

COMPROBACIÓN DE VIÁTICOS

Número DGPOP: PENDIENTE
No. de comisión UR: 212 - 0013/2017
Fecha: 23/03/2017

DATOS DE LA COMISIÓN

Nombre del comisionado: RUBEN MILLAN MAYORGA	Puesto: TECNICO ADMINISTRATIVO "C"
Destino: BATTLE CREEK, MICHIGAN, Estados Unidos de América; DETROIT, Estados Unidos de América	Período: Del 3 de marzo al 4 de marzo de 2017
Representación: CONSULMEX DETROIT	

GASTOS EFECTUADOS DURANTE LA COMISIÓN (Se anexan todos los originales de los comprobantes relacionados)

Fecha	Descripción	No. Docto.	Divisa	Importe	T.C.	Importe a comprobar	
HOSPEDAJE							
Del 03/03/2017 al 04/03/2017	PAGO DE HOSPEDAJE	81301221	USD	124.95	1.0000000	124.95	USD
Subtotal:						124.95	USD

OTROS GASTOS

Del 03/03/2017 al 04/03/2017	PAGO DE ALIMENTOS DURANTE COMIDA	NA	USD	50.00	1.0000000	50.00	USD
Del 03/03/2017 al 04/03/2017	PAGO DE ALIMENTOS DURANTE CENA	NA	USD	50.00	1.0000000	50.00	USD
Del 03/03/2017 al 04/03/2017	PAGO DE ALIMENTOS DURANTE EL DESAYUNO	NA	USD	25.05	1.0000000	25.05	USD
Del 03/03/2017 al 04/03/2017	PAGO DE ALIMENTOS DURANTE LA COMIDA	NA	USD	30.00	1.0000000	30.00	USD
Subtotal:						155.05	USD

	M.N.	USD	EUR
*Importe del anticipo otorgado	0.00	280.00	0.00
Menos total comprobado		280.00	
= Devolución de recursos			

No. trámite de reintegro:

Declaro bajo protesta de decir verdad que los datos contenidos en este formato son los solicitados

Comisionado



RUBEN MILLAN MAYORGA
TECNICO ADMINISTRATIVO "C"



1150 Riverside Drive • Battle Creek, MI 49017
 Phone (269) 979-5577 • Fax (269) 979-1041



Official Sponsor

MILLAN MAYORGA, RUBEN 645 GRISWALD AVE DETROIT MI 48026 UNITED STATES OF AMERICA	name address room number: 320/KXTD arrival date: 3/3/2017 9:58:00 PM departure date: 3/4/2017 adult/child: 2/0 room rate: 0.00 Rate Plan: LV4 HH # AL: Car:	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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Confirmation Number: 81301221 3/4/2017	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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 association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/> signature:
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date	reference	description	amount
3/4/2017	974514	GUEST ROOM	\$119.00
3/4/2017	974514	CITY TAX	\$5.95
3/4/2017	974553	AX *1000	(\$124.95)
		BALANCE	\$0.00

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no. AX *2005	date of charge 3/4/2017	folio/check no. 268144 A
card member name MILLAN MAYORGA, RUBEN	authorization 172739	initial
establishment no. and location	establishment agrees to transmit to card holder for payment purchases & services taxes tips & misc.	
signature of card member X	total amount	-124.95

