SRE

SECRETARÍA DE RELACIONES EXTERIORES

Dirección General de Programación, Organización y Presupuesto

COMPROBACIÓN DE VIÁTICOS

Número DGPOP: PENDIENTE
No. de comisión UR: 154 - 0042/2022
Fecha: 02/03/2022

DATOS DE LA COMISIÓN

Nombre del comisionado: OSCAR RICARDO SOLIS FLORES
Puesto: COORDINADOR ADMINISTRATIVO
Destino: ASHEBORO, Estados Unidos de América; RALEIGH, Estados Unidos de América
Período: Del 22 de febrero al 25 de febrero de 2022
Representación: CONSULMEX RALEIGH

GASTOS EFECTUADOS DURANTE LA COMISIÓN

Fecha	Descripción	No. Docto.	Divisa	Importe	T.C.	Importe a comprobar	
HOSPEDAJE							
Del 22/02/2022 al 25/02/2022	HOSPEDAJE DURANTE LA COMISION	514405	USD	288.00	1.0000000	288.00	USD
					Subtotal:	288.00	USD

OTROS GASTOS

Fecha	Descripción	No. Docto.	Divisa	Importe	T.C.	Importe a comprobar	
Del 22/02/2022 al 25/02/2022	COMIDA	1	USD	31.82	1.0000000	31.82	USD
Del 22/02/2022 al 25/02/2022	CENA	2	USD	23.98	1.0000000	23.98	USD
Del 22/02/2022 al 25/02/2022	BOCADILLOS	3	USD	10.95	1.0000000	10.95	USD
Del 22/02/2022 al 25/02/2022	DESAYUNO	4	USD	7.49	1.0000000	7.49	USD
Del 22/02/2022 al 25/02/2022	COMIDA	5	USD	64.20	1.0000000	64.20	USD
Del 22/02/2022 al 25/02/2022	BOCADILLOS	6	USD	6.40	1.0000000	6.40	USD
Del 22/02/2022 al 25/02/2022	DESAYUNO	7	USD	11.24	1.0000000	11.24	USD
Del 22/02/2022 al 25/02/2022	COMIDA	8	USD	33.06	1.0000000	33.06	USD
Del 22/02/2022 al 25/02/2022	CENA	9	USD	46.19	1.0000000	46.19	USD
Del 22/02/2022 al 25/02/2022	BOCADILLOS	10	USD	25.02	1.0000000	25.02	USD
Del 22/02/2022 al 25/02/2022	DESAYUNO	11	USD	7.49	1.0000000	7.49	USD
Del 22/02/2022 al 25/02/2022	COMIDA	12	USD	63.75	1.0000000	63.75	USD
Del 22/02/2022 al 25/02/2022	CENA	13	USD	26.51	1.0000000	26.51	USD
Del 22/02/2022 al 25/02/2022	BOCADILLOS	14	USD	11.91	1.0000000	11.91	USD
					Subtotal:	370.01	USD

GASTOS EFECTUADOS DURANTE LA COMISIÓN

Fecha	Descripción	No. Docto.	Divisa	Importe	T.C.	Importe a comprobar

	M.N.	USD	EUR
*Importe del anticipo otorgado	0.00	615.00	0.00
Menos total comprobado		658.01	
= Recursos no utilizados			

No. trámite de reintegro:

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

Comisionado

OSCAR RICARDO SOLIS FLORES
COORDINADOR ADMINISTRATIVO

Hampton Inn Asheboro
1137 East Dixie Drive • Asheboro, NC 27203
Phone (336) 625-9000 • Fax (336) 625-9111

SOLIS, OSCAR 4451 VILANA RIDGE 203 RALEIGH, N.C. RALEIGH NC 27612 UNITED STATES OF AMERICA	name address	room number: 224/KXTY arrival date: 2/22/2022 4:55:00 PM departure date: 2/25/2022 adult/child: 1/0 room rate: 96.00	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.
Confirmation Number: 53472568 2/25/2022		~~Rate Plan: GVT~~ HH # 1287044513 SILVER AL: Car:	

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: ☐

signature:

date	reference	description	amount
2/22/2022	1597930	GUEST ROOM EXEMPT	$96.00
2/23/2022	1598050	GUEST ROOM EXEMPT	$96.00
2/24/2022	1598153	GUEST ROOM EXEMPT	$96.00
2/25/2022	1598218	MC *9064 REF=0000514405-00323144 CHIP 05 Application Label: CHASE MASTERCARD TC: EC088D08841EF369 TVR: 0080008000 AID: A0000000041010	($288.00)
		BALANCE	$0.00

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account no. MC *9064	date of charge 2/25/2022	folio/check no. 514405 A
card member name SOLIS, OSCAR	authorization 03594Z	initial
establishment no. and location — establishment agrees to transmit to card holder for payment A fee of up to 250 USD will be assessed for smoking in a non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas.	purchases & services	
	taxes	
	tips & misc.	
signature of card member **X**	**total** amount	-288.00