
*[Signature]* *02/07/2014 CS 1-30-14*  
Div/Bureau P-Card Coordinator Date

RECEIVED

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.

DLES FISCAL



*8/13/14*  
*[Signature]*



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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 01-03-14  
TOTAL ACTIVITY \$ 1,117.89

000000318 1 AV 0.360 106481413056320 P

SARA PHELAN  
TAX [REDACTED]  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
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
12-30	12-27	4IMPRINT 877-4467746 WI PUR ID: 8590495 TAX: 0.00	24351783361005064967001	5969	1,117.89

Default Accounting Code: 455CIB CIB011			
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY
	STATEMENT DATE 01-03-14	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE \$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES \$1,117.89
			CASH ADVANCES \$ .00
			CASH ADVANCE FEE \$ .00
			CREDITS \$ .00
			TOTAL ACTIVITY \$1,117.89



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

Toll Free 877-446-7746  
Free Fax 800-355-5043

Main Address	Invoice Address	Shipping Address
SARA PHELAN WISCONSIN DEPT OF JUSTICE 17 W MAIN ST MADISON, WI 53703-3960	Sara Phelan Wisconsin Dept of Justice 17 W Main Street Madison WI 53703 USA	Sara Phelan WI Department of Justice 17 West Main Street MADISON, WI 53703 USA Tel: 608-266-7955

**Fax:**

Order Number	8590495	Account No.	2509393
Order Date	December 19, 2013	Account Rep.	Shelly Shew

Item	Tritan Dino Grip Active Sport Bottle		Colors (base,trim): Orange, Black		
Qty	Item #	Description	Unit \$	Price \$	Total \$
200	121522-OL	Tritan Dino Grip Active Sport Bottle	2.5700	514.00	514.00
1	Set-Up Charge	Screen Charge	45.0000	45.00	45.00
		Freight		155.59	155.59
					714.59

**Artwork Instructions**

Product Color (Base, Trim): Orange, Black  
Imprint Location: Side  
Imprint Colors: White.

**Additional Notes:**

Questions call: Shelly Shew  
Phone: 877-446-7746 Ext 8436  
Email: sshew@4imprint.com  
Direct Fax: 1-800-255-0394

Item	Fireside 15 oz. Ceramic Mug		Colors (base,trim): Navy Blue, Navy Blue		
Qty	Item #	Description	Unit \$	Price \$	Total \$
200	119794-OL	Fireside 15 oz. Ceramic Mug	1.3300	266.00	266.00
1	Set-Up Charge	Screen Charge	0.0000	0.00	0.00
		Freight		137.30	137.30
					403.30

**Artwork Instructions**

Product Color (Base, Trim): Navy Blue, Navy Blue  
Imprint Location: Front  
Imprint Colors: White.

**Additional Notes:**

Questions call: Shelly Shew  
Phone: 877-446-7746 Ext 8436  
Email: sshew@4imprint.com  
Direct Fax: 1-800-255-0394



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

Toll Free 877-446-7746  
Free Fax 800-355-5043

Order Number	8590495	Account No.	2509393
Order Date	December 19, 2013	Account Rep.	Shelly Shew

Grand Total 1,117.89

Thank you for your order!

If you need to make a change - Please call your account representative. Their name and phone number are shown above.

**Shipment Details**

Shipment to	Qty	Item #	Must Ship	Carrier, service	Due Date	Freight
Address as above.	200	121522-OL	Jan 13 2014	UPS Ground CWT	Jan 20 2014	155.59
	200	119794-OL	Jan 10 2014	UPS Ground (Parcel)	Jan 17 2014	137.30

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) <b>JANNIFER AYERS</b>	For Statement Date: <b>01/17/14</b> <i>DLES</i>
Purchasing Card Number (last 4 digits only):	

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 Number for items is \$5,000 or less
01/06/14	Kalahari-WI Dells	WLEEDA Conf-Booth				70.00	
01/11/14	Quality Logo Products	Pocket Notepads				617.18	

CARD TOTAL \$ 687.18

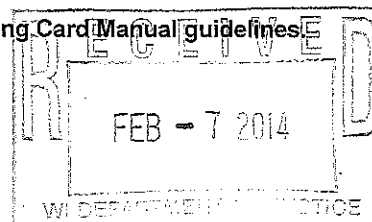
By signing below, the Cardholder and Supervisor certify these charges are for state business purposes only and in full compliance with the Purchasing Card Manual.

Jannifer Ayers 1/24/14  
Cardholder Date

[Signature] 1/27/14  
Supervisor Date

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

[Signature] 02/07/2014  
Div/Bureau P-Card Coordinator Date



SCANNED

8/21/14  
RJ



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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 01-17-14  
TOTAL ACTIVITY \$ 687.18

000000916 1 AV 0.360 106481432637985 P

JANNIEFER AYERS  
TAX [REDACTED]  
WI DEPT OF JUSTICE TS  
17 W MAIN ST  
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
01-08	01-06	KALAHARI RESORTS WISCONSIN DEL WI 6960501 ARRIVAL: 01-08-14	24325454007900013405627	7011	70.00
01-13	01-11	QUALITY LOGO PRODUCTS 866-312-5646 IL PUR ID: R1648612KB TAX: 0.00	24431054011206428761890	5999	817.18

Default Accounting Code: 455TS TS015

Default Accounting Code: 455TS			TS015	
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER <div></div>		ACCOUNT SUMMARY	
	STATEMENT DATE 01-17-14	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE	\$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES	\$687.18
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$ .00
			TOTAL ACTIVITY	\$687.18

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.





Room #: 3249  
Conf #: R64622C  
Group #: 14998  
Guests: 1  
C/O Clerk:

Guest Name: Jannifer A.

The name and address is suppressed on this express check-out folio for the security of our guest's information. If you need a copy of the folio with your complete name and address please visit the front desk.

Arrived: 01/14/14

Arrival Time: 02:22 PM

Depart Date: 01/15/14

Printed 2:38 AM

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
01/06/14	DEP VISA	01068030			(\$70.00)
01/14/14	ROOM REVENUE	3249		\$70.00	

Folio Balance: \$0.00

Guest Signature: \_\_\_\_\_

I agree that I am personally liable for the payment of this account and if the person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association. 01/15/2014

Thank you for choosing Kalahari Resort Wisconsin Dells! We hope to see you again in the near future. The charges on this statement are as of the printed date and time listed above. Any charges not posted to your account as of this time will be charged to your method of payment on file on your day of departure.

1305 Kalahari Dr. - PO Box 590  
Wisconsin Dells, WI 53965  
Telephone 608-253-5466  
Fax 608-254-6116

**Thank you  
for being our  
guest!**

**Your Express Check Out  
Information:**

- Check out is at 11:00am. Late check out may incur an additional night charge. All late check outs are based on availability.
- Please review your Express Check Out bill. Sign one copy and keep one copy for your records. Place the signed copy in any of the Express Check Out drop boxes, located on the first floor near each elevator, Concierge or either Front Desk.
- Please drop your room key in the Express Check Out drop box with your form or leave it by the phone in your room.

**We hope you've enjoyed  
your stay and look forward  
to seeing you again soon!**



**Express  
Check Out**

3249

**Guest Room Number**



**Wisconsin Dells, WI  
KalahariResorts.com**



QUALITY LOGO PRODUCTS, INC.  
724 N. Highland Ave.  
Aurora, IL 60506  
(866) 312-5646  
<http://www.qualitylogoproducts.com>

# Invoice

Date	Invoice #
1/16/2014	137898

Bill To
DOJ, Training And Standards Bureau P.O. Box 7070 Madison, WI 53707

**PAID**  
**01/10/2014**

				Sales Rep.
				KB
Account #	QLP Order Number	Shipping Method	Terms	Due Date
164861	R1648612KB	UPS	Credit Card	1/16/2014
Description		Qty	Rate	Amount
Tan/Blue Pocket Eco-Note Keeper		500	1.10	550.00
Shipping Charge		1	67.18	67.18
Thank you for your business!				Total \$617.18
				<b>Balance Due \$0.00</b>

Phone #	Fax #	E-mail	Web Site
(866)312-5646	(866)314-5646	<a href="mailto:info@qualitylogoproducts.com">info@qualitylogoproducts.com</a>	<a href="http://www.qualitylogoproducts.com/">http://www.qualitylogoproducts.com/</a>

# Packing slip

Shipping List ....: 00583038  
Customer No: ...: 037929



Ship to: Jannifer Ayers  
DOJ, Training And Standards Bureau  
17 W. Main St.  
MADISON, WI 53703

Sold To  
KELLY BIRD  
QUALITY LOGO PRODUCTS  
724 N HIGHLAND AVE  
AURORA, IL 60506  
United States  
kbird@qualitylogoproducts.com  
Phone--866-312-5646Fax--866-314-

Ship Date	Customer PO	Sales Order	# of Boxes	Weight	Ship VIA	Bill of Lading	FOB
1/14/2014	R1648612KB	660925	0	0.00	UPS Ground	00565738	Bridgeport

Item	Pac/Part/Rev/Description/Details	Configuration	Order Qty	Shipper account	Ship Quantity
1	PL-3756 U/M PCS Pocket Eco-Note Keeper	BLU	500	E59A24	500

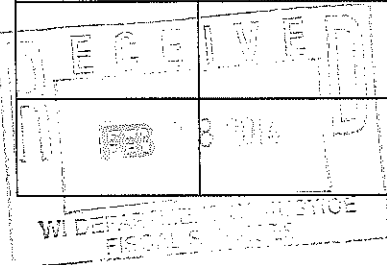
**Batch Number:** 660925

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) <b>JANNIFER AYERS</b>	For Statement Date: <b>01/31/14</b> <i>DLES</i>
Purchasing Card Number (last 4 digits only):	

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 Number for items is \$5,000 or less
01/17/14	4Imprint	Eyeglass Cleaning Cloths				611.64	



CARD TOTAL \$ 611.64

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.

Jannifer Ayers 2/7/14  
Cardholder Date

Star S. H. 2/18/14  
Supervisor Date

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

[Signature] 02/27/2014  
Div/Bureau P-Card Coordinator Date



SCANNED

8/26/14  
mg  
sf



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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 01-31-14  
TOTAL ACTIVITY \$ 611.64

000001429 1 AV 0.381 106481447053916 P

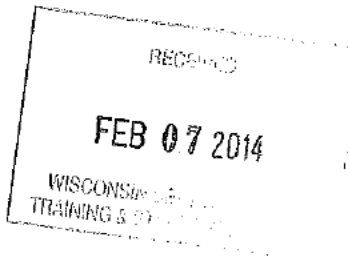
JANNTEER AYERS  
TAX [REDACTED]  
WI DEPT OF JUSTICE TS  
17 W MAIN ST  
MADISON WI 53703-3960

"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
01-20	01-17	4IMPRINT 877-4467746 WI PUR ID: 8631089 TAX: 0.00	24351784017005458783762	5969	611.64



Default Accounting Code: 455TS TS015

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		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	01-31-14	\$ .00	PREVIOUS BALANCE	\$ .00
			PURCHASES & OTHER CHARGES	\$611.64
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$ .00
		AMOUNT DUE \$ 0.00 DO NOT REMIT	TOTAL ACTIVITY	\$611.64



Invoice 3171830

Page 1

101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

[www.4imprint.com](http://www.4imprint.com)

Toll Free 877-446-7746  
Free Fax 800-355-5043

JANNIFER AYERS  
17 W. MAIN ST.  
MADISON WI 53703

**Shipping Address**

Jannifer Ayers  
WI Department of Justice  
17 W. Main St.  
MADISON, WI 53703  
USA  
Tel: 608-266-8803

Invoice Number 3171830  
Invoice Date January 17, 2014  
Your Order No.

Account No. 2399734  
Account Rep. Carrie Berndt  
Our Order No. 8631089

Item		Eyeglass Cleaning Cloth - Opaque		Colors (Case Top, Case Bottom): White, Gray	
Qty	Item #	Description	Unit \$	Price \$	Total \$
500	109809-S	Eyeglass Cleaning Cloth - Opaque	1.0900	545.00	545.00
1	Set-Up Charge	Set-Up Charge	55.0000	55.00	55.00
		Freight		11.64	11.64

Total Net 611.64

Total Tax 0.00

Grand Total 611.64

Payment via Visa

Received 611.64

Total Due 0.00

**Thank You! We appreciate your business.**

Any overruns you may have received are yours with our compliments.

- To insure proper credit to your account, please quote "3171830/2399734" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint

4imprint Federal ID [REDACTED] GSA Contract # [REDACTED] A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

Please visit our website - [www.4imprint.com](http://www.4imprint.com)

**Please Remit to:**  
**4imprint, Inc.**  
**25303 Network Place**  
**Chicago, IL 60673-1253**

**4imprint****Order Confirmation 8631089**

- On time
- On Budget
- On Anything
- Online

101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com  
Tel: Toll Free 877-446-7746  
Fax: Free Fax 800-355-5043

Main Address	Invoice Address	Delivery Address
17 W Main St PO BOX 7857 MADISON WI 53707-7857 USA	F.A.O. Accounts Payable 17 West Main Street P.O. Box 7857 Madison WI 53703 USA	Jannifer Ayers 17 W. Main St. Madison WI 53703 USA Tel: 608-266-8803

<b>Order Confirmation</b>	8631089	<b>Order Date:</b>	1/10/2014
<b>Account Rep</b>	Carrie Berndt	<b>Account Number.:</b>	2399734
<b>Administrator</b>	Carrie Berndt	<b>Cust Ref.:</b>	
<b>Contract User Id</b>			

Eyeglass Cleaning Cloth - Opaque Colors (base, trim): BASE, TRIM				
Qty	Item #	Description	Unit	Total
500	109809-S	Eyeglass Cleaning Cloth - Opaque	\$1.0900	\$545.00
1		Set-Up Charge	\$55.0000	\$55.00
		<b>Freight</b>		\$11.64
		<b>Tax</b>		\$0.00
		<b>Total</b>		\$611.64

**Artwork Instructions:****Product Colour (Base, Trim):** White Gray**Branding Location:** Front**Branding Colours:** Pantone Pantone Reflex Blue C

Questions call: Carrie Berndt Phone: 877-446-7746 Ext 8447 Email: cberndt@4imprint.com Direct Fax: 855-781-4009

**Grand Total:** \$611.64**Thank you for your order!**

**If you need to make a change** Please call your account representative. Their name and phone number are shown above.

**Shipment Details****Ship To:**

Address as above

Qty	Item #	Must Ship	Carrier, Service	Due Date	Freight
500	109809-S	1/20/2014	UPS Ground (Parcel)	1/23/2014	\$11.64

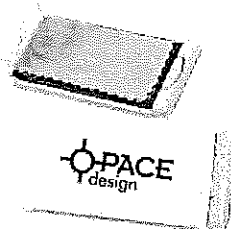


## Eyeglass Cleaning Cloth - Opaque

based on [7 ratings](#)

Maintain optimal visibility for your imprint!  
[more...](#)

- Product Details
- Customer Reviews
- Related Items
- Print Page
- Imprint Area



[request a sample](#)

We're happy to send you  
**FREE** samples so you  
can see this product  
before you order!

[Need Help?](#)

search microfiber cloth Item #109809-S

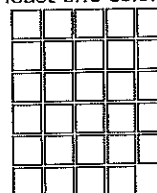
### 3 choose imprint

☒ Front

please click on at least one color

Color1

[clear all colors](#)



Set-Up Charge  1 \$55.00 \$55.00

**add to cart**

\* Your order includes one imprint color. Additional charges may apply for more colors.  
[How do I send my artwork?](#)

### Current Selection

quantity selected: 400 [change](#) @ 1.13 each  
\$ 452.00  
Set-Up Charge  1 x \$55.00 55.00  
\$ 507.00 [change](#)  
colors selected:  
White : Gray

## product details

Clean and protect your delicate prescription glasses or sunglasses with this gentle microfiber cloth.

The non-abrasive material also works great for computer, camera, cell phone and other fragile electronic screens.

Plastic snap case provides easy storage for the cloth, keeping it clean and maintained.

Lightweight and compact features make this cloth ideal for direct mail campaigns.

The microfiber cloth is also washable so it can be reused for ages!

Size: case is 1-3/4" x 3-1/2" x 3/8"; cloth is 6" x 6".

Your price includes a one-color imprint on the front of the case.

Set-up charge: add \$55.

Maximum number of imprint colors: 1

Ready to ship in : 5 business days \*.

**PACKLIST**

Packlist ID: 507061

Page: 1

**Ship From Address**

4 Imprint Inc  
101 Commerce Street  
Oshkosh, WI 54901-4864

**Ship To Address**

WI Department of Justice  
Jannifer Ayers  
17 W. Main St.  
Madison, WI 53703  
usa  
608-266-8803

SHIPPING METHOD		PO NUMBER	OUR ORDER NUMBER
UPS Ground		8631089-1	S447427
QUANTITY			
ORD	SHP	PART ID	DESCRIPTION

500      500      HC50EYWhite      Eye Glass Cloth

Shipped Unit of Measure:      EA

1      1      HGSC      Screen Charge

RECEIVED BY: \_\_\_\_\_

## PURCHASING CARD LOG (Bill to Account 566P321)

RECEIVED

JUN 17 2014

WI DEPARTMENT OF JUSTICE  
BUREAU OF BUDGET & FINANCE

Cardholder (Employee) Name (as shown on payroll)  
Sara Phelan

For Statement Date: 02/14/2014

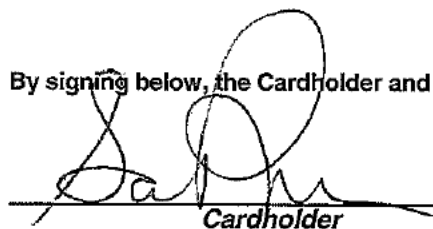
Purchasing Card Number (last 4 digits only): XXXX

### 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 Number for items is \$5,000 or less
2-10	4Imprint	Conference bags				4999.75	
		JR done	Rel				

CARD TOTAL 4999.75

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

2/28/14  
Date

  
Supervisor

2/28/14  
Date

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

  
Div/Bureau P-Card Coordinator

03/28/2014 CB 3.7-14  
Date

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.

09/04/14  
ns



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



ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 02-14-14  
TOTAL ACTIVITY \$ 4,999.75

000001695 1 AV 0.381 106481467767356 P

SARA PHELAN  
TAX [REDACTED]  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
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
02-11	02-10	4IMPRT 877-4467746 WI PUR ID: 8372636 TAX: 0.00	24351784041005905441733	5969	4,999.75

Default Accounting Code: 455CIB CIB011

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY	
	STATEMENT DATE	DISPUTED AMOUNT	PREVIOUS BALANCE	\$ .00
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	02-14-14	\$ .00	PURCHASES & OTHER CHARGES	\$4,999.75
	AMOUNT DUE		CASH ADVANCES	\$ .00
	\$ 0.00		CASH ADVANCE FEE	\$ .00
	DO NOT REMIT		CREDITS	\$ .00
			TOTAL ACTIVITY	\$4,999.75



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

Toll Free 877-446-7746  
Free Fax 800-355-5043

Main Address	Invoice Address	Shipping Address
SARA PHELAN WISCONSIN DEPT OF JUSTICE 17 W MAIN ST MADISON, WI 53703-3960	Sara Phelan Wisconsin Dept of Justice 17 W MAIN ST MADISON WI 53703-3960 USA	Sara Phelan WI Department of Justice 17 West Main Street MADISON, WI 53703 USA Tel: 608-266-7955

**Fax:**

Order Number	8372636	Account No.	2509393
Order Date	October 11, 2013	Account Rep.	Renee Borisch

Item		High Sierra 22" Garrett Duffel Embroidered		Colors (base,trim): Black, Black	
Qty	Item #	Description	Unit \$	Price \$	Total \$
425	436124	High Sierra 22" Garrett Duffel Embroidered	11.7900	5,010.75	5,010.75
1	*Prepro Proof	Preproduction Proof	10.0000	10.00	10.00
1	Discounts	Free Proof Discount	-21.7900	-21.79	-21.79
1	Prepro Proof	Prepro Proof - Sample	11.7900	11.79	11.79
425	*Embroidery	Embroidery Run Charge	0.0000	0.00	0.00
1	Discounts	Good Will Discount	-11.0000	-11.00	-11.00
					<u>4,999.75</u>

**Artwork Instructions**

Product Color (Base, Trim): Black, Black  
Imprint Location: Front Pocket-Center  
Imprint Colors: White.

**Additional Notes:**

Pre-production proof ships via UPS Next Day on: 1/10  
With approval on: 1/13  
Balance of order will be available & customer is picking up on: 2/3

Questions call: Renee Borisch  
Phone: 877-446-7746 Ext 8538  
Email: rborisch@4imprint.com  
Direct Fax: 866-779-0584

**Grand Total** 4,999.75

**Thank you for your order!**

**If you need to make a change** - Please call your account representative. Their name and phone number are shown above.

**Shipment Details**



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

[www.4imprint.com](http://www.4imprint.com)

Toll Free 877-446-7746  
Free Fax 800-355-5043

Order Number	8372636	Account No.	2509393
Order Date	October 11, 2013	Account Rep.	Renee Borisch

Shipment to	Qty	Item #	Must Ship	Carrier, service	Due Date	Freight
Address as above.	425	436124	Jan 31 2014	See Instructions NA	Feb 3 2014	0.00

## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll) Miemietz, Sharon K.	For Statement Date: 02/14/14 <i>DLES</i>
Purchasing Card Number (last 4 digits only): <span style="background-color: black; color: black;">[REDACTED]</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 Number for items is \$5,000 or less
02/04	Walgreen's	New Chiefs and Sheriffs Group Photo (test print) # 14-052				2.39	✓
02/05	Walgreen's	New Chiefs and Sheriffs Photo Prints # 14-052				191.51	✓
02/05	United Airlines	Hill - POP Conference Presenter #14-051	03/31-04/02			948.00	✓
02/05	United Airlines	Watson - POP Conference Presenter #14-051	03/31-04/02			948.00	✓
02/10	Best Western Dodgeville	McLay - LPO instructor # 14-072				70.00	✓
02/11	Best Western Dodgeville	Gottsacker- LPO instructor # 14-072		1		70.00	✓
2/12	Best Western Dodgeville	Vandivier- LPO instructor # 14-072		3		210.00	✓
2/12	Best Western Dodgeville	Mittelstadt- LPO instructor # 14-072		2		140.00	✓

*JK to grants done - ja*

CARD TOTAL **\$2579.90**

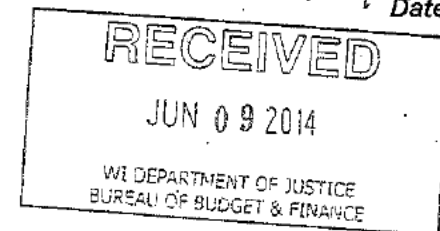
By signing below, the Cardholder and Supervisor certify these charges are for state business purposes only and in full compliance with the Purchasing Card Manual.

*Sharon K. Miemietz*  
Cardholder  
05/14/14  
Date

*Sean S. [Signature]*  
Supervisor  
5/15/14  
Date

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

*[Signature]*  
Div/Bureau P-Card Coordinator  
06/06/2014  
Date



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.

*09/04/14  
RJ*



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

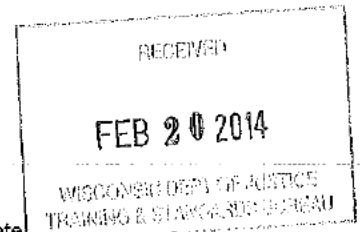
ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 02-14-14  
TOTAL ACTIVITY \$ 2,579.90

000001681 1 AV 0.381 106481467767342 P

SHARON K MIEMIETZ  
TAX PA  
WI DEPT OF JUSTICE T&S  
17 W MAIN ST  
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
02-05	02-04	WALGREENS #4155 MADISON WI PUR ID: 0000000000000000 TAX: 0.00	24445004036600157671918	5912	2.39 ✓
02-08	02-05	WALGREENS #4155 MADISON WI PUR ID: 0000000000000000 TAX: 0.00	24445004037600137458435	5912	191.51 ✓
02-07	02-05	UNITED 0167379713699 800-932-2732 TX HILL/MICHAEL NELSON DEPARTURE: 03-31-14 IAH UA U ORD UA U EAU UA U ORD AU U IAH	24692164037000588770937	3000	948.00 ✓
02-07	02-05	UNITED 0167379713700 800-932-2732 TX WATSON/RYAN MICHAEL DEPARTURE: 03-31-14 IAH UA U ORD UA U EAU UA U ORD AU U IAH	24692164037000588770945	3000	948.00 ✓
02-11	02-10	BEST WESTERN HOTELS DODGEVILLE WI 1105 ARRIVAL: 02-10-14	24391214041286000011056	3502	70.00 ✓
02-12	02-11	BEST WESTERN HOTELS DODGEVILLE WI 210 ARRIVAL: 02-11-14	24391214042286000002104	3502	70.00 ✓
02-13	02-12	BEST WESTERN HOTELS DODGEVILLE WI 208 ARRIVAL: 02-12-14	24391214043286000002087	3502	210.00 ✓
02-13	02-12	BEST WESTERN HOTELS DODGEVILLE WI 216 ARRIVAL: 02-12-14	24391214043286000002160	3502	140.00 ✓

Default Accounting Code: 455TS TS005

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY	
	STATEMENT DATE 02-14-14	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE	\$ .00
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	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES	\$2,579.90
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$ .00
			TOTAL ACTIVITY	\$2,579.90



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.

# Walgreens

#04155 15 E MAIN ST  
MADISON, WI 53703  
608-257-3814

400 4387 0071 02/05/2014 7:57 AM

INTERNET PHOTO 810415 191.51

TOTAL	191.51
VISA ACCT	191.51
CHANGE	.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE SAVED BY USING YOUR  
BALANCE REWARDS CARD TODAY! RESTRICTIONS  
APPLY, SEE PROGRAM RULES FOR DETAILS.

DID YOU KNOW THAT YOU CAN EARN POINTS  
ON HUNDREDS OF ITEMS IN-STORE AND  
ONLINE? SEE OUR WEEKLY AD FOR MORE  
INFORMATION. RESTRICTIONS APPLY. SEE  
PROGRAM RULES FOR DETAILS. PLEASE GO  
TO WALGREENS.COM/BALANCE.

RFN# 0415-5714-3876-1402-0503



How are we doing?  
Enter our monthly sweepstakes for  
\$3,000 cash

Visit  
[WWW.WAGCARES.COM](http://WWW.WAGCARES.COM)

\*\*\*\*\*  
or call toll free  
1-800-658-1584  
within 72 hours to take a short  
survey about this Walgreens visit

SURVEY#  
0415-5714-387

PASSWORD  
6140-2050-321

For re or

# Walgreens

#04155 15 E MAIN ST  
MADISON, WI 53703  
608-257-3814

400 4291 0071 02/04/2014 11:24 AM

INTERNET PHOTO 810413 2.39

TOTAL	2.39
VISA ACCT	2.39
CHANGE	.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE SAVED BY USING YOUR  
BALANCE REWARDS CARD TODAY! RESTRICTIONS  
APPLY, SEE PROGRAM RULES FOR DETAILS.

DID YOU KNOW THAT YOU CAN EARN POINTS  
ON HUNDREDS OF ITEMS IN-STORE AND  
ONLINE? SEE OUR WEEKLY AD FOR MORE  
INFORMATION. RESTRICTIONS APPLY. SEE  
PROGRAM RULES FOR DETAILS. PLEASE GO  
TO WALGREENS.COM/BALANCE.

RFN# 0415-5714-2919-1402-0403



How are we doing?  
Enter our monthly sweepstakes for  
\$3,000 cash

Visit  
[WWW.WAGCARES.COM](http://WWW.WAGCARES.COM)

\*\*\*\*\*  
or call toll f  
1-800-658  
within 72 hours to  
survey about this W.

SURVEY#  
0415-5714-291

PASSWORD  
9140-2040-321

For cont or

**Miemietz, Sharon K.**

**From:** Miemietz, Sharon K.  
**Sent:** Wednesday, February 05, 2014 11:38 AM  
**To:** 'Hill, Mike'  
**Cc:** 'mscott@popcenter.org'; 'Puschnig, Dean (USAWIE)'  
**Subject:** FW: Travelocity travel confirmation - March 31, 2014 - (Itin# 11994852550)

Mike,

Your flights are set.

Sharon



Sharon Miemietz  
Career Development Consultant  
Training & Standards Bureau  
608/266-7380  
Fax: 608/266-7869  
[www.wilenet.org](http://www.wilenet.org)



---

**From:** Travelocity [<mailto:travelocity@e.travelocity.com>]  
**Sent:** Wednesday, February 05, 2014 11:21 AM  
**To:** Miemietz, Sharon K.  
**Subject:** Travelocity travel confirmation - March 31, 2014 - (Itin# 11994852550)



**Thank you for booking with Travelocity! Your booking is confirmed.**

You can manage your reservation or review your itinerary online for the most up-to-date information.

## Eau Claire

Mon Mar/31/2014 - Wed Apr/2/2014 | Itinerary # 11994852550

### Important Information

- Remember to bring your itinerary and government-issued photo ID for airport check-in and security.

### Houston (IAH) → Eau Claire (EAU)

Mon Mar/31/2014 - Wed Apr/2/2014 , 2 round trip tickets

CONFIRMED  
United

OMZXS5

Your reservation is booked and confirmed. There is no need to call us to reconfirm this reservation.

**Price Summary**

### Traveler Information

<b>Michael Nelson Hill</b> Adult	No frequent flyer details provided	Ticket # 0167379713699
<b>Ryan Michael Watson</b> Adult	No frequent flyer details provided	Ticket # 0167379713700

\* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

**03/31/2014 - Departure 1 stop**

Total travel time: 5 h 2 m

Houston IAH 9:21am United 1403	Chicago ORD 11:57am	2 h 36 m 933miles
--------------------------------------	------------------------	-------------------

**UNITED** Economy/Coach (U) | Seat 24D, 24C | Confirm or change seats with the airline\*

**Layover: 1 h 9 m**

Chicago ORD 1:06pm	Eau Claire EAU 2:23pm	1 h 17 m 277miles
-----------------------	--------------------------	-------------------

**UNITED** United 5455 Operated by /SKYWEST DBA UNITED EXPRESS  
Economy/Coach (U) | Seat 04C, 04B | Confirm or change seats with the airline\*

**04/02/2014 - Return 1 stop**

Total travel time: 5 h 14 m

Eau Claire EAU 3:06pm	Chicago ORD 4:18pm	1 h 12 m 277miles
--------------------------	-----------------------	-------------------

**UNITED** United 5455 Operated by /SKYWEST DBA UNITED EXPRESS  
Economy/Coach (U) | Seat 04C, 04D | Confirm or change seats with the airline\*

**Layover: 1 h 7 m**

Chicago ORD 5:25pm	Houston IAH 8:20pm	2 h 55 m 933miles
-----------------------	-----------------------	-------------------

**UNITED** United 371  
Economy/Coach (U) | Seat 26D, 26C | Confirm or change seats with the airline\*

### Airline Rules & Regulations

- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the complete penalty rules for changes and cancellations applicable to this fare.
- Please read important information regarding airline liability limitations.

<b>Traveler 1: Adult</b>	<b>\$948.00</b>
Flight	\$846.52
Taxes & Fees	\$101.48
<b>Traveler 2: Adult</b>	<b>\$948.00</b>
Flight	\$846.52
Taxes & Fees	\$101.48
Travelocity Booking Fee	\$0.00

**Total: \$1,896.00**

All prices quoted in US dollars.

### Additional Flight Services

- The airline may charge additional fees for checked baggage or other optional services.

### Need help with your reservation?

- Visit our Customer Support page.
- Call Travelocity customer care at 1-855-201-7820
- For faster service, mention itinerary # 11994852550

**Best Western Quiet House & Suites**1130 N JOHN STREET  
DODGEVILLE, WI 53533

(608) 935-7739

50107@HOTEL.BESTWESTERN.COM

C/O 02/10/2014 12:52 PM RL *Dept of Justice*  
*Attn: Sharon Mianista*  
*608-266-7869*

Registered To:

McLay, Cameron

*Grand Total \$910.00*  
*Total Pages 7*  
*Thank you*  
*Robert J. Laifil.*

Room # 105-A

Conf # 43448

Arrival 02/09/14

Departure 02/10/14

Room Type KBZN-KING NON

Guests 1 / 0

Payment Visa/Master

Acct

Posting	Oper	Acct	Description	Amount
02/09/14	sh	RC	ROOM CHARGE	\$70.00
02/10/14	RL	VS	PAYMENT VISA/MC	\$70.00-

Balance Due	\$0.00
-------------	--------

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X \_\_\_\_\_  
GUEST SIGNATURE

Signature

RECEIVED

MAY 14 2014

WISCONSIN DEPT OF JUSTICE  
TRAINING & STANDARDS BUREAU

**Best Western Quiet House & Suites**1130 N JOHN STREET  
DODGEVILLE, WI 53533

(608) 935-7739

50107@HOTEL.BESTWESTERN.COM

C/O 02/11/2014 06:25 AM sh

**Registered To:**

Gottsacker, James

MADISON, WI 53703

(608) 266-7380

**Room #** 210-A**Conf #** 43391**Arrival** 02/10/14**Departure** 02/11/14**Room Type** KBZN-KING NON**Guests** 1 / 0**Payment** Visa/Master**Acct**

Posting	Open	Acct Co	Description	From	Reference	Amount
02/10/14	sh	RC	ROOM CHARGE			\$70.00
02/11/14	sh	VS	PAYMENT VISA/MC			\$70.00-

<b>Balance Due</b>	<b>\$0.00</b>
--------------------	---------------

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X

\_\_\_\_\_  
GUEST SIGNATURE\_\_\_\_\_  
Signature

**Best Western Quiet House & Suites**1130 N JOHN STREET  
DODGEVILLE, WI 53533

(608) 935-7739

50107@HOTEL.BESTWESTERN.COM

C/O 02/12/2014 07:05 AM RL

**Registered To:**

Vandivier, Gary

MADISON, WI 53703

(608) 266-7380

**Room #** 208-A**Conf #** 43390**Arrival** 02/09/14**Departure** 02/12/14**Room Type** KBZN-KING NON**Guests** 1 / 0**Payment** Visa/Master**Acct**

Posting	Open	Acct Co	Description	From	Reference	Amount
02/09/14	sh	RC	ROOM CHARGE			\$70.00
02/10/14	sh	RC	ROOM CHARGE			\$70.00
02/11/14	sh	RC	ROOM CHARGE			\$70.00
02/12/14	RL	VS	PAYMENT VISA/MC			\$210.00-

<b>Balance Due</b>	<b>\$0.00</b>
--------------------	---------------

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X \_\_\_\_\_  
GUEST SIGNATURE\_\_\_\_\_  
Signature

**Best Western Quiet House & Suites**1130 N JOHN STREET  
DODGEVILLE, WI 53533

(608) 935-7739

50107@HOTEL.BESTWESTERN.COM

C/O 02/12/2014 06:45 AM sh

Registered To:

Mittetstadt, Scott

MADISON, WI 53703

(608) 266-7380

Room # 216-A

Conf # 43392

Arrival 02/10/14

Departure 02/12/14

Room Type KBZN-KING NON

Guests 1 / 0

Payment Visa/Master  
Acct [REDACTED]

Posting	Oper	AcctCo	Description	From	Reference	Amount
02/10/14	sh	RC	ROOM CHARGE			\$70.00
02/11/14	sh	RC	ROOM CHARGE			\$70.00
02/12/14	sh	VS	PAYMENT VISA/MC			\$140.00-

Balance Due

\$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE, IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X  
GUEST SIGNATURE

Signature



## PURCHASING CARD LOG

Cardholder (Employee) Name (as shown on payroll)  
Miemietz, Sharon K.

For Statement Date: 03/28/14

Purchasing Card Number (last 4 digits only): [REDACTED]

DLES

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 Number for items is \$5,000 or less
03/17	Medalcraft Mint	LPO Coins # 14-083			2655.00	✓	
03/20	Best Western Dodgeville	McLay – LPO instructor # 14-072			70.00	✓	
03/20	Best Western Dodgeville	Mittelstadt – LPO instructor # 14-072		2	140.00	✓	

RECEIVED


MAY 27 2014

DLES FISCAL

JR to grants done - ja

CARD TOTAL \$2865.00

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.

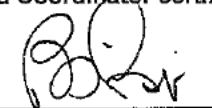
  
Cardholder

05/14/14  
Date

  
Supervisor

5/15/14  
Date

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

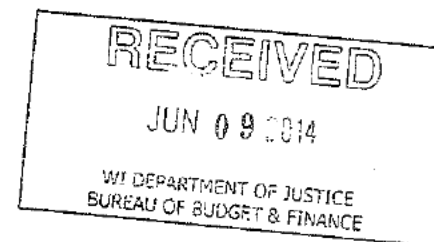
  
Div/Bureau P-Card Coordinator

06/06/2014

Date

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.



06/17/14  
mi

10-13-14  
OK



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

ST OF WI - DOJ

ACCOUNT NUMBER

STATEMENT DATE 03-28-14

TOTAL ACTIVITY \$ 2,865.00

000001466 1 AV 0.381 106481518155255 P

SHARON K MIEMIETZ  
TAX PA  
WI DEPT OF JUSTICE T&S  
17 W MAIN ST  
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
03-19	03-17	MEDALCRAFT MINT 920-4994249 WI PUR ID: CS004810 TAX: 0.00	24325454077900011300049	5099	2,855.00
03-21	03-20	BEST WESTERN HOTELS DODGEVILLE WI 3210 ARRIVAL: 03-20-14	24391214079286000032107	3502	70.00
03-21	03-20	BEST WESTERN HOTELS DODGEVILLE WI 22205 ARRIVAL: 03-20-14	24391214079286000222054	3502	140.00

RECEIVED

APR - 2 2014

WISCONSIN DEPT OF JUSTICE  
TRAINING & STANDARDS BUREAU

Default Accounting Code: 455TS TS005

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER <div></div>		ACCOUNT SUMMARY	
	STATEMENT DATE 03-28-14		PREVIOUS BALANCE \$0.00	
	DISPUTED AMOUNT \$ .00		PURCHASES & OTHER CHARGES \$2,865.00	
SEND BILLING INQUIRIES TO:  C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 8335 FARGO, ND 58125-8335	AMOUNT DUE  \$ 0.00  DO NOT REMIT		CASH ADVANCES \$0.00	
			CASH ADVANCE FEE \$0.00	
			CREDITS \$0.00	
			TOTAL ACTIVITY \$2,865.00	

2660 West Mason ...  
Green Bay WI 543...  
United States

# Cash Sale

Date 3/17/2014  
Sale # CS004810  
Payment Method VISA  
Check # S. Miernietz

## Bill To

Sharon Miernietz  
Wisconsin Department of Justice  
17 W. Main Street  
Madison WI 53703  
United States

Project  
Start Date  
End Date  
Department Sales  
Location Medalcraft Mint  
Memo Brass Coins  
Shipping address ma...  
Purchase Order # S. Miernietz  
Ship Via FedEx Ground CSR  
Quantity Fulfillment Exact Quantity  
Credit Card #

Item	Quantity	Description	Options	Amount	Price
Custom 1.75 x .144 KIT -Tool Trim	400	Brass Coin Eagle / Seal	Front Die: 106582 F-Die Desc:: DIE WI DOJ Leadership F-DieCAT:: C (1-sided 1" to 2") F-Trim Tool: 0017TA Back Die: 101440 B-Die Desc:: Border Cavity 1.75" no loop 17TA Rev B-DieCAT:: S (Back die) Artwork:: ART13925 Finish:: Std Antique - Gloss Lacq Enamel Spec:: OBV-281 Blue in Border and in the background of the insignia. See image. CWIC Print: REV-Entire reverse cavity is printed and flooded with epoxy Packaging :: Standard Packaging-Poly Bag	2,640.00	
FedEx Ground CSR	1	Ship mode to be used by MMI CSRs.		15.00	

Thank You for the Order!

Total \$2,655.00



CS004810

**Best Western Quiet House & Suites**1130 N JOHN STREET  
DODGEVILLE, WI 53533

(608) 935-7739

50107@HOTEL.BESTWESTERN.COM

C/O 03/13/2014 08:52 AM RL

**Registered To:**

Mclay, Cameron

**Room #** 207-A**Conf #** 43775**Arrival** 03/12/14**Departure** 03/13/14**Room Type** KBZN-KING NON**Guests** 1 / 0**Payment** Visa/Master**Acct**

Posting	Oper	Acct To	Description	Item	Reference	Amount
03/12/14	sh	RC	ROOM CHARGE			\$70.00
03/13/14	RL	DB	DIRECT BILL		BW Quiet House & Sult	\$70.00-
<b>Balance Due</b>						<b>\$0.00</b>

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT

OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X \_\_\_\_\_  
GUEST SIGNATURE

\_\_\_\_\_  
Signature

Best Western Quiet House & Suites  
1130 N JOHN STREET  
DODGEVILLE, WI 53533

(608) 935-7739  
50107@HOTEL.BESTWESTERN.COM

*Att Sharon Micmitz*  
*608 266 7869*

C/O 03/11/2014 07:04 AM sh

Registered To:  
Mittelstadt, Scott

Bill To:  
BW Quiet House & Suites  
1130 N John Street  
DODGEVILLE, WI 53533

(608) 935-7739

Room # 205-A

Conf # 43773  
Arrival 03/09/14  
Departure 03/11/14

Room Type KBZN-KING NON  
Guests 2 / 0

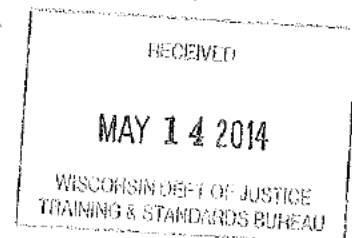
Payment City Dodgeville  
Acct BW Quiet House & Suites

Posting	Open	Account	Description	Amount
03/09/14	sh	RC	ROOM CHARGE	\$70.00
03/10/14	sh	RC	ROOM CHARGE	\$70.00
03/11/14	sh	DB	DIRECT BILL	\$140.00-

BW Quiet House & Suit

Balance Due \$0.00

*140.00*



THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X \_\_\_\_\_  
GUEST SIGNATURE

\_\_\_\_\_  
Signature

## Price, Lori A.

---

**From:** Ayers, Jannifer L.  
**Sent:** Monday, October 13, 2014 8:58 AM  
**To:** Price, Lori A.  
**Cc:** Lenz, Stacy E.  
**Subject:** RE: March 28, 2014, P-Card Log--LPO Coins  
**Attachments:** lpo-2015-flyer-20140903.pdf; lpo-2014-flyer-20140702.pdf

Sharon retired in May. The coins are given out at all LPO graduations. Attached are the courses that were/are scheduled for 2014 and 2015.

---

**From:** Price, Lori A.  
**Sent:** Friday, October 10, 2014 2:11 PM  
**To:** Ayers, Jannifer L.  
**Subject:** FW: March 28, 2014, P-Card Log--LPO Coins

Hi Jannifer,

I sent the message to Sharon, but never heard back from her. I don't think she works for DOJ anymore. Is this a question you can answer?

Lori Price

---

**From:** Price, Lori A.  
**Sent:** Wednesday, September 17, 2014 3:16 PM  
**To:** Miemietz, Sharon K.  
**Cc:** Lindert, Ronald S.  
**Subject:** March 28, 2014, P-Card Log--LPO Coins

Hi Sharon,

I am reviewing your March 28<sup>th</sup> p-card log and noticed LPO coins were purchased. Please explain what the coins are used for. Are they given out at the end of each LPO training for graduation purposes? If so, do you have a list of LPO trainings where these coins were or will be given out? It will help to explain the volume of coins purchased.

Lori Price  
Financial Specialist  
Wisconsin Department of Justice  
Phone (608) 266-1979  
Fax (608) 266-1656  
[Pricela@doj.state.wi.us](mailto:Pricela@doj.state.wi.us)

# LEADERSHIP in Police Organizations<sup>sm</sup>



Register early -  
Classes Fill Quickly!

## 2014 Training Calendar

The Wisconsin Department of Justice, in partnership with the International Association of Chiefs of Police, is offering Leadership in Police Organizations<sup>sm</sup> (LPO) training at several Wisconsin locations. LPO is our most requested career development course; participants have called the program career-changing.

LPO uses a behavioral science approach to leading people, groups and organizations. The course is based on material developed for the U.S. Military Academy at West Point. Focused on cultivating leaders at all levels of the organization, LPO training is highly interactive. Small group case studies, videos and class exercises are used to reinforce learning. The three-week course is generally taught one week a month over three months. To facilitate networking and group participation, lunch is provided on-site.



### Agency cost is \$150.00 per student,

plus any transportation or lodging costs. All other expenses are covered by a training grant from the Department of Justice, Training and Standards Bureau.

To register, contact one of the following host agencies.

<b>SWTC Fennimore</b>	February 10-14, 2014 March 10-14, 2014 April 7-11, 2014	<i>Class is full. No additional registrations are being accepted.</i>
<b>Fond du Lac Police Department</b>	March 24-28, 2014 May 5-9, 2014 (new date) June 2-6, 2014	<i>Class is full. No additional registrations are being accepted.</i>
<b>Nicolet College Rhinelander</b>	August 18-22, 2014 September 15-19, 2014 October 13-17, 2014	<i>Class is full. No additional registrations are being accepted.</i>
<b>Greendale Police Department</b>	September 29-October 3, 2014 November 3-7, 2014 December 8-12, 2014	<i>Class is full. No additional registrations are being accepted.</i>



To schedule an LPO course in your region,  
contact Deputy Director, Stacy Lenz at  
lenzse@doj.state.wi.us or 608/267-3870

Funding for this program is provided through a Career Development Training grant  
from the Wisconsin Department of Justice, Training and Standards Bureau.  
The grant funds instructor costs, training materials and logistics.



Register early -  
Classes Fill Quickly!

# LEADERSHIP<sup>SM</sup> Police Organizations



## 2015 Training Calendar

The Wisconsin Department of Justice, in partnership with the International Association of Chiefs of Police, is offering Leadership in Police Organizations<sup>SM</sup> (LPO) training at several Wisconsin locations. LPO is our most requested career development course; participants have called the program career-changing.

LPO uses a behavioral science approach to leading people, groups and organizations. The course is based on material developed for the U.S. Military Academy at West Point. Focused on cultivating leaders at all levels of the organization, LPO training is highly interactive. Small group case studies, videos and class exercises are used to reinforce learning. The three-week course is generally taught one week a month over three months. To facilitate networking and group participation, lunch is provided on-site.

### Agency cost is \$200.00 per student,

plus any transportation or lodging costs. All other expenses are covered by a training grant from the Department of Justice, Training and Standards Bureau. *To register, contact one of the following host agencies.*

<u>Location</u>	<u>Course Dates</u>	<u>To Register, Contact</u>	<u>Apply By</u>	<u>Status</u>
Racine Police Department	February 2-6, 2015 March 9-13, 2015 April 20-24, 2015	Lt. Martin Pavilonis Martin.Pavilonis@cityofracine.org 262/635-7720	January 2, 2015	Seats Available
WI Indianhead Tech College Rice Lake	March 2-6, 2015 April 6-10, 2015 May 4-8, 2015	Kristen Vicker Kristen.Vicker@witc.edu 715/246-6561 ext. 4247	January 30, 2015	Class Full Wait list
Northcentral Tech College Wausau	March 16-20, 2015 April 13-17, 2015 May 11-15, 2015	Amy Rahlf rahlf@ntc.edu 715/803-1483	February 13, 2015	Class Full Wait list
Janesville Police Department	July 20-24, 2015 August 17-21, 2015 September 21-25, 2015	Sgt. Brian Donohoue donohueb@ci.janesville.wi.us 608/755-3133	June 19, 2015	Seats Available
Waukesha Co Tech College Pewaukee	September 14-18, 2015 October 12-16, 2015 November 9-13, 2015	Jodi Crozier jcrozier@wctc.edu 262/691-5070	August 14, 2015	Seats Available
Appleton Police Department	October 5-9, 2015 November 2-6, 2015 December 7-11, 2015	Sgt. David Lund David.Lund@Appleton.org 920/832-5509	September 4, 2015	Seats Available



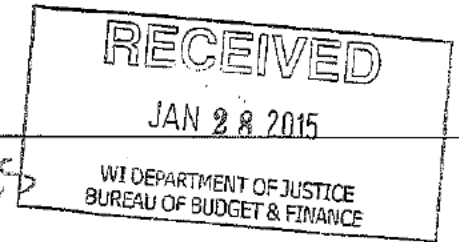
To schedule an LPO course in your region,  
contact Deputy Director, Stacy Lenz  
at lenzse@doj.state.wi.us or 608/267-3870

Funding for this program is provided through a Career Development Training grant  
from the Wisconsin Department of Justice, Training and Standards Bureau.  
The grant funds instructor costs, training materials and logistics.





## PURCHASING CARD LOG



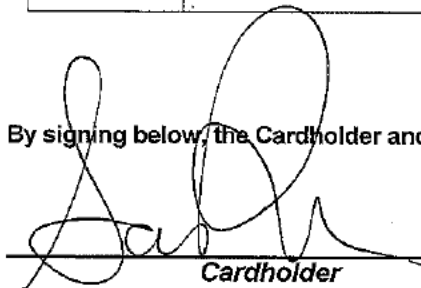
Cardholder (Employee) Name (as shown on payroll) Sara Phelan	For Statement Date: 04/25/2014
Purchasing Card Number (last 4 digits only): [REDACTED]	

Receipts are attached in order of occurrence

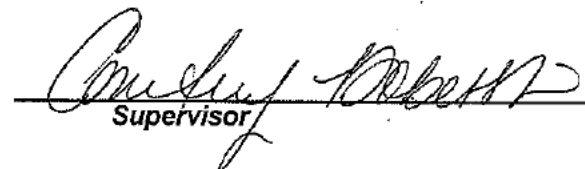
Transaction Date	Vendor Name/City	Items Purchased. For Travel, Purpose of Trip	Depart/Return Dates for Air Travel Charges	Number of Nights	Room Rate	Total Cost	Inventory Number for items is \$5,000 or less
4-21	4Imprint	Refund for broken flashlights				\$4.76 Credit ✓	

CARD TOTAL \$4.76 (credit)

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.

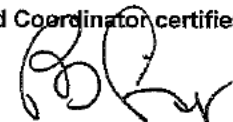
  
\_\_\_\_\_  
Cardholder

1/26/15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor

1/27/15  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Div/Bureau P-Card Coordinator

1/28/2015  
\_\_\_\_\_  
Date

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.

RECEIVED  
JAN 28 2015  
DLES FISCAL

1-28-15  
OK



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

ST OF WI - DOJ

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 04-25-14  
TOTAL ACTIVITY \$ 4.76-

000006767 1 AV 0.381 106481552937482 P  
SARA PHELAN  
TAX [REDACTED]  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
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
04-22	04-21	4IMPRINT 877-4467746 WI PUR ID: 8435498 TAX: 0.00	74351784111007282218908	5969	4.76 CR

Default Accounting Code: 455CIB CIB011			
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY
	STATEMENT DATE 04-25-14	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE \$ .00
SEND BILLING INQUIRIES TO:  C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6336 FARGO, ND 58125-6335	AMOUNT DUE  \$ 0.00  DO NOT REMIT		PURCHASES & OTHER CHARGES \$ .00
			CASH ADVANCES \$ .00
			CASH ADVANCE FEE \$ .00
			CREDITS \$ 4.76
			TOTAL ACTIVITY \$ 4.76CR



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

Toll Free 877-446-7746  
Free Fax 800-355-5043

SARA PHELAN  
WISCONSIN DEPT OF JUSTICE  
17 W MAIN ST  
MADISON WI 53703-3960

## Shipping Address

Credit Note Number	235221	Account No.	2509393
Credit Date	April 21, 2014	Claim Code	Broken Merch
Our Order Number	8435498	Authorized by	Kelly Sorenson

## Credit in respect of the following Order lines:

Item		Pocket LED Flashlight				Colors (Flashlight, Trim): See Below, See Below	
Qty	Item #	Description	Unit \$	Price \$	Total \$		
400	118465	Pocket LED Flashlight	2.3800	952.00	952.00		
1	Coupon	Coupon Code		-100.70	-100.70		
1	Set-Up Charge	Set-Up Charge		55.00	55.00		
		Freight		50.81	50.81		
					957.11		

Hello

I apologize for any inconvenience on the issues of your order. A credit is being issued to you as noted on this credit memo. If you have paid for your order the credit will be applied back to your method of payment. If you have not paid for your order it will be applied at the time you make your payment. Thank you for your patience and understanding.  
Please let me know if you have any further questions.

Sincerely,  
Kelly Sorenson  
8435498

Net Credit: 4.76

Tax: 0.00

Total Credit Due: 4.76

## PERIODES FISCAIS

2-7-15  
BU



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

ST OF WI - DOJ

ACCOUNT NUMBER

STATEMENT DATE 05-23-14

TOTAL ACTIVITY \$ 723.85

000001711 1 AV 0.381 106481585040992 P

SARA PHELAN  
TAX  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
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
05-12	05-08	NLEOMF ON-RETAIL 202-737-8520 DC PUR ID: VPCAA898AD53 TAX: 0.00	24431054129286016222694	8398	85.95
05-12	05-09	PC NAME TAG 800-206-4804 WI PUR ID: 39500111 TAX: 0.00	24761974130200395901113	5943	637.90

Default Accounting Code: 455CIB CIB011

CUSTOMER SERVICE CALL

800-344-5696

SEND BILLING INQUIRIES TO:

C/O U.S. BANCORP SERVICE CENTER, INC  
U.S. BANK NATIONAL ASSOCIATION  
P.O. BOX 6336  
FARGO, ND 58125-6336

ACCOUNT NUMBER

ACCOUNT SUMMARY

STATEMENT DATE 05-23-14  
DISPUTED AMOUNT \$ .00

AMOUNT DUE

\$ 0.00

DO NOT REMIT

PREVIOUS BALANCE \$ .00

PURCHASES &  
OTHER CHARGES \$723.85

CASH ADVANCES \$ .00

CASH ADVANCE FEE \$ .00

CREDITS \$ .00

TOTAL ACTIVITY \$723.85

Order ID: 217856

Date of order: May 8, 2014 3:01:20

SHIP TO:

Sara Phelan  
17 W Main Street  
PO Box 2718  
Madison, WI 53701  
United States

phelansm@doj.state.wi.us  
608-266-7955

PURCHASED BY:

Sara Phelan  
17 W Main Street  
PO Box 2718  
Madison, WI 53701  
United States

phelansm@doj.state.wi.us  
608-266-7955

SHIPPING INSTRUCTIONS

SHIP TO SHIPPING ADDRESS  
SHIPPING ADDRESS IS THE SAME AS PURCHASER ADDRESS  
1 items purchased

QTY	ITEM NAME	SKU	PRICE
	OPTIONS		
1	Challenge Coin Shadowbox	4550	\$75

Items Sub-total	\$	75.00
Shipping Charge	+\$	10.95
Grand Total	\$	85.95

**pc/nametag**

pc/nametag, Inc.

PO Box 667

Racine, WI 53401

Phone No. 1-800-369-8106

Fax No. 1-608-845-1866

E-mail [accounting@pcnametag.com](mailto:accounting@pcnametag.com)

EIN [REDACTED]

**Invoice****Invoice No:****15600099****Invoice Date:**  
**05/09/14****Due Date:**  
**05/09/14****Terms:**  
**Credit Card****Contact No**  
33431573**Sell-To Contact Name**  
sara phelan**Your Ref No.**  
040388**Customer Phone:**  
6082667955**Customer Fax:**

To place a new order call Sales at 800-233-9767

**Bill To:** WI Department of Justice  
sara phelan  
17 West Main Street  
PO Box 2718  
Madison, WI 53701  
USA

**Ship To:** WI Department of Justice  
sara phelan  
17 West Main Street  
PO Box 2718  
Madison, WI 53701  
USA

Carrier	Service	Order Date	Our Order No.	PO No.	Ship Date	Sales Person
FOB ORIGIN	WILL CALL	05/09/14	040388		05/09/14	Web Orders

Page:1

Item/Description	Unit	Qty	Unit Price	Disc. %	Total Price
SLIPMETAL Slip In Metallic Sign Holder METALLIC SILVER	EA	5	31.00		155.00
EASEL Easy Up Easel	EA	5	35.00		175.00
RREG Redi-Reg2 Badge Case	EA	6	45.00		270.00
ALPHA Alpha Tag Set RED	EA	1	18.95		18.95
ALPHA Alpha Tag Set BLUE	EA	1	18.95		18.95
AMPWAREHOUSE Samples From Warehouse will be here mid afternoon or so	Each	1			

**Applied Entries:**

Payment	176095-100	05/09/14	-637.90
---------	------------	----------	---------

† Info: Johnson Bank, Madison WI USA  
ABA Domestic Routing Number: [REDACTED]  
Final Credit To: pc/nametag, Inc.  
Checking Account Number: [REDACTED]

Subtotal:	637.90
Invoice Discount:	0.00
Tax:	0.00
	0.00
Total:	637.90
Less Applied:	-637.90
Total Due:	0.00

If you'd like to establish a credit account  
with us for future orders, please call  
1.800.369.8106

Thank you for your business.

Visit us on-line at: [www.pcnametag.com](http://www.pcnametag.com)

Orders may ship from more than one location. pc/nametag will send one invoice for each separate shipment.

Products manufactured and distributed by pc/nametag are NOT designed or intended for use by children 12 years of age or under.

59022

**Price, Lori A.**

---

**From:** Price, Lori A.  
**Sent:** Monday, February 02, 2015 10:24 AM  
**To:** Phelan, Sara M.  
**Cc:** Varese, Darcey L.; Lindert, Ronald S.  
**Subject:** RE: May 23rd P-Card Log--Clarification Needed

Hi Sara,

Thank you for the explanation. According to the state's accounting manual, awards should not cost more than \$40.00 to purchase. Please keep this in mind for future purchases.

Thank you.

Lori

---

**From:** Phelan, Sara M.  
**Sent:** Monday, February 02, 2015 9:47 AM  
**To:** Price, Lori A.  
**Cc:** Lindert, Ronald S.  
**Subject:** RE: May 23rd P-Card Log--Clarification Needed

This was a plaque given to the Attorney General from the front office at the Attorney General Summit as part of his exceptional service awards.



Sara Phelan  
Wisconsin Department of Justice  
Division of Law Enforcement Services  
Training & Standards Bureau  
(608) 264-6364

**DOJ Exceptional Service Awards**  
**Nomination forms found [here](#)**

---

**From:** Price, Lori A.  
**Sent:** Wednesday, January 28, 2015 1:45 PM  
**To:** Phelan, Sara M.  
**Cc:** Lindert, Ronald S.  
**Subject:** May 23rd P-Card Log--Clarification Needed

Hi Sara,

For your May 23<sup>rd</sup> p-card log, please clarify the purchase of the AG plaque (\$85.95). Who was it given to and why?



Thank you.

Lori Price  
Financial Specialist  
Wisconsin Department of Justice  
Phone (608) 266-1979  
Fax (608) 266-1656  
[Pricela@doj.state.wi.us](mailto:Pricela@doj.state.wi.us)

**PURCHASING CARD LOG (Note 2 Billing codes)**

RECEIVED

AUG 13 2014

WI DEPARTMENT OF JUSTICE  
BUREAU OF BUDGET & FINANCE

DLES

Cardholder (Employee) Name (as shown on payroll)  
Sara Phelan

For Statement Date: 06/06/2014

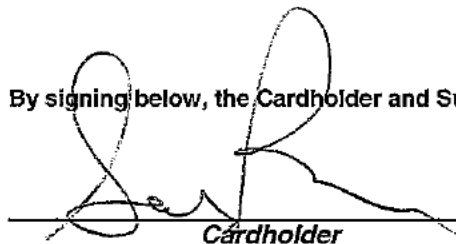
Purchasing Card Number (last 4 digits only): XXXXXXXX

**Receipts are attached in order of occurrence**

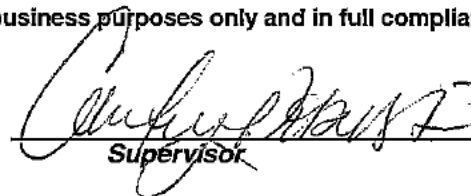
Transaction Date	Vendor Name/City	Items Purchased. For Travel, Purpose of Trip	Depart/Return Dates for Air Travel Charges	Number of Nights	Room Rate	Total Cost	Inventory Number for items is \$5,000 or less
6-03	Mark Hoppers Silk Scre	AG Summit Awards			200.00	200.00	
6-05	Best Buy	Conference Supplies				1504.93	
6-05	Best Buy	Conference Supplies				89.97	
6-05	Best Buy	Conference Supplies				59.98	
		Total 1654.88					

CARD TOTAL 1854.88

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.

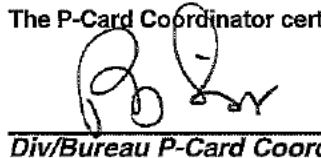
  
Cardholder

7/3/14  
Date

  
Supervisor

7/3/14  
Date

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

  
Div/Bureau P-Card Coordinator

08/12/2014  
CB

7-7-14  
Date

RECEIVED

JUL 8 2014

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.

DLES FISCAL

11/26/14  
ng



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

ST OF WI - DOJ

ACCOUNT NUMBER

STATEMENT DATE

06-06-14

TOTAL ACTIVITY

\$ 1,854.88

000001567 1 AV 0.381 106481600565238 P

SARA PHELAN  
TAX  
DEPT OF JUSTICE CIB  
17 W MAIN ST  
MADISON WI 53703-3960

"MEMO STATEMENT ONLY"  
DO NOT REMIT PAYMENT

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

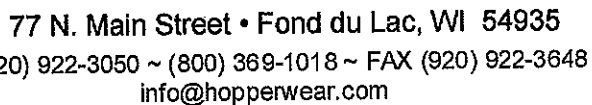
Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

NEW ACCOUNT ACTIVITY

POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
06-05	06-03	MARK HOPPERS SILK SCRE 000-0000000 WI PUR ID: 000007 TAX: 0.00	24071054155987103187524	8999	200.00
06-06	06-05	BEST BUY 00000596 MADISON WI PUR ID: 000000000000000000 TAX: 0.00	24399004156295740269161	5732	1,504.93
06-06	06-05	BESTBUY.COM 00009944 888-2378289 MN PUR ID: 000000000000000000 TAX: 5.79	24399004156503099445849	5732	89.97
06-06	06-05	BESTBUY.COM 00009944 888-2378289 MN PUR ID: 000000000000000000 TAX: 3.86	24399004156503099455020	5732	59.98

Default Accounting Code: 455CIB CIB011

CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER  		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 8335 FARGO, ND 58125-6335	06-06-14	\$ .00	PREVIOUS BALANCE	\$ .00
			PURCHASES & OTHER CHARGES	\$1,854.88
			CASH ADVANCES	\$ .00
			CASH ADVANCE FEE	\$ .00
			CREDITS	\$ .00
		AMOUNT DUE  \$ 0.00  DO NOT REMIT	TOTAL ACTIVITY	\$1,854.88



Invoice Number: 50946  
Invoice Date: Jun 3, 2014  
Page: 1

WI DOJ TRAINING AND STANDARDS  
BUREAU  
P.O. BOX 7070  
MADISON, WI 53707

Quantity	Description	Unit Price	Amount
5	YEAR END AWARDS	40.00	200.00

Subtotal	200.00
Sales Tax	
Total Invoice Amount	200.00
Payment/Credit Applied	200.00
<b>BALANCE DUE</b>	<b>0.00</b>

- - PLEASE PAY FROM THIS INVOICE - -

WELCOME TO BEST BUY #59  
MADISON, WI 53704  
(608)242-0701

Keep your receipt!



Val #:000080-561258-322556-591290-280584-560

0059 040 0007 06/05/14 10:58 00968267

TAX EXEMPT

6933847	ME643LL/A	214.99 N
	16GB TOUCH 5TH GEN - BLACK/SI	
	15.00 SALE DISCOUNT	
6933847	ME643LL/A	214.99 N
	16GB TOUCH 5TH GEN - BLACK/SI	
	15.00 SALE DISCOUNT	
6933847	ME643LL/A	214.99 N
	16GB TOUCH 5TH GEN - BLACK/SI	
	15.00 SALE DISCOUNT	
6933847	ME643LL/A	214.99 N
	16GB TOUCH 5TH GEN - BLACK/SI	
	15.00 SALE DISCOUNT	
6933847	ME643LL/A	214.99 N
	16GB TOUCH 5TH GEN - BLACK/SI	
	15.00 SALE DISCOUNT	
6933847	ME643LL/A	214.99 N
	16GB TOUCH 5TH GEN - BLACK/SI	
	15.00 SALE DISCOUNT	

-----  
SUBTOTAL 1,504.93  
SALES TAX AMOUNT 0.00  
=====

TOTAL 1,504.93

Associate # 1020750

TEC Cert. Key : 630258

VISA 1,504.93

SARA PHELAN  
APPROVAL 044538

OTHER SAVINGS: 105.00  
TOTAL SAVINGS: 105.00

**Phelan, Sara M.**

**From:** Best Buy [BestBuyInfo@emailinfo.bestbuy.com]  
**Sent:** Thursday, June 05, 2014 11:44 AM  
**To:** Phelan, Sara M.  
**Subject:** We've received your order

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

View: [Mobile](#) | [Web](#) | [Español](#)



[WEEKLY DEALS](#) > [GIFT CARDS](#) >

[TVs](#) [Computers & Tablets](#) [Cell Phones](#) [Appliances](#) [Cameras](#) [Video Games](#) [Audio](#)

## Thank you for your order

Hello Sara,

Thank you! We've received your order. [See your order status.](#)

### For your shipped items:

We will send tracking and ETA information once your order has shipped.

Thanks for shopping at Best Buy.

Sincerely,

Karalyn Sartor  
Vice President Customer Care

### Need Help?

[Payment & Pricing](#)

[Shipping](#)

[Returns & Refunds](#)

### How-to Videos

[Checking Order Status](#)

## ORDER DETAILS

Order date: 06/05/2014

**BESTBUY.COM**

Order number: BBY01-653337005605

QTY PRODUCT DESCRIPTION

STATUS

3 **Griffin Technology Survivor Case for 5thGeneration Apple174 iPod174 touch BlackBlue**  
SKU: [6560186](#)

*Order in process of being fulfilled.  
Estimated arrival date: June 9 - June 17*

Sara Phelan  
PO BOX 2718 17 W MAIN ST  
MADISON, WI 53701

### Questions about your order?

Call us at 1-888-BEST BUY (1-888-237-8289). For faster service, please have your order number handy. To cancel your order, [learn more here.](#)

**Order Total: \$89.97**

Phelan, Sara M.

**From:** Best Buy [BestBuyInfo@emailinfo.bestbuy.com]  
**Sent:** Thursday, June 05, 2014 11:48 AM  
**To:** Phelan, Sara M.  
**Subject:** We've received your order

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

View: [Mobile](#) | [Web](#) | [Español](#)



[WEEKLY DEALS](#) > [GIFT CARDS](#) >

[TVs](#) [Computers & Tablets](#) [Cell Phones](#) [Appliances](#) [Cameras](#) [Video Games](#) [Audio](#)

## Thank you for your order

Hello Sara,

Thank you! We've received your order. [See your order status.](#)

### For your shipped items:

We will send tracking and ETA information once your order has shipped.

Thanks for shopping at Best Buy.

Sincerely,

Karalyn Sartor  
Vice President Customer Care

### Need Help?

[Payment & Pricing](#)

[Shipping](#)

[Returns & Refunds](#)

### How-to Videos

[Checking Order Status](#)

## ORDER DETAILS

Order date: 06/05/2014

**BESTBUY.COM**

Order number: BBY01-653337005795

QTY PRODUCT DESCRIPTION

STATUS

2 **Griffin Technology Survivor Case for  
5thGeneration Apple174 iPod174 touch BlackBlue**  
SKU: [6560186](#)

*Order in process of being fulfilled.  
Estimated arrival date: June 9 - June  
17*

Sara Phelan  
PO BOX 2718 17 W MAIN ST  
MADISON, WI 53701

### Questions about your order?

Call us at 1-888-BEST BUY (1-888-237-8289). For faster service,  
please have your order number handy. To cancel your order, [learn  
more here.](#)

**Order Total: \$59.98**

**Price, Lori A.**

---

**From:** Schneider, Susan L.  
**Sent:** Tuesday, December 30, 2014 11:30 AM  
**To:** Price, Lori A.  
**Subject:** FW: IPOD Purchases  
**Attachments:** 201412300805.pdf

Lori,

The short answer is yes and we will work toward the goal of all hardware purchasing going through BCS in 2015. I've followed up with Dave Z regarding this purchase and he will take it from here.

Thank you and have a Happy New Year!

Susan

---

**From:** Price, Lori A.  
**Sent:** Monday, December 29, 2014 2:44 PM  
**To:** Schneider, Susan L.  
**Subject:** IPOD Purchases

Hi Susan,

I have a p-card log where Sara Phelan, with CIB, exchanged 7 IPODS previously purchased with 7 more expense IPODS. Her card was charged the difference. The purchase was made at Best Buy, and the IPODs were used for a conference. Is this a situation that falls under computer hardware that would have needed prior BCS approval? Please let me know.

Lori Price  
Financial Specialist  
Wisconsin Department of Justice  
Phone (608) 266-1979  
Fax (608) 266-1656  
[Pricela@doj.state.wi.us](mailto:Pricela@doj.state.wi.us)