

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	<input type="checkbox"/>

Release No. FL17006	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
CAROL REISNER- #T-114307 - CURRICULUM INSTITUTE	1		200.96	\$ 200.96
AGENT FEE	1		7.00	7.00
charge to # GENFD 5200 FL.CH.FSEN 60300 00000 013I				0.00
				0.00
PHILIP ANGOVE - #115667 - NCORE	1		526.40	526.40
AGENT FEE	1		7.00	7.00
charge to # GENFD 5200 12 FL.VS.EQTY 63000 00000 598H				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	\$ 741.36
_____ 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.

Joany Harman 6/16/17
 AUTHORIZED PURCHASER SIGNATURE Date
 (must be listed on Purchase Order)

Paula Sebo 6/16/17
 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	0421	\$ 741.36
Program	Sub-Class	BY	Proj/Grant	Amount
PO Line #	Bus. Unit	Account	Fund	Org
				\$
Program	Sub-Class	BY	Proj/Grant	Amount

\$ 741.36



0547233001100366100741360074136252

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
5472-3300-1100-3661	06/19/2017	\$741.36	\$741.36	

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
05/25/2017

Payment Date
06/19/2017

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$9,999,999.00	\$9,999,257.64	\$0.00	\$0.00

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	\$403.60	- \$403.60		\$741.36		\$741.36
	Advances						
	TOTAL	\$403.60	- \$403.60		\$741.36		\$741.36

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:\$5,000.00	Purchases				\$741.36		
	Advances						
	TOTAL				\$741.36		\$741.36

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	\$9,999,257.64	\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
05/19/2017	05/24/2017	75472337144139040000044	PAYMENT - THANK YOU	\$403.60 PY

DAYS IN BILLING PERIOD:		030			
Balance Subject		<u>Purchases</u>	<u>Cash Advances</u>	Payment Due:	\$741.36
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:	\$741.36



Company Account Number
5472-3300-1100-3661

Statement Date
05/25/2017

INDIVIDUAL CARDHOLDER ACTIVITY

FOLSOM LAKE COLLEGE					XXXX-XXXX-XX26-4255
Monthly Limit		Cash Limit*			
\$5,000.00		\$0.00			
Sale Date	Post Date	Reference Number	Type of Activity	Amount	
04/25/2017	04/27/2017	55417347116871163173074	AGENT FEE 89007039008311 TRAVEL STORE CA FOLSOM LAKE/SER DEPARTURE: 04-25-17 XAA XD X XAO	\$14.00	
05/17/2017	05/19/2017	55417347138871382867039	AMERICAN 00186222939512 W SACRAMENTO CA ANGOVE/PHILIP J DEPARTURE: 05-30-17 SMF AA V DFW AA S SMF	\$526.40	
05/23/2017	05/25/2017	55432867144000160279890	SOUTHWES 5268525568906 800-435-9792 TX REISNER/CAROLYN MARIE DEPARTURE: 07-12-17 SMF WN N ONT WN M SMF	\$200.96	
TOTAL PURCHASES/ADVANCES/CREDITS				\$741.36	

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

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

Air Activity

Back Office Data
FOLSOM LAKE COLLEGE
 Invoice dates from 04/26/2017 to 05/25/2017
 Report Parameters: Account = CAL1354

Invoice #	Invoice Date	Ticket #	Traveler Name	Credit Card	From	To	Date	Air-line No.	Fare	Svc Fees	
Account: CAL1354 - FOLSOM LAKE COLLEGE											
Break 1: NONE											
Break 2: NONE											
Break 3: NONE											
1570951	05/17/2017	8622293951	ANGOVE/PHILIP JONATHAN	MCXXXXXXXXXXXX4255	SACRAMENTO, CA	DALLAS-FT WORTH, TX	05/30/2017	AA 270	\$526.40	\$0.00	
1577046	05/23/2017	8525568906	REISNER/CAROLYN MARIE		DALLAS-FT WORTH, TX	SACRAMENTO, CA	06/03/2017	AA 2478	\$200.96	\$0.00	
					SACRAMENTO, CA	ONTARIO, CA	07/12/2017	WN 368	\$200.96	\$0.00	
					ONTARIO, CA	SACRAMENTO, CA	07/15/2017	WN 4031			
									Break 3 NONE Subtotal:	\$727.36	\$0.00
									% of Total:	100.00%	
									Break 2 NONE Subtotal:	\$727.36	\$0.00
									% of Total:	100.00%	
									Break 1 NONE Subtotal:	\$727.36	\$0.00
									% of Total:	100.00%	
									Account CAL1354 Subtotal:	\$727.36	\$0.00
									% of Total:	100.00%	
									Report Totals:	\$727.36	\$0.00
									Average Ticket Price:	\$363.68	
									Net # of Tickets:	2	
									Value of Voided Tickets:		
									Net # of Voided Tickets:		
									Including Voids:		

CLIENT ACCT NO	CLIENT NAME	REC.LOC.	AGENT NAME	ISSUE DATE	INVOICE NUMBER	PASSENGER NAME	ITINERARY	DEPART DATE	TRAVEL TYPE	VENDOR NAME	TICKET/CONF NO	TOTAL FARE	Fee Type	Fee Amount
CAL1354	FOLSOM LAKE COLLEGE	HSZVUP	Concur	05/17/17	15709515	Angove/Philip Jonathan	SMF/DFW/SMF	05/30/17	Dom. Air	AMERICAN AIRLINES	8622288851	\$ 528.40	On-line	\$ 7.00
CAL1354	FOLSOM LAKE COLLEGE	DYKLIQ	Concur	05/23/17	1577046S	Reisner/Carolyn Marie	SMF/ONT/SMF	07/12/17	Dom. Air	SOUTHWEST AIRLINES	8525568806	\$ 200.96	On-line	\$ 7.00
	Total													\$ 14.00

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- 114307

Employee Name Carolyn Reisner ID# 0001374

Conference Sponsor Academic Senate
Name of Organization

Conference/Activity Concordia Institute

Destination Riverside CA/Convention Center

Academic Senate

Budget No. 1: GENFD/5200/11/DS.CH.FSEN/60300/00000/013I
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

PART III - Request for Reimbursement

Inclusive dates of travel:

From July 12 12:00 PM to July 15 11:45 AM
Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) CONCUR \$ 200.96
 Air* Dist. Vehicle Priv. Vehicle _____ x _____
miles c/mile

Travel Agency (Air fare) _____

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* Marrion Riverside \$ 622.03
Name of Hotel/Motel Conv Ctr
_____ days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ 540.00
 incl. certain meal(s) excl. meal(s)

D. Meals..... \$ 123.00
Breakfast \$ 10 x 3 Lunch \$ 15 x 3 Dinner \$ 31 x 3
of days # of days # of days

E. Other (describe)* miscellaneous \$ 80.00
(Admin. Approval required for vehicle rental)

F. Incidental Expenses \$ 10.00

Total Estimated Expenses \$ 1642.96
Maximum Allowance, if applicable \$ _____

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* CONCUR \$ 200.96
 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 CONCUR < 200.96 >
Subtotal < 540.00 >
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 _____

Travel charged to Categorical Programs, Grants or Special Projects:
This travel is in compliance with the requirements of:
Program Name _____ Program Director/Coordinator Signature _____
For grants/special projects: _____ Project/Grant Number _____
Program Goal/Objective Number/Explanation _____

Approval _____ Date 5/15/17
Employee _____
Approval _____ Date 5/15/17
Area Dean/Supervisor _____
Approval _____ Date 5/16/17
Vice President, Administration _____
Approval _____ Date 5/18/17
President/Designee for Chancellor _____

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance GENFD/9161/11 \$ 540.00
BusUnit Acct Fund

B. Registration (Payee) \$ _____

Registration Due Date _____
Vendor I.D. _____

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

Approval _____
Vice President, Administration

D.O. Use: GENFD/9161/11 \$ _____
BusUnit Acct Fund Amount

BusUnit Acct Fund Amount

TO VC 5-30-17

From: FLC-Travel
Sent: Tuesday, May 23, 2017 2:16 PM
To: 'TravelWizardApprovals@concurrency.com'; FLC-Travel
Subject: RE: Travel approval required for traveler : Carolyn Reisner

APPROVE

From: Concur Travel [mailto:TravelWizardApprovals@concurrency.com]
Sent: Tuesday, May 23, 2017 1:46 PM
To: FLC-Travel <travel@flc.losrios.edu>
Subject: Travel approval required for traveler : Carolyn Reisner
Importance: High

Traveler: Carolyn Reisner
Description: CONFERENCE

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

This trip must be approved by: 05/24/2017 8:59 PM Pacific time (05/24/2017 8:59 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@concurrency.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)

CURRICULUM INSTITUTE

Trip Description:

CONFERENCE

Travel Booked By: Carolyn Reisner

Itinerary Rule Violation

All trips - Require Approval

Trip Overview



Trip Name: Curriculum Institute
Start Date: 12 July, 2017
End Date: 15 July, 2017
Created: 23 May, 2017, Carolyn Reisner (Modified: 23 May, 2017)
Description: conference
Agency Record Locator: DYKLIQ
Passengers: Carolyn Marie Reisner
Total Estimated Cost: \$200.96 USD

This trip requires approval.
The deadline for approval is: 24/05/2017 8:59 PM Pacific
The trip will be automatically cancelled if it is not approved before the deadline.

View your plans in [TriplIt](#) to stay one step ahead while traveling.

Agency Name: CalTravelStore (State of CA RX0F)

Address:
CalTravelStore
707 3rd street 3rd Floor
West Sacramento, CA 94608

Daytime Phone: 877-454-8785

Reservations

Wednesday, 12 July, 2017



Flight Sacramento, CA (SMF) to Ontario, CA (ONT)

Southwest 368

Departure: 02:00 PM
Seat: No seat assignment
Sacramento International (SMF)
Duration: 1 hour, 15 minutes
Nonstop

Confirmation: WVIXXA
Status: Booked directly in Southwest /WVIXXA

Arrival: 03:15 PM
Ontario Intl (ONT)

Additional Details

Distance: 390 miles
E-Ticket
Emissions: 246.5 lbs CO₂
Cabin: Wanna Get Away (N)

Saturday, 15 July, 2017



Flight Ontario, CA (ONT) to Sacramento, CA (SMF)

Southwest 4031

Departure: 10:30 AM
Seat: No seat assignment
Ontario Intl (ONT)
Duration: 1 hour, 15 minutes
Nonstop

Confirmation: WVIXXA
Status: Booked directly in Southwest /WVIXXA

Arrival: 11:45 AM
Sacramento International (SMF)

Additional Details

Distance: 390 miles
E-Ticket
Emissions: 246.5 lbs CO₂
Cabin: Wanna Get Away (M)

Total Estimated Cost

Air

Airfare quoted amount: \$160.52 USD

Taxes and fees: \$40.44 USD

Total Estimated Cost: \$200.96 USD

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??585F012C9696670C9EB10E90FFEDEEB8E48B95960A4EE4B0
D987C31B3208BF3BE00A6A1E2D06E6D8E2F17402AD03C9F571F8838F174D1F
18A0F1A0B0CBAB4B4BE558B5981A4D1B40AE2DCBBE44268F1121520CB3501D
A8035C2F7D2445D0BEE0CD17E6779367C03F6DF9EBC00587A594D61403989D
005C7BFF22E1D9D365BA4E1B3788BB8:

Out-Of-State

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-115887

Employee Name: Philip Arave ID #: 10562526

Conference Sponsor: Univ of Oklahoma Name of Organization

Conference/Activity: ACUTE Destination: Ft. Worth TX

Budget No. 1: GENFD 5200 / 12 / FL VS. EQTY / 6300 / 0000 / 598 H

Budget No. 2: / / / / / / / /

PART I - Request to Attend

PART III - Request for Reimbursement

Inclusive dates of travel:

From 5.30.17, 12:00am to 6.3.17, 7:02pm

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) CONCUR \$ 400

Air*, Dist. Vehicle, Priv. Vehicle, miles, c/mile

Travel Agency (Air fare)

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* \$ 640 Name of Hotel/Motel 4 days @ \$ 160 day

C. Registration/Conference Fee* (check one) \$ 715 incl. certain meal(s) excl. meal(s)

D. Meals \$ 230 Breakfast \$ 10 x 3 Lunch \$ 15 x 3 Dinner \$ 31 x 5

E. Other (describe)* AIRPORT TRAVEL \$ 85

F. Incidental Expenses \$

Total Estimated Expenses \$ 2070 Maximum Allowance, if applicable \$

Travel charged to Categorical Programs, Grants or Special Projects:

This travel is in compliance with the requirements of:

Program Name Program Director/Coordinator Signature

For grants/special projects: Project/Grant Number

Program Goal/Objective Number/Explanation

Approval: Philip Arave Date 5.4.17

Approval: Area Dean/Supervisor Date 5.4.17

Approval: Vice President, Administration Date 5/23/17

Approval: President/Designee/Chancellor Date 5/14/17

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance GENFD / 9161 / 11 \$

B. Registration (Payee) Univ of Oklahoma \$ 715

Registration Due Date Vendor I.D.

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

Approval: Vice President Administration

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 5/30/17, 12:00am To 6/3/17, 7:02pm

A. Transportation \$ 526.40 CONCUR \$ PAID Air fare*, Bus*, Other*, Prepaid to travel agency by district, Private Vehicle

B. Lodging* \$ 830.30 (Single occupancy rate only/exclude phone calls & other costs)

C. Registration Fee (check one) \$ 715 Prepaid by DO/College, No Prepayment

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

Table with columns: Date, Breakfast, Lunch, Dinner, Total

Total Meals \$

E. Other Expenses* Transportation to/from Airport \$ 81.76 (Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$5/day \$

G. Total Expenses (A - F) \$ 2153.46

Total Expenses (lesser of Max. Allowance or Total Expenses) Less Amount(s) Prepaid 715 + airfare of 526.40 = 1241.46 Subtotal Less Cash Advance (Part II)

Total Requested for Reimbursement \$ 912.06

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.

Approved: Philip Arave Date 6.3.17 Approved: Area Dean/Supervisor Date 6.15.17 Approved: Vice President, Administration Date

PART IV Vendor I.D.

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

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

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

Sabo, Paula

From: Concur Travel <TravelWizardApprovals@concursolutions.com>
Sent: Wednesday, May 17, 2017 10:46 AM
To: FLC-Travel
Subject: Travel approval required for traveler : Philip Angove

Importance: High

Traveler:: Philip Angove
Description: NCORE CONFERENCE

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

This trip must be approved by: 05/19/2017 12:00 AM Eastern time (05/18/2017 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)

TRIP FROM SACRAMENTO TO DALLAS

Trip Description:

NCORE CONFERENCE

Travel Booked By: Paula Sabo

Itinerary Rule Violation

All trips - Require Approval

Trip Overview



Trip Name: Trip from Sacramento to Dallas
Start Date: May 30, 2017
End Date: June 03, 2017
Created: May 17, 2017, Paula Sabo (Modified: May 17, 2017)
Description: NCORE Conference
Agency Record Locator: HSZVUP
Passengers: Philip Jonathan Angove
Total Estimated Cost: \$526.40 USD

This trip requires approval.
The deadline for approval is: 05/19/2017 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

Tuesday, May 30, 2017



Flight Sacramento, CA (SMF) to Dallas, TX (DFW)

American Airlines 270

Departure: 12:40 AM
Seat: 22B (Confirmed)
Sacramento International (SMF)
Terminal: A
Duration: 3 hours, 18 minutes
Nonstop

Confirmation: HSZVUP
Status: Confirmed

Arrival: 05:58 AM
Dallas Ft Worth Intl (DFW)
Terminal: A

Additional Details

Aircraft: Boeing 737-800
E-Ticket
Emissions: 552.2 lbs CO₂
Cabin: MAIN CABIN (V)

Distance: 1427 miles

Meal: Food for purchase



Saturday, June 03, 2017



Flight Dallas, TX (DFW) to Sacramento, CA (SMF)

American Airlines 2478

Departure: 05:30 PM
Seat: No seat assignment
Dallas Ft Worth Intl (DFW)
Terminal: A
Duration: 3 hours, 32 minutes
Nonstop

Confirmation: HSZVUP
Status: Confirmed

Arrival: 07:02 PM
Sacramento International (SMF)
Terminal: A

Additional Details

Aircraft: Boeing 737-800
E-Ticket
Emissions: 552.2 lbs CO₂
Cabin: MAIN CABIN (S)

Distance: 1427 miles

Meal: Food for purchase

Total Estimated Cost

Air

Airfare quoted amount: \$463.26 USD

Taxes and fees: \$63.14 USD

Total Estimated Cost: \$526.40 USD

Restrictions

Quote: NONREF/SVCCHGPLUSFAREDIF/CXL BY FLT TIME OR NOVALUE

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??585F012C9672A8857BBCF5A3E25425107E096B42590F7320

2585C33883DB8FA98B601C68FEDCA5DE5CD1A622B1C540925295235D5B4FE9

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6AE7F4FFA656EB2FA3DFD6EAC7FFC6C065199CE9EA071F5E20332256B99CF0

1679434CF909360DCD8740080C8C8D8: