

CalATERS-Global Expense Summary

REPORT INFORMATION

Name	Karen Greene Ross
Expense Dates	10/27/19-10/29/19
Form ID	NCS002830311
Approver	Jan A Ross
Start Date/Time	10/27/19 / 0946
End Date/Time	10/30/19 / 1700
Trip Location	Washington, DC
Purpose of Trip	To learn about health related investments
Authorization #/ Trip #	/ EO01

REPORT TOTALS

Report Total	317.30 USD
Department Paid	0.00 USD
Advance Schedule Amount	0.00 USD
Amount Due Employee	317.30 USD

**** Charges are in USD unless otherwise noted**

EXPENSE DATA SUMMARY

Date	Expense Item	Amount	Payment Type	Country	Ex. Rate	Charge to	USD
10/27/19	O/S Airfare - Commercial	233.30	Cash	United States (US)	1.00		233.30
10/27/19	O/S Dinner	23.00	Cash	United States (US)	1.00		23.00
10/27/19	O/S Incidentals	5.00	Cash	United States (US)	1.00		5.00
10/28/19	O/S Dinner	23.00	Cash	United States (US)	1.00		23.00
10/28/19	O/S Incidentals	5.00	Cash	United States (US)	1.00		5.00
10/29/19	O/S Dinner	23.00	Cash	United States (US)	1.00		23.00
10/29/19	O/S Incidentals	5.00	Cash	United States (US)	1.00		5.00

Expense Sub-Totals

O/S Airfare - Commercial	233.30
O/S Dinner	69.00
O/S Incidentals	15.00

Review Items - Exceptions and Questions

Text	Response	Policy
Document of Prior Approval required for O/S Non State Sponsored.	Yes	#A6 DPA required
Was prior approval granted for your attendance at the conference/convention?	Yes	5:3b
Receipt and travel itinerary required for this expense item.		ER Department Policy #1