

ARC	<input type="checkbox"/>	DO	<input type="checkbox"/>
CRC	<input type="checkbox"/>	FM	<input type="checkbox"/>
FLC	<input checked="" type="checkbox"/>	ETW	<input type="checkbox"/>
SCC	<input type="checkbox"/>	OTHER	_____

Release No. FL17005	Purchase Order No. B117721A
-------------------------------	---------------------------------------

CITIBANK

**SEE INSTRUCTIONS ON REVERSE SIDE
FOR COMPLETING THIS FORM**

Vendor Name (As it appears on Purchase Order) Vendor Code

see below

Invoice No, Credit Memo No., or Packing Slip No. Date Items Received
(Please check if attached and write total dollar amount below)

DESCRIPTION (Do Not Complete if Attaching Invoice Credit Memo or Packing Slip)	QUANTITY	UNIT	UNIT PRICE	TOTAL
SENECAL/MOLLY FRANCE - #T115588 - NCORE 2017 conference	1		403.60	\$ 403.60
charge to # GENFD 5200 12 FL.VS.EQTY 63000 00000 598H				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of _____			Total Amount or Estimate	\$ 403.60
_____ For grants/special projects		Program Name		
Program Director/Coordinator Signature N/A		Program/Grant Number		
Program Goal/Objective Number/Explanation				

I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

Paula Sabo 5/10/17
AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date

Jerry Harman 5/11/17
APPROVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date

1	GENFD	5200	11	FL.VA.BSOF	
PO Line #	Bus. Unit	Account	Fund	Org	
60100	00000	2017	0211		\$ 403.60
Program	Sub-Class	BY	Proj/Grant	Amount	
PO Line #	Bus. Unit	Account	Fund	Org	
Program	Sub-Class	BY	Proj/Grant	Amount	\$ 403.60

LOS RIOS COMMUNITY COLLEGE DISTRICT TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM

(Note: Read instructions on back of set before completing)

Please check box where payment is to be sent:

- ARC FLC D.O. EWC
- CRC SCC FM

T-715588

Employee Name Milly Senechal ID # 0905372

Conference Sponsor NCORE
Name of Organization

Conference/Activity NCORE 2017

Destination FT WORTH TEXAS

Budget No. 1: GENFD 15200 12 FL-VS EQTY 16300 127700000 598H MS
 BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

Budget No. 2: _____
 BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

PART I - Request to Attend

Inclusive dates of travel:

From MAY 29 16:00 AM to JUNE 3 9:00 PM
Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) \$ 403.60 ✓
 Air* Dist. Vehicle Priv. Vehicle 74.2 x 535
 miles c/mile 3270
 Travel Agency (Air fare) POL TRAVEL STORE

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

B. Lodging* \$ 775.00
 Name of Hotel/Motel _____
 days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ 715.00
 incl. certain meal(s) excl. meal(s)

D. Meals..... \$ 245.00 ✓
 Breakfast \$ 10 x 3 Lunch \$ 15 x 4 Dinner \$ 31 x 5
 # of days # of days # of days

E. Other (describe)* CAR RENTAL \$ 225.87 ✓
 (Admin. Approval required for vehicle rental)

F. Incidental Expenses \$ 25.00 ✓

Total Estimated Expenses \$ 2444.34
 Maximum Allowance, if applicable \$ _____

Travel charged to Categorical Programs, Grants or Special Projects:

This travel is in compliance with the requirements of _____

Program Name EQTY Program Director/Coordinator Signature _____

For grants/special projects: _____ Project/Grant Number 598H

Program Goal/Objective Number/Explanation _____

Employee _____ Date 11/5/17

Approval _____ Area Dean/Supervisor Date _____

Approval _____ Vice President, Administration Date 5/5/17

Approval _____ President/Designee/or Chancellor Date 4/5/17

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance GENFD / 9161 / 11 \$ _____
 BusUnit Acct Fund

B. Registration (Payee) NCORE 2017 \$ 715.00

Registration Due Date _____
 Vendor I.D. _____

Budget No. 1: \$ _____ Budget No. 2: \$ _____
 Amount Amount

Approval _____
 Vice President Administration

PART III - Request for Reimbursement

To be completed no later than 3 days after return from authorized travel.

* Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From _____ To _____
Date Time Date Time

A. Transportation
 Air fare* Bus* Other* \$ _____
 Prepaid to travel agency by district \$ _____
 Private Vehicle _____ X _____
 miles c/mile \$ _____

B. Lodging* \$ _____
 (Single occupancy rate only/exclude phone calls & other costs)

C. Registration Fee (check one) \$ _____
 (Enter full cost even if prepaid)
 Prepaid by DO/College No Prepayment
 (No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total

Total Meals \$ _____

E. Other Expenses* \$ _____
 (Parking fees, bridge toll, business phone call, Wi-Fi, and other business related expenses)

(Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$5/day \$ _____
 (Tips, personal phone call, and other misc. travel expenses)

G. Total Expenses (A - F) \$ _____

Total Expenses (lesser of Max. Allowance or Total Expenses) \$ _____

Less Amount(s) Prepaid \$ < 715.00 >

Subtotal \$ _____

Less Cash Advance (Part II) \$ _____

Total Requested for Reimbursement \$ _____

Certification/Approval

I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Claimant's Signature _____ Date _____

Approved _____ Area Dean/Supervisor Date _____

Approved _____ Vice President, Administration Date _____

PART IV Vendor I.D.

Enter allocation of Subtotal (PART III.G.) above

Budget No. 1: \$ _____ Budget No. 2: \$ _____
 Amount Amount

D.O. Use: GENFD / 9161 / 11 \$ _____

TO TLK 5-8-17

Airfare

\$ 403.60

car rental

\$ 225.87



45472330011264255000000000000000254

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
XXXX-XXXX-XX26-4255	05/20/2017	\$0.00	\$0.00	

FOLSOM LAKE COLLEGE
 STATE OF CALIFORNIA
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Citibank
 P.O. Box 78025
 PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00

Statement Date
04/25/2017

Payment Date
05/20/2017

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
XXXX-XXXX-XX26-4255	\$0.00	\$2,500.00	\$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
-----------	-----------	------------------	------------------	--------

*****NOTICE MEMO ITEM(S) LISTED BELOW*****

04/06/2017	04/10/2017	55432867097000882426008	UNITED 01679624167362 800-932-2732 TX SENECAL/MOLLY FRANCE DEPARTURE: 05-29-17 SMF UA S IAH UA S DFW UA L DEN AU L SMF	\$403.60
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$403.60

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at <https://home.cards.citidirect.com/CommercialCard/Cards.html>. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	\$0.00					\$0.00
Advances	\$0.00					\$0.00
TOTALS	\$0.00					\$0.00
DAYS IN BILLING PERIOD: 031		Purchases	Cash Advances	Payment Due:		\$0.00
Balance Subject To Interest Charges	>	\$0.00	\$0.00	Amount Over Credit Limit:		\$0.00
Periodic Rate	>	.0000%	.0000%	Amount Past Due:		\$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:		\$0.00

* Cash Advance Limit is a portion of your Total Credit Line

** Available Cash Line is a portion of your Available Credit Line

Information About Your Citibank Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement or Directory Assistance for the number to report a lost or stolen Citibank Corporate Card.
- **Credit Reports:** The Bank may report Account information to credit bureaus. Late payments, missed payments, or other defaults on the Account may be reflected in your credit report.
- **Cardmember Credit Line:** Each Cardmember has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardmember can charge at any time. The size of each Cardmember's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardmember Credit Line:** The Company may request changes to credit lines by contacting Citibank Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardmembers:** The Company may request applications for additional Cardmembers by contacting Citibank Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citibank Corporate Card per Cardmember.
- **Payments:** Please allow sufficient mailing time if sending payments via mail. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardmember balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardmembers to whom Cards are issued.
- **Special Information on Cash Advances:** Cardmembers may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardmember's Cash Advance Limit is a part of the Cardmember's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

- **In Case of Errors or Questions About Your Bill:** If you think the Billing Statement is wrong, or if you need more information about a transaction, write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared.
 - In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardmember was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citibank Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
 - In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, **and must be signed by the individual Cardmember. We will notify you of the results of our efforts.**
 - If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardmember) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
 - On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardmember the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardmember requests, such as duplicate periodic statements, transaction slips, and the like.
 - Please save your charge receipts.

BUibs 1/01

Account Requests

Payments must be remitted to Citibank, N.A. P.O. BOX 78025 Phoenix, AZ 85062-8025. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day.

CHANGE OF ADDRESS OR TELEPHONE NUMBER*

*Please note that the request will be rejected if the address is outside of the card issuing country (US or Canada).

Street Address _____

City, State _____ ZIP _____
Home Phone _____ Business Phone _____

CREDIT BALANCE REFUND REQUEST

- Refund full amount (no additional charges are outstanding).
 Refund partial amount of \$ _____ (additional charges are still outstanding).

Signature _____

Date _____

R1410-1410B-0117



0547233001100366100403600040360257

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
5472-3300-1100-3661	05/20/2017	\$403.60	\$403.60	

FOLSOM LAKE
JOANY HARMON
10 COLLEGE PARKWAY

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

FOLSOM CA 95630-6798

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
04/25/2017

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$9,999,999.00	\$9,999,595.40	\$0.00	\$0.00

Payment Date
05/20/2017

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

FOLSOM LAKE 5472-3300-1100-3661		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	\$2,539.76	- \$2,539.76		\$403.60		\$403.60
	Advances						
	TOTAL	\$2,539.76	- \$2,539.76		\$403.60		\$403.60

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at <https://home.cards.citidirect.com/CommercialCard/Cards.html>. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.
Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

FOLSOM LAKE COLLEGE XXXX-XXXX-XX26-4255		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:\$2,500.00	Purchases				\$403.60		
	Advances						
	TOTAL				\$403.60		\$403.60

COMPANY BOOKKEEPING DETAIL

FOLSOM LAKE				5472-3300-1100-3661	
Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**		
\$9,999,999.00	\$0.00	\$9,999,595.40	\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount	
03/24/2017	03/27/2017	75472337086083040060733	PAYMENT - THANK YOU	\$1,996.00 PY	

DAYS IN BILLING PERIOD:	031				
Balance Subject		<u>Purchases</u>	<u>Cash Advances</u>	Payment Due:	\$403.60
To Interest Charges	>	\$0.00	\$0.00	Amount Over Credit Limit:	\$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	\$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	\$403.60



Company Account Number
5472-3300-1100-3661

Statement Date
04/25/2017

04/21/2017	04/25/2017	75472337115111040020186	PAYMENT - THANK YOU	\$543.76 PY
------------	------------	-------------------------	---------------------	-------------

INDIVIDUAL CARDHOLDER ACTIVITY

FOLSOM LAKE COLLEGE			XXXX-XXXX-XX26-4255	
Monthly Limit		Cash Limit*		
\$2,500.00		\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Amount
04/06/2017	04/10/2017	55432867097000882426008	UNITED 01679624167362 800-932-2732 TX SENECAL/MOLLY FRANCE DEPARTURE: 05-29-17 SMF UA S IAH UA S DFW UA L DEN AU L SMF	\$403.60
TOTAL PURCHASES/ADVANCES/CREDITS				\$403.60

*Cash Advance Limit is a portion of your Total Monthly Limit.

** Available Cash Line is a portion of your Available Credit Line

Sabo, Paula

From: Concur Travel <TravelWizardApprovals@concur.com>
Sent: Thursday, April 06, 2017 4:28 PM
To: FLC-Travel
Subject: Trip approval confirmation for traveler : Molly Senecal

Trip "NCORE 2017_MS" was successfully approved.
See trip history log below:

Request Created on Wednesday, Wednesday 05, 2017 at 10:34 AM Pacific time by renee russo.

Flight segment *Air Segment* added on Wednesday, Wednesday 05, 2017 at 10:34 AM Pacific time.
No rules were broken.

Car segment *Car Segment in Dallas* added on Wednesday, Wednesday 05, 2017 at 01:35 PM Eastern time.
No rules were broken.

The Itinerary has still been reserved. The travel approver must approve the trip, or the traveler must withdraw the trip request to cancel the reservation.

Email has been sent : travel@flc.losrios.edu

Sabo, Paula

From: Concur Travel <TravelWizardApprovals@concursolutions.com>
Sent: Wednesday, April 05, 2017 11:12 AM
To: FLC-Travel
Subject: Travel approval required for traveler : Molly Senecal
Importance: High

Traveler:: Molly Senecal
Description: NCORE 2017_MS

Note: This trip requires action on your part (approval or rejection) before it is finalized or ticketed.

This trip must be approved by: 04/07/2017 12:00 AM Eastern time (04/06/2017 9:00 PM Pacific time).
If it is rejected, it will be automatically cancelled by that time unless resubmitted.

It will be automatically cancelled if you do not approve it by that time.
Please login to Concur Travel and Expense or follow the instructions below to approve or reject this trip.

To approve or reject this trip via e-mail use the reply function in your email program to send it back for approval or rejection (email address is TravelWizardApprovals@concursolutions.com).

To approve the trip, put an [A] in the brackets where indicated below or reply with the word 'Approve' as the first word of your reply.

To reject the trip, put an [R] in the brackets where indicated below or reply with the word 'Reject' as the first word of your reply.

Approve Trip [] (Enter A to Approve)
Reject Trip [] (Enter R to Reject)

NCORE 2017_MS

Travel Booked By: renee russo

Itinerary Rule Violation

All trips - Require Approval

Trip Overview



Trip Name: NCORE 2017_MS
Start Date: May 29, 2017
End Date: June 03, 2017
Created: April 05, 2017, renee russo (Modified: April 05, 2017)
Description: (No Description Available)
Agency Record Locator: FPEBFT
Passengers: Molly Frances Senecal
Total Estimated Cost: \$629.47 USD

This trip requires approval.
The deadline for approval is: 04/07/2017 12:00 AM Eastern
The trip will be automatically cancelled if it is not approved before the deadline.

Agency Name: CalTravelStore (State of CA RX0F)
Address:
CalTravelStore
707 3rd street 3rd Floor
West Sacramento, CA 94608

Daytime Phone: 877-454-8785

Reservations

Monday, May 29, 2017



Flight Sacramento, CA (SMF) to Houston, TX (IAH)

United 1246

Departure: 06:15 AM

Seat: 28F (Confirmed)

Sacramento International (SMF)

Terminal: A

Duration: 3 hours, 41 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 11:56 AM

George Bush Intercontinental (IAH)

Terminal: C

Additional Details

Aircraft: Boeing 737-800

Distance: 1607 miles

E-Ticket

Emissions: 621.9 lbs CO₂

Cabin: ECONOMY (S)

Meal: Food for purchase



ir, 9 min layover at George Bush Intercontinental (IAH)

Flight Houston, TX (IAH) to Dallas, TX (DFW)

United 3406

Operated by: REPUBLIC AIRLINES DBA UNITED EXPRESS

Departure: 01:05 PM

Seat: 12A (Confirmed)

George Bush Intercontinental (IAH)

Terminal: B

Duration: 1 hour, 17 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 02:22 PM

Dallas Ft Worth Intl (DFW)

Terminal: E

Additional Details

Aircraft: Embraer 170

Distance: 226 miles

E-Ticket

Emissions: 142.8 lbs CO₂

Cabin: ECONOMY (S)



Enterprise Car Rental at: Dallas US (DFW)

Pick-up at: Dallas US (DFW)

Pick Up: 02:22 PM Mon May 29

Pick-up at: Dallas US (DFW)

Number of Cars: 1

Confirmation: 1238158276COUNT

Status: Confirmed

Frequent Guest Number: APPLICANT

Rate Code: Z2UBMS

Return: 04:55 PM Sat Jun 3

Returning to: Dallas US (DFW)

Additional Details

Rate: \$132.00 USD weekly rate, unlimited miles; \$33.00 USD extra daily rate, unlimited miles; \$11.00 USD extra hourly rate, unlimited miles

Total Rate: \$225.87 USD

Corporate Discount: XXXXXX

Rental Details

Intermediate / Car / Automatic transmission / Air conditioning



Saturday, June 03, 2017



Flight Dallas, TX (DFW) to Denver, CO (DEN)

United 748

Departure: 04:55 PM

Seat: 24F (Confirmed)

Dallas Ft Worth Intl (DFW)

Terminal: E

Duration: 2 hours, 9 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 06:04 PM

Denver Intl Arpt (DEN)

Additional Details

Aircraft: Boeing 737-900

E-Ticket

Emissions: 248.1 lbs CO₂

Cabin: ECONOMY (L)

Distance: 641 miles

Meal: Meal at Cost



ir, 26 min layover at Denver Intl Arpt (DEN)

Flight Denver, CO (DEN) to Sacramento, CA (SMF)

United 540

Departure: 07:30 PM

Seat: 25A (Confirmed)

Denver Intl Arpt (DEN)

Duration: 2 hours, 32 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 09:02 PM

Sacramento International (SMF)

Terminal: A

Additional Details

Aircraft: Boeing 737-900

E-Ticket

Emissions: 350.2 lbs CO₂

Cabin: ECONOMY (L)

Distance: 905 miles

Meal: Meal at Cost

Total Estimated Cost

Air

Airfare quoted amount: \$333.02 USD
Taxes and fees: \$70.58 USD
Air Total Price: \$403.60 USD
Car: \$225.87 USD

Total Estimated Cost: \$629.47 USD

Restrictions

Quote: NONREF/0VALUAFTDPT/CHGFEE

TICKET NOT YET ISSUED. AIRFARE QUOTED IN ITINERARY IS NOT GUARANTEED UNTIL TICKETS ARE ISSUED.

Remarks

PLEASE TAKE A MOMENT TO FILL OUT OUR CUSTOMER
SERVICE SURVEY AT WWW.SURVEYMONKEY.COM/S/HQHJ8PF
CALTRAVELSTORE PHONE NUMBER 877 454-8785

Do Not edit anything below this line

:token:1

428ECB9X18AE??585F012C960370FF80DCE4B793127D174A980527E8CBAD31
80D19703294E0982435557588F3FE2CEEA1394367B7B5140C7F663F6C896B2
9BCCB683A7A67635E10156E208042ED0CE54D5982BD7521D49C2AC8A7ABE1E
8EA4C07AA75669CD1B7F2829777CB841E1D6116C2C41FBCE0DE390DFD39F0A
5DFB673113C2FC21FEF18EC4615C49C: