

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s862

Amount/Classification

\$230,265.90 Unsecured Contingent, Disputed, Unliquidated

In re:

American of Martinsville, Inc.

Case Number:

10-11638

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

☐ Check this box to indicate that this claim amends a previously filed claim.

Claim Number (if known):

Filed on:

RECEIVED

JUL 19 2010

BMC GROUP

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

24838952000312
SUNRISE TECHNOLOGIES, INC.
111 N CHESTNUT STREET SUITE 300
WINSTON-SALEM, NC 27101

Creditor Telephone Number **336 722-6741**

Name and address where payment should be sent (if different from above):

Payment Telephone Number **336 722-6741**

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **230,265.90**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM:

Unpaid Consulting Expenses

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Property: \$

Annual Interest Rate: %

Amount of arrearage and other charges as of time case fi included in secured claim,

Basis for Perfection:

Secured Claim Amount: \$

Unsecured Claim Amount: \$

DO NOT include the priority portion of your claim here.

5. PRIORITY CLAIM

Unsecured Priority Claim Amount: \$

Include **ONLY** the priority portion of your unsecured claim here.

☐ Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

You MUST specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

SECTION 503(b)(9) CLAIM \$

☐ Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Amount entitled to priority" above.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on August 6, 2010 for Non-Governmental Claimants OR on or before November 15, 2010 for Governmental Units.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Barcalounger

00106

DATE

7-16-2010

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.		5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) should be asserted by filling in the appropriate information on this Proof of Claim form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this Proof of Claim form.
Debtor Name American of Martinsville, Inc. Barcalounger Corporation	Case No 10-11638 10-11637	6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).		7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.		Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.
2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.		Date-Stamped Copy Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.		Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.
3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.		Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."
4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.		

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

INFORMATION

document showing that the lien has been filed or recorded.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4919	5/4/2009		Net 45	6/18/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 04/20-05/03		9	1,200.00		10,800.00
John Huggins - Supply Chain Consultant - AOM - 04/20-05/03		4.5	1,200.00		5,400.00
Reimbursable Travel Expense - Susan Mitchell - 04/20-04/24			440.41		440.41
Reimbursable Travel Expense - Susan Mitchell - 04/27-05/01			442.30		442.30
Reimbursable Travel Expense - John Huggins - 04/20-04/24			475.47		475.47
AOM Phase B Project				Total	\$17,558.18



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 4/24/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		4/19/2009	4/20/2009	4/21/2009	4/22/2009	4/23/2009	4/24/2009	4/25/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550				\$118.80	\$71.50			\$190.30
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL				190.46				\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10				\$309.26	\$71.50			\$380.76
12	BREAKFAST								
13	LUNCH		15.92	\$15.43	\$14.30	\$14.00			\$59.65
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$15.92	\$15.43	\$14.30	\$14.00			\$59.65
18	GRAND TOTAL		\$15.92	\$15.43	\$323.56	\$85.50			\$440.41

EXPLANATION OF TRANSPORTATION EXPENSE

\$440.41

TRAVEL FROM	Home	Home	
TRAVEL TO	Martinsville	Martinsville	Rocky Mount
TRAVEL TO		Home	Home
AUTO MILEAGE		216	130

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note meals Mon through Wed were for Susan and John

Rocky Mount, NC - AOM

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$380.76
				food	\$59.65
					\$440.41

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$190.46
TELEPHONE			
FOOD			\$31.35
OTHER			
TOTAL ADVANCES			\$221.81

DUE COMPANY (ATTACH REFUND)

DUE EMPLOYEE	MANUAL CHECK #	
	PC VOUCHER #	
		\$218.60

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

name
address

room number: 416/KXTD
arrival date: 4/20/2009 5:16:00PM
departure date: 4/22/2009
adult/child: 1/0
room rate: \$89.00

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

RATE PLAN LVO
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 87038298

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 \$.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:

4/22/2009 PAGE 1

date	reference	description	amount
4/20/2009	488534	GUEST ROOM	\$89.00
4/20/2009	488534	STATE TAX	\$3.56
4/20/2009	488534	COUNTY TAX	\$0.89
4/20/2009	488534	OCCUPANCY TAX	\$1.78
4/21/2009	488663	GUEST ROOM	\$89.00
4/21/2009	488663	STATE TAX	\$3.56
4/21/2009	488663	COUNTY TAX	\$0.89
4/21/2009	488663	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1409	\$190.46
		EFFECTIVE BALANCE OF	\$0.00
<p>You have earned approximately 3560 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com</p> <p>Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups.</p> <p>for reservations call 1.800.hampton or visit us online at www.hampton.com</p>			

account no.	date of charge	folio/check no.
card member name	authorization	141052 A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 04/21/2009
30 12:14 PM
10030

Half Salad & Half Soup 6.95
Raspberry Vinaigrette
7 Bean Soup
Unwind Club Panini 6.95
Table Number 0.00

Subtotal 13.90
Tax 1.53

Order Total 15.43

AMEX #XXXXXXXXXX1409 15.43
Auth: 507068

Tip :
TOTAL :
TOTAL :

SIGNATURE :

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage when You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---

CUSTOMER COPY

Ruby Tuesday #4241
1457 Benvenue Rd
Rocky Mount, NC 27803
(252) 212-1570

TOTAL AMOUNT

TIP

MDSE/SERVICES

CARD #
INVOICE
Batch #
Approval Code:
Entry Method:
Approved:

CREDIT CARD
VISA SALE

\$14.30

Online
Swiped
001234
000092
0013
XXXXXXXXXXXX2712

04/22/2009
Merchant ID:
Terminal ID:
0252227535867

811 LIBERTY ST
MARTINSVILLE, VA 24112

837 Johnnie
Tb1 908/1 Chk 3635 Gst 3
Apr23'09 12:11PM
*** Guest 1 ***
1 DIET COKE 2.19
1 SOUP AND SALAD 8.49
WHITE CHICKEN
W/ ENTREE
+W/GARDEN BAR
Tax Coll 0.72 Total Due 11.40
*** Guest 2 ***
1 WATER 0.00
1 GBAR ENTREE 7.99
Tax Coll 0.54 Total Due 8.53
*** Guest 3 ***
1 ICE TEA SWEET 2.19
1 CHK PARM PASTA 10.99
Tax Coll 0.89 Total Due 14.07
***** All *****
Sub Total 31.85
Tax Collect 2.15
Total Due 34.00

WE APPRECIATE YOU VISITING
RUBY TUESDAY
SIMPLE FRESH AMERICAN DINING.

The following traditional
gratuity calculations are
based on the total of the
check including tax:

15% \$5.10

CUSTOMER COPY

APPROVED

TOTAL

TIP

AMOUNT

\$15.92

EXP: 000000
04/20/09
*****1409
AX
12:113P

45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6555
MERC # 0000001646853
TERM ID: 00184024 0003



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/1/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		4/26/2009	4/27/2009	4/28/2009	4/29/2009	4/30/2009	5/1/2009	5/2/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550				\$126.50	\$71.50			\$198.00
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL				190.46				\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10				\$316.96	\$71.50			\$388.46
12	BREAKFAST								
13	LUNCH		9.35	\$7.71		\$13.93			\$30.99
14	DINNER		\$8.38	\$14.47					\$22.85
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$17.73	\$22.18		\$13.93			\$53.84
18	GRAND TOTAL		\$17.73	\$22.18	\$316.96	\$85.43			\$442.30

EXPLANATION OF TRANSPORTATION EXPENSE

\$442.30

TRAVEL FROM	Home	Home	
TRAVEL TO	Martinsville	Martinsville	Rocky Mount
TRAVEL TO		Home	Home
AUTO MILEAGE		230	130

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Rocky Mount, NC - AOM

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$388.46
				food	\$53.84
					\$442.30

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$190.46
TELEPHONE			
FOOD			\$53.84
OTHER			

TOTAL ADVANCES → \$244.30

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$198.00

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276-647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

same
address

room number: 218/KXTD
arrival date: 4/27/2009 5:34:00PM
departure date: 4/29/2009
adult/child: 1/0
room rate: \$69.00

If the debit/credit card you are using for checkout is subject to a bank or company account, a hold will be placed on the account for the full and charged-on amount to be used for the stay. Incoming extended credentials through your date of checkout may not be used for 14 business days from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN LV0
HHW 884967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 81009914

4/29/2009 PAGE 1

Hotel 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 full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$ 75 will be applied to my account. In the event of an emergency, I or someone I designate will be responsible for any evacuation due to a physical disability. Please indicate yes by checking here ☐

signature:

date	reference	description	amount
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4/27/2009	489382	GUEST ROOM	\$69.00
4/27/2009	489382	STATE TAX	\$3.56
4/27/2009	489382	COUNTY TAX	\$0.89
4/27/2009	489382	OCCUPANCY TAX	\$1.78
4/28/2009	489520	GUEST ROOM	\$69.00
4/28/2009	489520	STATE TAX	\$3.56
4/28/2009	489520	COUNTY TAX	\$0.89
4/28/2009	489520	OCCUPANCY TAX	\$1.78

WILL BE SETTLED TO AX *1409
EFFECTIVE BALANCE OF \$190.46
\$0.00

You have earned approximately 3560 Hilton Honors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups.

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

account no.	date of charge	folio/check no.
card member name	authorization	141053 A initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		

The Hilton Family

Hilton HHonors

thanks.



711 Sutters Creek Blvd
Rocky Mount, NC 27804
252-443-3888 Fax 252-443-6159
www.texassteakhouse.com

Date: Apr 30 '09 01:44PM
Card Type: AMEX
Acct #: XXXXX XXXX 1409
Trans Key: 010001272108554
Exp Date: XX/XX
Auth Code: 509106
Check: 6313
Table: E2/1
Server: 431 Ashton

Subtotal: 11.93
Tip Amount: 2.
Total: 13.93
Signature:

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 00184024 0003

04/27/09 12:07P AM
*****1409
EXP: *****
SALE REF#: 0002
BATCH# 622 AUTH# 567279
AMOUNT \$9.35

TIP
TOTAL
APPROVED

CUSTOMER COPY

21 RANCHITO
3069 VIRGINIA AVE
COLLINGSVILLE, VA 24078

04/26/2009
Merchant ID:
Terminal ID:
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1409
INVOICE 2024
Batch # 200266
SERVER 0003
Approval Code: 560989
Entry Method: Swipe
Approved: Online

PRE-TIP AMT \$11.93

TIP 2.

TOTAL AMOUNT 13.93

CUSTOMER COPY

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035



Post: 04/28/2006
43 12:24 PM
16046

8070 STORE PHONE (540) 632-0035

Thank You! Sales Associate, ALI STURPI

1/2 Panini 1/2 Soup 5.55
Iowaio Biscue
Veggie Panini
HG Pesto
Table Number 0.00

VEGETABLE MEATLEY 2.80 B
D CUIS LINDO CMBU 2.75 B
1 B 275.00
DE BLEC CLEAR 6.77 2.50 B

Subtotal 6.95
Tax 0.76

Order Total 7.71

AMEX #XXXXXXXXXX1409 7.71
Auth:564894

Tip : _____
TOTAL : _____
TOTAL :

XXXX 2.5% FOOD TAX .20
**** BALANCE DUE 8.38
VF S AX XXXXXXXXXXXX1409 8.38
REF# 562892
CHANGE .00
Total Items Purchased 3
4/27/09 17:19 0070 05 0322 50

CUSTOMER SERVICE 1-800-210-9562

THANK YOU FOR SHOPPING FOOD LION
JOIN OUR MVP PROGRAM TODAY
AND SAVE EVEN MORE !

THURSDAY IS CAKE DAY. ORDER YOUR
SHEET CAKE ON THURSDAY AND SAVE \$2.00

Good neighbors.
Great prices.

PLEASE KEEP YOUR RECEIPT.
IT IS REQUIRED FOR REFUNDS.

SIGNATURE : _____

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage When You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---



SUNRISE
technologies

TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 4/26/2009
----------------------	------------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		4/19/2009	4/20/2009	#	4/21/2009	4/22/2009	4/23/2009	4/24/2009	4/25/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25				41.25			\$82.50
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		95.23		\$95.23	\$95.23				\$285.69
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25			\$368.19
12	BREAKFAST									
13	LUNCH						\$7.53			\$7.53
14	DINNER		\$29.51		\$57.66	\$12.58				\$99.75
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$29.51		\$57.66	\$12.58	\$7.53			\$107.28
18	GRAND TOTAL		\$165.99		\$152.89	\$107.81	\$48.78			\$475.47

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM	home									
TRAVEL TO	GSO									
TRAVEL TO	home									
AUTO MILEAGE		75				75				

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 4/20 and 4/21 Susan and John

Mastercard payments noted on receipts

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$368.19
				food	\$107.28
					\$475.47

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$285.69
TELEPHONE			
FOOD			\$94.70
OTHER			
TOTAL ADVANCES			\$380.39
DUE COMPANY (ATTACH REFUND)			
MANUAL CHECK #			
DUE EMPLOYEE			
PC VOUCHER #			
			\$95.08

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

DELIVER CHECK TO John Huggins

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 419/KXTE
arrival date: 4/20/2009 5:20:00PM
departure date: 4/23/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 83986928

4/23/2009 PAGE 1

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 \$.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
4/20/2009	488537	GUEST ROOM	\$89.00
4/20/2009	488537	STATE TAX	\$3.56
4/20/2009	488537	COUNTY TAX	\$0.89
4/20/2009	488537	OCCUPANCY TAX	\$1.78
4/21/2009	488666	GUEST ROOM	\$89.00
4/21/2009	488666	STATE TAX	\$3.56
4/21/2009	488666	COUNTY TAX	\$0.89
4/21/2009	488666	OCCUPANCY TAX	\$1.78
4/22/2009	488820	GUEST ROOM	\$89.00
4/22/2009	488820	STATE TAX	\$3.56
4/22/2009	488820	COUNTY TAX	\$0.89
4/22/2009	488820	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$285.69
EFFECTIVE BALANCE OF			\$0.00

You have earned approximately 5590 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

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

account no.

date of charge

folio/check no.

card member name

authorization

141340

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

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

04/20/2009 18:42:16
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0025
Batch #: 000258
SERVER 0006
Approval Code: 506108
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$24.51

TIP 5.00

TOTAL AMOUNT \$29.51

ELIZABETH'S PIZZA
2365 VIRGINIA AVE
COLLINSVILLE, VA 24078

Merchant ID: 991200021030
Term ID: 72656819 Ref #: 0034
Server ID: 1

Sale

XXXXXXXXXXXX6995

PAST

Entry Method: Swiped

Amount: \$ 10.58

Tip: \$2.00

Total: \$12.58

04/22/09 18:49:48

Inv #: 000034 Appr Code: 151778

Apprvd: Online Batch#: 000044

Customer Copy

RANIAS RESTAURANT
147 E MAIN STREET
MARTINSVILLE VA 24112
276-638-4462

Merchant ID: 000000994296
Term ID: 00141439 Ref #: 0001
Server ID: 1

Sale

XXXXXXXXXXXX1292

AMEX Entry Method: Swiped

Amount: \$ 47.66

Tip: \$10.00

Total: \$57.66

04/21/09 19:07:27

Inv #: 000001 Appr Code: 527594

Apprvd: Online Batch#: 000310

HUGOS FOOD SPORT & SPI
10 E. CHURCH STREET
MARTINSVILLE, VA 24112

Merchant ID: 4451469464
Term ID: ED4451469464
4451469464

Sale

AMEX

XXXXXXXXXXXX1292

Entry Method: Swiped

Apprvd: Online Batch#: 000053

04/23/09 12:40:23

Inv #: 000002 Appr Code: 522643

Amount: \$ 6.03

Tip: 1.50

Total: 7.53



BILL TO

American of Martinsville
Noel Chitwood
Ekta Chopra
128 E. Church St.
Martinsville, VA 24112

REMIT TO

Sunrise Technologies, Inc
111 N. Chestnut St.
Suite 300
Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4926	5/4/2009		Net 45	6/18/2009	
DESCRIPTION		HOURS	RATE per HR		AMOUNT
SDS-AOM_US004 - Dev_Refresh - 04/20-05/03		8	200.00		1,600.00
AOM Phase B Project				Total	\$1,600.00



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4942	5/18/2009		Net 45	7/2/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 05/04-05/17		8.5	1,400.00		11,900.00
John Huggins - Supply Chain Consultant - AOM - 05/04-05/17		9.5	1,400.00		13,300.00
Rod Pruett - Technical Architect - AOM - 05/04-05/17		5	1,600.00		8,000.00
Gary Bumgarner - Technical Architect - AOM - 05/04-05/17		2	1,600.00		3,200.00
Reimbursable Travel Expense - Susan Mitchell - 05/04-05/08			361.01		361.01
Reimbursable Travel Expense - Susan Mitchell - 05/11-05/15			443.67		443.67
Reimbursable Travel Expense - John Huggins - 05/04-05/08			334.05		334.05
Reimbursable Travel Expense - John Huggins - 05/11-05/15			453.42		453.42
Reimbursable Travel Expense - Rod Pruett - 05/11-05/15			264.00		264.00
Reimbursable Travel Expense - Gary Bumgarner - 05/04-05/08			138.60		138.60
AOM Phase B Project				Total	\$38,394.75



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/8/2009
------------------------	--------------------------	---	------------------

INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/3/2009	5/4/2009	5/5/2009	5/6/2009	5/7/2009	5/8/2009	5/9/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550				\$122.10				\$122.10
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL				190.46				\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10				\$312.56				\$312.56
12	BREAKFAST								
13	LUNCH		6.94	\$13.06	\$19.97				\$39.97
14	DINNER		\$8.48						\$8.48
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$15.42	\$13.06	\$19.97				\$48.45
18	GRAND TOTAL		\$15.42	\$13.06	\$332.53				\$361.01

EXPLANATION OF TRANSPORTATION EXPENSE

\$361.01

TRAVEL FROM	Home
TRAVEL TO	Martinsville Martinsville Martinsville
TRAVEL TO	Home
AUTO MILEAGE	222

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches Tues and Wed were for Susan and John

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$312.56
				food	\$48.45
					\$361.01

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$190.46
TELEPHONE			
FOOD			\$48.45
OTHER			
TOTAL ADVANCES			\$238.91

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$122.10

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE

RANIAS RESTAURANT
147 E MAIN STREET
MARTINSVILLE VA 24112
276-638-4462

Merchant ID: 000000994296
Term ID: 00141439 Ref #: 0003
Server ID: 1

Sale

XXXXXXXXXXXX1409

AMEX Entry Method: Swiped

Amount: \$ 16.97

Tip: 3.00

Total: 19.97

05/06/09 12:30:31

Inv #: 000003 Appr Code: 547219

Apprvd: Online Batch#: 000332

Customer Copy
THANK YOU!

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655

MERC # 0000001646853
TERM ID: 00184024 0003

05/04/09 12:16P
*****1409 AX

EXP: *****

SALE REF#: 0002
BATCH# 629 AUTH# 564435

AMOUNT \$6.94

TIP

TOTAL

APPROVED

CUSTOMER COPY

000002350
361 COMMONWEALTH BLVD.
MARTINSVILLE, VA 24112
276-634-5335

Sale

Clerk ID: 38
ID: 002
Merchant ID: 00000072330
Bank ID: 1340
05/05/09 12:03:00
Batch#: 125001
Retrieval Ref #: 58330648

AMEX Entry Method: Swiped
XXXXXXXXXXXX1409

Appr Code: 546337 Inv #: 000007

Total: \$ 13.06

Customer Copy
THANK YOU



Extra Low Prices

#0070 STORE PHONE: (276) 638-2373

Thank You! Sales Associate, IRENE BYRD

1 @ 2/3.78

PERRIER NTRL SPRK MVP	1.89 B
KENS HO RASPBERRY	1.99 B
GARDEN SALAD 6OZ	1.29 B
LN CUIS LC GRILLED	3.49 B

SC 3597 PERRIER NTRL BBUY .39-B
***** 2.5% FOOD TAX .21
**** BALANCE DUE 8.48

VF S AX XXXXXXXXXXXX1409 8.48
REF# 542615
CHANGE .00

COUPONS TENDERED .39
Total Items Purchased 4
5/04/09 17:27 0070 03 0165 222

MVP CUSTOMER 46999999999
YOU ARE A VALUED MVP CUSTOMER

YOUR MVP SAVINGS TODAY WERE .39

THURSDAY IS CAKE DAY. ORDER YOUR
SHEET CAKE ON THURSDAY AND SAVE \$2.00

Good neighbors.
Great prices.

PLEASE KEEP YOUR RECEIPT,
IT IS REQUIRED FOR REFUNDS.

* WIN \$2,000 IN GROCERIES *
* Complete Tell Food Lion survey. *
* Receive 10 CHANCES TO WIN by *
* visiting www.talktofoodlion.com *
* or 1 chance to win by *
* calling 1-877-884-5412. NO PURCHASE *
* NEEDED to enter, win, or improve *
* chances to win sweepstakes. *
* Must Take Survey Within 5 Days.. *
* For details see sweepstakes rules *
* In store or website. *



SUNRISE
technologies

TRAVEL AND ENTERTAINMENT
EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/15/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/10/2009	5/11/2009	5/12/2009	5/13/2009	5/14/2009	5/15/2009	5/16/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550				\$119.35	\$66.00			\$185.35
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL				190.46				\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10				\$309.81	\$66.00			\$375.81
12	BREAKFAST								
13	LUNCH		14.73	\$15.92	\$20.42	\$8.31			\$59.38
14	DINNER		\$8.48						\$8.48
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$23.21	\$15.92	\$20.42	\$8.31			\$67.86
18	GRAND TOTAL		\$23.21	\$15.92	\$330.23	\$74.31			\$443.67

EXPLANATION OF TRANSPORTATION EXPENSE

\$443.67

TRAVEL FROM	Home	Home	
TRAVEL TO	Martinsville	Martinsville	Rocky Mount
TRAVEL TO		Home	Home
AUTO MILEAGE		217	120

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan and John

Rocky Mount, NC - Barcalounger

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$375.81
				food	\$67.86

\$443.67

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$190.46
TELEPHONE			
FOOD			\$59.55
OTHER			
TOTAL ADVANCES			\$250.01

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #	
PC VOUCHER #	
DUE EMPLOYEE	\$193.66

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE

RYANS #2350
000002350
361 COMMONWEALTH BLVD.
MARTINSVILLE, VA 24112
276-634-5335

Sale

Clerk ID: 30
ID: 002
Merchant ID: 000000072330
Bank ID: 1348
05/11/09
Batch#: 131001
Retrieval Ref #: 81170224

12:00:00

AMEX Entry Method: Swiped

XXXXXXXXXXXX1409
Appr Code: 527583

Inv #: 000005

Total: \$ 14.73

Customer Copy
THANK YOU

ZAXBY'S



F-0031 #Party 1
AMY C SvrCk: 5 12:06p 05/14/09
COUNTER RIGHT

1 ZENSATION ZALAD 6.29
1 REG DRINK 1.49

Sub Total: 7.78

Tax: 0.53

05/14 12:07p TOTAL: 8.31

ZAXBY'S MISSION
STATEMENT
"CONSISTENTLY
CREATE ENCORE
EXPERIENCES THAT
ENRICH LIVES ONE
PERSON AT A TIME!!"

COASTER #: 0

VISA AMT-TEND CHANGE TALLY
8.31 8.31

Memo: 004101,xxxxxxxxxxxx2712, 8.31
05/14/09 12:07

AMY C

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 05/13/2009
25 12:17 PM
10025

1/2 Panini 1/2 Soup 6.95
Cheese Red Pot Chowder
Veggie Panini
NO Pesto
Unwind Club Panini 6.95
Smoothie Medium 4.50
Wildberry
Table Number 0.00

Subtotal 18.40
Tax 2.02

Order Total 20.42

AMEX #XXXXXXXXXXXX1409 20.42
Auth:544643

Tip : _____

TOTAL : _____
TOTAL :

SIGNATURE : _____

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage When You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 001B4024 0003

05/12/09 12:13P
*****1409 AX
EXP: *****
SALE REF#: 0003
BATCH# 637 AUTH# 547436

AMOUNT \$15.92

TIP _____

TOTAL _____

APPROVED

CUSTOMER COPY



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR

name
address

RALEIGH, NC 27615
US

room number: 414/KXTD
arrival date: 5/11/2009 6:42:00PM
departure date: 5/13/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LV0
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 84324538

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 \$.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: ☐

5/13/2009 PAGE 1

signature:

date	reference	description	amount
5/11/2009	490810	GUEST ROOM	\$89.00
5/11/2009	490810	STATE TAX	\$3.56
5/11/2009	490810	COUNTY TAX	\$0.89
5/11/2009	490810	OCCUPANCY TAX	\$1.78
5/12/2009	490949	GUEST ROOM	\$89.00
5/12/2009	490949	STATE TAX	\$3.56
5/12/2009	490949	COUNTY TAX	\$0.89
5/12/2009	490949	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1409	\$190.46
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 3560 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

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

account no.	date of charge	folio/check no.
card member name	authorization 141502	initial A
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	0.00

The Hilton Family



thanks



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chesnut St. Winston Salem, NC 27101	DATE 5/10/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/3/2009	5/4/2009 #	5/5/2009	5/6/2009	5/7/2009	5/8/2009	5/9/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550			41.250		41.25			\$82.50
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL			\$95.23	\$95.23				\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Cleaners and Groceries)								
11	SUBTOTAL LINES 1 - 10			\$136.48	\$95.23	\$41.25			\$272.96
12	BREAKFAST								
13	LUNCH					\$20.46			\$20.46
14	DINNER			\$29.77	\$10.86				\$40.63
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16			\$29.77	\$10.86	\$20.46			\$61.09
18	GRAND TOTAL			\$166.25	\$106.09	\$61.71			\$334.05

EXPLANATION OF TRANSPORTATION EXPENSE										334.05
TRAVEL FROM	home									
TRAVEL TO	GSO									
TRAVEL TO	home									
AUTO MILEAGE				75		75				
Explanation of trip including city (cities) visited: Roundtrip drive to Martinsville Dinner 5/05 Susan and John Mastercard payments noted on receipts Lunch 5/07 John and Gary				ADVANCES:		DOCUMENT #	DATE	AMOUNT		
				CASH ADVANCE						
				CASH						
				TRAVELERS CHECKS						
				SUBTOTAL						
				COMPANY PAID						
				AIRLINE						
				AUTO RENTAL						
				HOTEL				\$190.46		
				TELEPHONE						
FOOD				\$61.09						
OTHER										
TOTAL ADVANCES								\$251.55		
DUE COMPANY (ATTACH REFUND)										
MANUAL CHECK #										
DUE EMPLOYEE						PC VOUCHER #		\$82.50		

EMPLOYEE SIGNATURE John Huggins	APPROVAL SIGNATURE
DELIVER CHECK TO John Huggins	PRINT NAME



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 419/KXTE
arrival date: 5/5/2009 5:28:00PM
departure date: 5/7/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 85515213

5/7/2009 PAGE 1

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 \$.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
5/5/2009	490259	GUEST ROOM	\$89.00
5/5/2009	490259	STATE TAX	\$3.56
5/5/2009	490259	COUNTY TAX	\$0.89
5/5/2009	490259	OCCUPANCY TAX	\$1.78
5/6/2009	490344	GUEST ROOM	\$89.00
5/6/2009	490344	STATE TAX	\$3.56
5/6/2009	490344	COUNTY TAX	\$0.89
5/6/2009	490344	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1292	\$190.46
		EFFECTIVE BALANCE OF	\$0.00
ESTIMATED CURRENCY TOTAL			
You have earned approximately 3810 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups .			
for reservations call 1.800.hampton or visit us online at www.hampton.com			

account no.	date of charge	folio/check no.
card member name	authorization	141763 A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services
		taxes
		tips & misc.
signature of card member	total amount	0.00

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

05/05/2009 18:44:58
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0045
Batch #: 000273
SERVER 0002
Approval Code: 508158
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$24.77

TIP

TOTAL AMOUNT

CUSTOMER COPY

PIGS R US
1014 LIBERTY ST
MARTINSVILLE VA 24112
276-632-1161

Merchant ID: 000002066598
Term ID: 00172120 Ref #: 0066
Server ID: 1

Sale

XXXXXXXXXXXX1292
AMEX Entry Method: Swiped

Amount: \$ 8.86

Tip: 2.00

Total: \$10.86

05/06/09 19:07:01

r Code: 503286

Batch#: 000311

HUGOS FOOD SPORT & SPI
10 E. CHURCH STREET
MARTINSVILLE, VA 24112

Merchant ID: 4451469464
Term ID: ED4451469464
4451469464

Copy

FOR
IN US

Sale

AMEX

XXXXXXXXXXXX1292

Entry Method: Swiped

Apprvd: Online Batch#: 000067

05/07/09 12:59:57

Inv #: 000005 Appr Code: 504496

Amount: \$ 16.46

Tip: 4.00

Total: \$20.46



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/17/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/10/2009	5/11/2009	#	5/12/2009	5/13/2009	5/14/2009	5/15/2009	6/16/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25				41.25			\$82.50
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		95.23		\$95.23	\$95.23				\$285.69
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25			\$368.19
12	BREAKFAST									
13	LUNCH						\$6.49			\$6.49
14	DINNER		\$36.74		\$30.58	\$11.42				\$78.74
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$36.74		\$30.58	\$11.42	\$6.49			\$85.23
18	GRAND TOTAL		\$173.22		\$125.81	\$106.65	\$47.74			\$453.42

EXPLANATION OF TRANSPORTATION EXPENSE

\$453.42

TRAVEL FROM	home								
TRAVEL TO	GSO								
TRAVEL TO	home								
AUTO MILEAGE			75				75		

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 5/02 and 5/13 Susan and John

Mastercard payments noted on receipts

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$285.69
TELEPHONE			
FOOD			\$73.81
OTHER			

TOTAL ADVANCES → \$359.50

DUE COMPANY (ATTACH REFUND): -

MANUAL CHECK # _____

DUE EMPLOYEE PC VOUCHER # _____

\$93.92

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

DELIVER CHECK TO John Huggins

PRINT NAME & TITLE

thanks

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

05/11/2009 19:37:42
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0036
Batch #: 000279
SERVER 0002
Approval Code: 527481
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$30.74

TIP \$6.00

TOTAL AMOUNT \$36.74

CUSTOMER COPY

CHINA BUFFET
1090 MEMORIAL BLVD.
MARTINSVILLE, VA 24111

TERMINAL ID. : 01149561
MERCHANT #: 323545438992

MC

*****8995

SALE

BATCH: 000629
DATE: May 13, 09
SEQ: 0010

INV: 355135
TIME: 18:42
AUTH: 865368

BASE \$9.42

TIP 2.00

TOTAL \$11.42

JOHN HUGGINS

CUSTOMER COPY

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

05/12/2009 18:46:54
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0035
Batch #: 000280
SERVER 0002
Approval Code: 565638
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$25.58

TIP 5.00

TOTAL AMOUNT \$30.58

SALE RECEIPT

Store #16338 tko 05/14/09 14:04:19
Subway Sandwiches & Salads
937 E. Church Street
MARTINSVILLE VA 24112
276-634-5667

Trans# 111 Clerk 15 Dwr 1 TRDT 051409
Receipt # 0000157468 Reg-ID REG-MAIN
--- ITEM --- QTY PRICE MEMO PLU
ChTeri6 6r 1 TD\$ 3.47FFITML 18262
DRK-21oz 1 T \$ 1.39FFITML 10002
CHIPS 1 T \$ 0.99FFITML 10020

SUBTOTAL \$ 5.85
Sales Tx \$ 0.64

TAKE-OUT **TOTAL \$ 6.49
CredCardAMT TEND \$ 6.49

CHANGE DUE\$ 0.00

warm up with a hot bowl of
soup!!

Approval No: 526849
Reference No: 913418402566
Account No: *****1292
Card Issuer: AMERICANEXPRESS
Amount: \$6.49



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Rod Pruett	DEPARTMENT Consulting	LOCATION 111 N. Chesnut St. Winston Salem, NC 27101	DATE 5/18/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/10/2009	5/11/2009	5/12/2009	5/13/2009	5/14/2009	5/15/2009	5/16/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$66.00	\$66.00	\$66.00	\$66.00			\$264.00
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL								
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Copy Charges)								
11	SUBTOTAL LINES 1 - 10		\$66.00	\$66.00	\$66.00	\$66.00			\$264.00
12	BREAKFAST								
13	LUNCH								
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16								
18	GRAND TOTAL		\$66.00	\$66.00	\$66.00	\$66.00			\$264.00

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM		W-S	W-S	W-S	W-S		
TRAVEL TO		Martinsville	Martinsville	Martinsville	Martinsville		
TRAVEL TO		W-S	W-S	W-S	W-S		
AUTO MILEAGE		120	120	120	120		

\$264.00

Explanation of trip including city (cities) visited:

American of Martinsville

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$264.00
				food	
					\$264.00

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			
TELEPHONE			
FOOD			
OTHER			

TOTAL ADVANCES

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #	
PC VOUCHER #	
DUE EMPLOYEE	\$264.00

EMPLOYEE SIGNATURE	APPROVAL SIGNATURE
DELIVER CHECK TO	PRINT NAME & TITLE Rod Pruett



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Gary Bumgarner	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/18/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES	5/3/2009	5/4/2009	5/5/2009	5/6/2009	5/7/2009	5/8/2009	5/9/2009	
NO.	EXPENSE ITEM							TOTALS
1	AIR FARE							
2	AUTO RENTAL							
3	TAXI - ETC.							
4	MILEAGE	@	\$0.550			\$138.60		\$138.60
5	GAS & OIL							
6	PARKING, TOLLS							
7	HOTEL							
8	TELEPHONE							
9	TIPS (other than meals)							
10	OTHER (Copy Charges)							
11	SUBTOTAL LINES 1 - 10				\$138.60			\$138.60
12	BREAKFAST							
13	LUNCH							
14	DINNER							
15	ENTERTAINMENT							
16	OTHER							
17	SUBTOTAL LINES 12 - 16							
18	GRAND TOTAL				\$138.60			\$138.60

Paid by

Sunrise

\$138.60

\$138.60

\$138.60

\$138.60

\$138.60

EXPLANATION OF TRANSPORTATION EXPENSE

\$138.60

TRAVEL FROM				Hickory, NC	
TRAVEL TO				Martinsville	
TRAVEL TO				Hickory, NC	
AUTO MILEAGE					

Explanation of trip including city (cities) visited:

Aom

ADVANCES: DOCUMENT # DATE AMOUNT

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

TELEPHONE

FOOD

OTHER

TOTAL ADVANCES

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

PC VOUCHER #

\$138.60

EMPLOYEE SIGNATURE Gary Bumgarner

APPROVAL SIGNATURE

DELIVER CHECK TO Gary Bumgarner

PRINT NAME & TITLE



SUNRISE
technologies

BILL TO

American of Martinsville
Noel Chitwood
Ekta Chopra
128 E. Church St.
Martinsville, VA 24112

REMIT TO

Sunrise Technologies, Inc
111 N. Chestnut St.
Suite 300
Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4960	5/18/2009		Net 45	7/2/2009	
DESCRIPTION			HOURS	RATE per HR	AMOUNT
SDS-AOM_AR_102 - Sales Documents Additional 1 - 05/04-05/17			22	75.00	1,650.00
SDS-AOM_AR_103 - Deposits on Invoice - 05/04-05/17			12	75.00	900.00
AOM Dynamics AX Implementation				Total	\$2,550.00



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4980	6/1/2009		Net 45	7/16/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 05/18-05/31		8	1,400.00		11,200.00
John Huggins - Supply Chain Consultant - AOM - 05/18-05/31		9	1,400.00		12,600.00
Gary Bumgarner - Technical Architect - AOM - 05/18-05/31		4	1,600.00		6,400.00
Reimbursable Travel Expense - Susan Mitchell - 05/18-05/22			478.12		478.12
Reimbursable Travel Expense - Susan Mitchell - 05/25-05/29			290.85		290.85
Reimbursable Travel Expense - John Huggins - 05/18-05/22			567.74		567.74
Reimbursable Travel Expense - John Huggins - 05/25-05/29			506.21		506.21
Reimbursable Travel Expense - Gary Bumgarner - 05/25-05/29			424.29		424.29
AOM Phase B Project			Total		\$32,467.21



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chesnut St. Winston Salem, NC 27101	DATE 5/22/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/17/2009	5/18/2009	5/19/2009	5/20/2009	5/21/2009	5/22/2009	5/23/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550				\$119.35		\$114.95		\$234.30
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL				190.46				\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10				\$309.81		\$114.95		\$424.76
12	BREAKFAST								
13	LUNCH		19.31	\$16.29	\$17.76				\$53.36
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$19.31	\$16.29	\$17.76				\$53.36
18	GRAND TOTAL		\$19.31	\$16.29	\$327.57		\$114.95		\$478.12

EXPLANATION OF TRANSPORTATION EXPENSE

\$478.12

TRAVEL FROM	Home	Home	
TRAVEL TO	Martinsville	Martinsville	Martinsville
TRAVEL TO		Home	Home
AUTO MILEAGE		217	209

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan and John

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$424.76
				food	\$53.36
					\$478.12

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$190.46
TELEPHONE			
FOOD			\$53.36
OTHER			
TOTAL ADVANCES			\$243.82
DUE COMPANY (ATTACH REFUND)			
MANUAL CHECK #			
DUE EMPLOYEE PC VOUCHER #			
			\$234.30

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276-647-4700 FAX 276-647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR

name
address

RALEIGH, NC 27815
US

room number: 418/KXTD
arrival date: 5/18/2009 5:19:00PM
departure date: 5/20/2009
adult/child: 1/0
room rate: \$89.00

NOTE: COTTON-RESEALABLE PACKETS OF TOILET TISSUE ARE PROVIDED TO GUESTS AT NO CHARGE. A FEE WILL BE CHARGED ON THE AMOUNT FOR THE FULL UNRESEALABLE PACKETS OF TOILET TISSUE TO BE USED TO THE HOTEL. INCLUDING ESTIMATED MODELS, THROUGHOUT THE DATE OF CHECK-OUT AND SUCH FUNDS WILL NOT BE REFUSED FOR THE OUTSTANDING FROM THE DATE OF CHECK-OUT OR LONGER AT THE DISCRETION OF YOUR RESORT'S MANAGEMENT.

RATE PLAN LVO
HH# 654967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 86946394

5/20/2009 PAGE 1

Rate subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A 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 organization fails to pay for any part of the full amount of these charges. I have requested week-day delivery of USA TODAY. Included a amount of \$ 75 will be applied to my account in the event of an emergency. If someone in my party require special evaluation due to a physical disability. Please indicate by checking here: ☐

signature:

date	reference	description	amount
5/18/2009	491489	GUEST ROOM	\$89.00
5/18/2009	491489	STATE TAX	\$3.56
5/18/2009	491489	COUNTY TAX	\$0.89
5/18/2009	491489	OCCUPANCY TAX	\$1.78
5/19/2009	491586	GUEST ROOM	\$89.00
5/19/2009	491586	STATE TAX	\$3.56
5/19/2009	491586	COUNTY TAX	\$0.89
5/19/2009	491586	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1409			\$190.46
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			
You have earned approximately 3560 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups .			

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

account no.	date of charge	folio/check no.
card member name	authorization	141503 A initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	

The Hilton Family



Hilton HHonors

thanks.

PANINIS RESTAURANT
140 E MAIN STREET
MARTINSVILLE VA 24112
773-678-4462

Receipt #: 000009954009
Tax #: 00141435
Server ID: 1

**YOUR RECEIPT
THANK YOU
CALL AGAIN**

Arts Etc Inc
45 EAST CHURCH STREET
MARTINSVILLE VA 24112
278 856 6885

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 33 05/18/2009 12:14 PM 10033

Sale:

DLG 03-18-2009 12:07 000009954009

000009954009

ANCH

Entry Method: Scanned

Amount:

Tip:

Total:

14.76

3.00

17.76

05/20/09

12:51:58

Inv #: 000009

Appr Code: 521597

Approved: Online

Batch#: 000351

Customer Copy
THANK YOU!

SANDWICH	1112	\$4.50
SANDWICH	1112	\$4.50
CUP SOUP	1112	\$2.50
PLUGGERS	1112	\$1.75
COKE BOTTLE 11		\$1.50
TAX AMT 1		\$14.75
SALES TAX		\$0.74
TAX AMT 2		\$13.25
MEALS TAX		\$0.80
TAX		\$1.54
CHARGE		\$16.29

NO CASH REFUNDS
STORE CREDIT ONLY
FOR RETURNS

1/2 Panini 1/2 Soup	6.95
7 Bean Soup	
Veggie Panini	
NO Pesto	
Unwind Club Panini	6.95
Soup Of The Day	3.50
7 Bean Soup	
Table Number	0.00
Subtotal	17.40
Tax	1.91

Order Total 19.31

AMEX #XXXXXXXXXXXX1409 19.31
Auth:565488

Tip : _____

TOTAL : _____

TOTAL :

SIGNATURE : _____

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage When You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/29/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/24/2009	5/25/2009	5/26/2009	5/27/2009	5/28/2009	5/29/2009	5/30/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550				\$114.95	\$114.95			\$229.90
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL								
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10				\$114.95	\$114.95			\$229.90
12	BREAKFAST								
13	LUNCH				\$29.56	\$31.39			\$60.95
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16				\$29.56	\$31.39			\$60.95
18	GRAND TOTAL				\$144.51	\$146.34			\$290.85

EXPLANATION OF TRANSPORTATION EXPENSE

\$290.85

TRAVEL FROM		Home	Home
TRAVEL TO		Martinsville	Martinsville
TRAVEL TO		Home	Home
AUTO MILEAGE		209	209

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan, John and Gary

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$229.90
				food	\$60.95
					\$290.85

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			
TELEPHONE			
FOOD			\$60.95
OTHER			
TOTAL ADVANCES			\$60.95

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #	
PC VOUCHER #	
DUE EMPLOYEE	\$229.90

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE

EL PARRAL REST #2
670 COMMONWEALTH BLV
MARTINSVILLE VA 2411

BATCH: 271
S-A-L-E-S D-R-A-F-T
7658798
009433708002

SERVER: 2
REF: 8913
CD TYPE: AMEX
TR TYPE: PURCHASE
DATE: MAY 28, 09 12:51:38

AMOUNT \$31.39
TIP -----

TOTAL -----
ACCT: 1409 EXP: **/**
AP: 583186
NAME: SUSAN MITCHELL

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

CUSTOMER COPY

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655

MERC # 0000001646853
TERM ID: 00184024 0003

05/27/09 12:14P
*****1409 AX
EXP: *****
SALE REF#: 0003
BATCH# 649 AUTH# 569359
AMOUNT \$28.56

TIP -----
TOTAL -----

APPROVED

CUSTOMER COPY



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/24/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/17/2009	5/18/2009	#	5/19/2009	5/20/2009	5/21/2009	5/22/2009	5/23/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25					\$41.25		\$82.50
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		95.23		\$95.23	\$95.23	\$95.23			\$380.92
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$95.23	\$41.25		\$463.42
12	BREAKFAST									
13	LUNCH						\$6.52			\$6.52
14	DINNER		\$37.31		\$34.60	\$14.47	\$11.42			\$97.80
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$37.31		\$34.60	\$14.47	\$17.94			\$104.32
18	GRAND TOTAL		\$173.79		\$129.83	\$109.70	\$113.17	\$41.25		\$567.74

EXPLANATION OF TRANSPORTATION EXPENSE

\$567.74

TRAVEL FROM	home								
TRAVEL TO	GSO								
TRAVEL TO	home								
AUTO MILEAGE			75					75	

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 5/18 and 5/19 Susan and John

Mastercard payments noted on receipts

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$463.42
				food	\$104.32
					\$567.74

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$380.92
TELEPHONE			
FOOD			\$92.90
OTHER			
TOTAL ADVANCES			\$473.82
DUE COMPANY (ATTACH REFUND)			
MANUAL CHECK # _____			
DUE EMPLOYEE PC VOUCHER # _____			
			\$93.92

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 419/KXTE
arrival date: 5/18/2009 5:00:00PM
departure date: 5/22/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LV0
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 82212362

5/22/2009 PAGE 1

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 \$.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
5/18/2009	491490	GUEST ROOM	\$89.00
5/18/2009	491490	STATE TAX	\$3.56
5/18/2009	491490	COUNTY TAX	\$0.89
5/18/2009	491490	OCCUPANCY TAX	\$1.78
5/19/2009	491587	GUEST ROOM	\$89.00
5/19/2009	491587	STATE TAX	\$3.56
5/19/2009	491587	COUNTY TAX	\$0.89
5/19/2009	491587	OCCUPANCY TAX	\$1.78
5/20/2009	491737	GUEST ROOM	\$89.00
5/20/2009	491737	STATE TAX	\$3.56
5/20/2009	491737	COUNTY TAX	\$0.89
5/20/2009	491737	OCCUPANCY TAX	\$1.78
5/21/2009	491853	GUEST ROOM	\$89.00
5/21/2009	491853	STATE TAX	\$3.56
5/21/2009	491853	COUNTY TAX	\$0.89
5/21/2009	491853	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$380.92
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			

You have earned approximately 7370 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

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

account no.	date of charge	folio/check no.
card member name	authorization	142148 A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00

X



283 Commonwealth Blvd
Martinsville Va 24112
276-632-7133 Fax 276-632-7656
www.texassteakhouse.com

Date: May18'09 06:55PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX1292
Trans Key: AIA001719877860
Exp Date: XX/XX
Auth Code: 562671
Check: 2923
Table: E3/1
Server: 266 TYLER

Subtotal: 31.31

Tip Amount: 6.00

Total: 37.31

Signature: *[Signature]*

PIGS R US
1014 LIBERTY ST
MARTINSVILLE VA 24112
276-632-1161

Merchant ID: 000002066598
Term ID: 00172120 Ref #: 0062
Server ID: 75

Sale

XXXXXXXXXX1292

AMEX Entry Method: Swiped

Amount: \$ 11.97

Tip: 2.50

Total: \$14.47

05/20/09

19:02:12

WENDY'S
2801 VIRGINIA AVENUE
COLLINSVILLE, VA 24078
(276) 647-4888

Sale

Clerk ID: 1
ID: 008
Merchant ID: 00019792770
Bank ID: 1340
05/21/09
Batch#: 141001
Retrieval Ref #: 80603157

12:27:00

AMEX

Entry Method: Swiped

XXXXXXXXXX1292

Appr Code: 543309

Inv #: 000002

Total: \$ 6.52

Customer Copy

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

05/19/2009
Merchant ID:
Terminal ID:
4450553540

19:01:18
000000004340543
01573118

CREDIT CARD
AMEX SALE

CARD #
INVOICE
Batch #:
SERVER
Approval Code:
Entry Method:
Approved:

XXXXXXXXXX1292
0033
000287
0008
580146
Swiped
Online

PRE-TIP AMT

TIP

\$28.60

6.00

TOTAL AMOUNT

\$34.60

CUSTOMER COPY

CHINA BUFFET
1090 MEMORIAL BLVD.
MARTINSVILLE, VA 24111

Terminal ID: 01149561
Merchant #: 323545438992

MC SUR. 3609

*****8993
SALE
BATCH: 000637
DATE: May 21, 09
SEQ: 0015

INV: 355337
TIME: 19:04
AUTH: 74494B

BASE \$9.42

TIP 2.00

TOTAL \$11.42

JOHN HUGGINS

CUSTOMER COPY



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 5/31/2009
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INSTRUCTIONS:

Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/24/2009	2/25/2009 #	5/26/2009	5/27/2009	5/28/2009	5/29/2009	5/30/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550			41.250			41.25		\$82.50
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL			\$95.23	\$95.23	\$95.23			\$285.69
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Cleaners and Groceries)								
11	SUBTOTAL LINES 1 - 10			\$136.48	\$95.23	\$95.23	\$41.25		\$368.19
12	BREAKFAST								
13	LUNCH			\$16.27			\$32.97		\$49.24
14	DINNER			\$32.14	\$21.72	\$34.92			\$88.78
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16			\$48.41	\$21.72	\$34.92	\$32.97		\$138.02
18	GRAND TOTAL			\$184.89	\$116.95	\$130.15	\$74.22		\$506.21

EXPLANATION OF TRANSPORTATION EXPENSE

\$506.21

TRAVEL FROM	home							
TRAVEL TO	GSO							
TRAVEL TO	home							
AUTO MILEAGE				75			75	

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 5/26, 5/27, 5/28 and Lunch 5/26 and 5/29 Gary and John

Dinner Susan and John

Mastercard payments noted on receipts

ADVANCES:

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

TELEPHONE

FOOD

OTHER

DOCUMENT # DATE AMOUNT

\$285.69

\$121.75

TOTAL ADVANCES → \$407.44

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$98.77

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$368.19
				food	\$138.02

\$506.21

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

DELIVER CHECK TO John Huggins

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 417/KXTD
arrival date: 5/26/2009 5:28:00PM
departure date: 5/29/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 86826746

5/29/2009 PAGE 1

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 \$.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
5/26/2009	492252	GUEST ROOM	\$89.00
5/26/2009	492252	STATE TAX	\$3.56
5/26/2009	492252	COUNTY TAX	\$0.89
5/26/2009	492252	OCCUPANCY TAX	\$1.78
5/27/2009	492355	GUEST ROOM	\$89.00
5/27/2009	492355	STATE TAX	\$3.56
5/27/2009	492355	COUNTY TAX	\$0.89
5/27/2009	492355	OCCUPANCY TAX	\$1.78
5/28/2009	492473	GUEST ROOM	\$89.00
5/28/2009	492473	STATE TAX	\$3.56
5/28/2009	492473	COUNTY TAX	\$0.89
5/28/2009	492473	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$285.69
EFFECTIVE BALANCE OF			\$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.

Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups.

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

account no.	date of charge	folio/check no.
card member name	authorization	142369 A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services
		taxes
		tips & misc.
signature of card member	total amount	

X

TASTY CREAM DONUTS
24 W CHURCH STREET
MARTINSVILLE, VA 24114
(276) 656-1117

Merchant ID: 720000137284

Sale

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

05/26/2009
Merchant ID:
Terminal ID:
4450553540

19:00:32
000000004340543
01573118

PIGS R US
1014 LIBERTY ST
MARTINSVILLE VA 24112
276-632-1161

Merchant ID: 000002066598
Term ID: 00172120 Ref #: 0056
Server ID: 1

Sale

CREDIT CARD
AMEX SALE

XXXXXXXXXX1292

MASTERCARD

Total:

05/26/09

Inv#: 000009

Approved: Online

Entry Method: Swiped

\$ 16.27

12:36:26

Appr Code: 222528

Batch#: 000520

CARD #
INVOICE
Batch #:
SERVER
Approval Code:
Entry Method:
Approved:

PRE-TIP AMT

TIP

TOTAL AMOUNT

XXXXXXXXXX1292
0032
000294
0002
502895
Swiped
Online

\$26.14

\$6.00

\$32.14

XXXXXXXXXX1292

AMEX

Entry Method: Swiped

Amount: \$ 17.72

Tip: 4.00

Total: \$ 21.72

05/27/09 19:02:24

Inv #: 000056 Appr Code: 527892

Customer Copy
THANK YOU!
PLEASE COME AGAIN!

CUSTOMER COPY



283 Commonwealth Blvd
Martinsville Va 24112
276-632-7133 Fax 276-632-7656
www.texassteakhouse.com

Date: May28'09 07:15PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX1292
Trans Key: EIE001369360563
Exp Date: XX/XX
Auth Code: 504942
Check: 2229
Table: F3/1
Server: 201 STEVEN

Subtotal: 28.92

Tip Amount: \$ 6.00

Total: \$34.92

Signature: *John E. Higgins*

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 41 05/29/2009
12:13 PM
10041

Table Number 0.00
Unwind Club Panini (2 @6.95) 13.90
Soup Of The Day (2 @3.50) 7.00
(2) Cheese Red Pot Chowder
Iced Tea Medium (2 @1.70) 3.40

Subtotal 24.30
Tax 2.67

Order Total 26.97

AMEX #XXXXXXXXXX1292 26.97
Auth:564717

Tip : 6.00

TOTAL : \$ 32.97

TOTAL :

SIGNATURE : *[Signature]*



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Gary Bumgarner DEPARTMENT Consulting LOCATION 111 N. Chestnut St. Winston Salem, NC 27101 DATE 6/1/2009

INSTRUCTIONS:

Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES	5/24/2009	5/25/2009	5/26/2009	5/27/2009	5/28/2009	5/29/2009	5/30/2009	
NO. EXPENSE ITEM								TOTALS
1 AIR FARE								
2 AUTO RENTAL								
3 TAXI - ETC.								
4 MILEAGE @ \$0.550			\$69.30			\$69.30		\$138.60
5 GAS & OIL								
6 PARKING, TOLLS								
7 HOTEL			\$95.23	\$95.23	\$95.23			\$285.69
8 TELEPHONE								
9 TIPS (other than meals)								
10 OTHER (Copy Charges)								
11 SUBTOTAL LINES 1 - 10			\$164.53	\$95.23	\$95.23	\$69.30		\$424.29
12 BREAKFAST								
13 LUNCH								
14 DINNER								
15 ENTERTAINMENT								
16 OTHER								
17 SUBTOTAL LINES 12 - 16								
18 GRAND TOTAL			\$164.53	\$95.23	\$95.23	\$69.30		\$424.29

Paid by

Sunrise

\$138.60

\$285.69

\$138.60 \$285.69 \$424.29

\$138.60 \$285.69 \$424.29

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM Hickory, NC Martinsville, Va
TRAVEL TO Martinsville, Va Hickory, NC
TRAVEL TO
AUTO MILEAGE

\$424.29

Explanation of trip including city (cities) visited:

AOM - Barcalounger Project

ADVANCES: DOCUMENT # DATE AMOUNT

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

\$285.69

TELEPHONE

FOOD

OTHER

ACCOUNT NUMBER

DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$424.29
				food	

TOTAL ADVANCES

\$285.69

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

PC VOUCHER #

\$138.60

EMPLOYEE SIGNATURE Gary Bumgarner

APPROVAL SIGNATURE

DELIVER CHECK TO Gary Bumgarner

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 213/SXBL
arrival date: 5/26/2009 5:31:00PM
departure date: 5/27/2009
adult/child: 1/0
room rate: \$89.00

If the credit card you are using for checkout 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.

RATE PLAN LV0
HH#
AL
BONUS AL CAR

Confirmation: 80845052

5/27/2009 PAGE 1

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 \$3.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evaluation due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
5/26/2009	492229	GUEST ROOM	\$89.00
5/26/2009	492229	STATE TAX	\$3.56
5/26/2009	492229	COUNTY TAX	\$0.89
5/26/2009	492229	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1557			\$95.23
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			

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

account no.	date of charge	folio/check no.
card member name	authorization 142402	initial
establishment no. and location	establishment agrees to transmit to cardholder for payment	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00

The Hilton Family

Hilton

CONRAD

Hampton

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Hampton

Hampton

Hampton

thanks.



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 213/SXBL
arrival date: 5/26/2009 5:46:00PM
departure date: 5/28/2009 12:15:00PM
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 227066682 BLUE
AL US #41486H4
BONUS AL CAR

Confirmation: 80845052

5/28/2009 PAGE 1

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 \$.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
5/26/2009	492229	GUEST ROOM	\$89.00
5/26/2009	492229	STATE TAX	\$3.56
5/26/2009	492229	COUNTY TAX	\$0.89
5/26/2009	492229	OCCUPANCY TAX	\$1.78
5/27/2009	492290	AX *1557	(\$95.23)
5/27/2009	492330	GUEST ROOM	\$89.00
5/27/2009	492330	STATE TAX	\$3.56
5/27/2009	492330	COUNTY TAX	\$0.89
5/27/2009	492330	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 1780 HHonors points and approximately 178 miles with US Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Fam

Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups.

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

account no.	date of charge	folio/check no.
card member name	authorization 142402	initial A
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	0.00

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Hilton HHonors

thanks.



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 213/SXBL
arrival date: 5/26/2009 5:23:00PM
departure date: 5/29/2009 12:41:00PM
adult/child: 1/0
room rate: \$89.00

If this 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 days from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN LVG
HH# 227066682 BLUE
AL US #414B6H4
BONUS AL CAR

Confirmation: 80845052

5/29/2009 PAGE 1

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 named person, company or association fails to pay for any part of the full amount of these charges. I have requested weekly delivery of USA TODAY. If refused, a credit of \$.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
5/26/2009	492229	GUEST ROOM	\$89.00
5/26/2009	492229	STATE TAX	\$3.56
5/26/2009	492229	COUNTY TAX	\$0.89
5/26/2009	492229	OCCUPANCY TAX	\$1.78
5/27/2009	492290	AX *1557	(\$95.23)
5/27/2009	492330	GUEST ROOM	\$89.00
5/27/2009	492330	STATE TAX	\$3.56
5/27/2009	492330	COUNTY TAX	\$0.89
5/27/2009	492330	OCCUPANCY TAX	\$1.78
5/28/2009	492394	AX *1557	(\$95.23)
5/28/2009	492450	GUEST ROOM	\$89.00
5/28/2009	492450	STATE TAX	\$3.56
5/28/2009	492450	COUNTY TAX	\$0.89
5/28/2009	492450	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1557			\$95.23
EFFECTIVE BALANCE OF			\$0.00

You have earned approximately 1780 HHonors points and approximately 178 miles with US Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Fam

Got a child that plays sports? Hampton is the place for room blocks dedicated to your little star athlete and their friends. See what we can offer your group by visiting hampton.com/groups.

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

account no.	date of charge	folio/check no.
card member name	authorization 142462	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00

The Hilton Family



Hilton HHonors

thanks.



SUNRISE
technologies

BILL TO

American of Martinsville
Noel Chitwood
Ekta Chopra
128 E. Church St.
Martinsville, VA 24112

REMIT TO

Sunrise Technologies, Inc
111 N. Chestnut St.
Suite 300
Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4985	6/1/2009		Net 45	7/16/2009	
DESCRIPTION		HOURS	RATE per HR		AMOUNT
SDS-AOM_AR_103 - Deposits on Invoice - 05/18-05/31		16	75.00		1,200.00
AOM Phase B Project			Total		\$1,200.00



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4998	6/15/2009		Net 45	7/30/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 06/01-06/14		9.5	1,200.00		11,400.00
Susan Mitchell - Project Manager/Financial Consultant - AOM - 05/04-05/14 (credit for rate being charged incorrectly)		8.5	-200.00		-1,700.00
Susan Mitchell - Project Manager/Financial Consultant - AOM - 05/18-05/31 (credit for rate being charged incorrectly)		8	-200.00		-1,600.00
John Huggins - Supply Chain Consultant - AOM - 06/01-06/14		9.5	1,200.00		11,400.00
John Huggins - Supply Chain Consultant - AOM - 05/04-05/17 (credit for rate being charged incorrectly)		9.5	-200.00		-1,900.00
John Huggins - Supply Chain Consultant - AOM - 05/18-05/31 (credit for rate being charged incorrectly)		9	-200.00		-1,800.00
Gary Bumgarner - Technical Architect - AOM - 06/01-06/14		8	1,600.00		12,800.00
Rod Pruett - Technical Architect - AOM - 06/01-06/14		2.5	1,600.00		4,000.00
Reimbursable Travel Expense - Susan Mitchell - 06/01-06/05			399.91		399.91
Reimbursable Travel Expense - Susan Mitchell - 06/08-06/12			557.87		557.87
Reimbursable Travel Expense - John Huggins - 06/01-06/05			495.55		495.55
AOM Phase B Project				Total	



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
4998	6/15/2009		Net 45	7/30/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Reimbursable Travel Expense - John Huggins - 06/08-06/12			474.90		474.90
Reimbursable Travel Expense - Gary Bumgarner - 06/01-06/05			329.06		329.06
Reimbursable Travel Expense - Gary Bumgarner - 06/08-06/12			442.47		442.47
Reimbursable Travel Expense - Rod Pruett - 06/08-06/12			132.00		132.00
AOM Phase B Project				Total	\$35,431.76



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St Winston Salem, NC 27101	DATE 6/5/2009
------------------------	--------------------------	--	------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		5/31/2009	6/1/2009	6/2/2009	6/3/2009	6/4/2009	6/5/2009	6/6/2009	
NO	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550			\$126.50	\$66.00	\$66.00			\$258.50
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL			95.23					\$95.23
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10			\$221.73	\$66.00	\$66.00			\$353.73
12	BREAKFAST								
13	LUNCH		24.28	\$21.90					\$46.18
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$24.28	\$21.90					\$46.18
18	GRAND TOTAL		\$24.28	\$243.63	\$66.00	\$66.00			\$399.91

EXPLANATION OF TRANSPORTATION EXPENSE

\$399.91

TRAVEL FROM	Home	Home	Home	
TRAVEL TO	Martinsville	Martinsville	Rocky Mount	Rocky Mount
TRAVEL TO		Home	Home	Home
AUTO MILEAGE		230	120	120

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan, John and Gary

Rocky Mount NC - AOM/Barcalounger

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$353.73
				food	\$46.18
					\$399.91

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$95.23
TELEPHONE			
FOOD			\$24.28
OTHER			
TOTAL ADVANCES			\$119.51

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #	
PC VOUCHER #	
DUE EMPLOYEE	\$280.40

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276-647-4700 FAX 276-647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

name
address

room number: 414/KXFD
arrival date: 6/1/2009 5:28:00PM
departure date: 6/2/2009
adult/child: 1/0
room rate: \$89.00

If the debited card you are using for credit is attached to a bank or checking account, a hold will be placed on the account for the full card pre-authorized amount to be posted to the hotel including estimated room taxes, through your date of check-out and your funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN LVO
HH# 654987063 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 80785219

Guests subject to applicable rates, 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 use in the lobby. I agree that my liability for the full amount of these charges shall be held immediately payable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. I have requested immediate delivery of USA TODAY. If refused, a credit of \$1.75 will be applied to my account. In the event of an emergency, someone in my party needs to be reached, please indicate your cell phone number on a separate facility. Please indicate your check-in time ☐

6/2/2009 PAGE 1

signature:

date	reference	description	amount
------	-----------	-------------	--------

6/1/2009	492843	GUEST ROOM	\$89.00
6/1/2009	492843	STATE TAX	\$1.56
6/1/2009	492843	COUNTY TAX	\$0.89
6/1/2009	492843	OCCUPANCY TAX	\$1.78

WILL BE SETTLED TO AX 11409 \$85.23
EFFECTIVE BALANCE OF \$0.00

You have earned approximately 1760 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.

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

account no.	date of charge		folio/check no.
card member name	authorization	142493	A initial
establishment no. and location <small>establishment agrees to charge to card to this for payment</small>	purchases & services		
	taxes		
	tips & misc.		
signature of card member X	total amount	0.00	

The Hilton Family



Hilton HHonors

thanks

ZAXBY'S



ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6666

MERC # 0000001646853
TERM ID: 00184024 0003

05/01/09 12:07P

*****1409 AK

EXP: *****

SALE REF#: 0005

BATCH# 653 AUTH# 549231

AMOUNT \$24.26

TIP

TOTAL

APPROVED

CUSTOMER COPY

Personal

FAMOUS SUBS MORE
811 LIBERTY ST
MARTINSVILLE, VA 24112

06/02/2009
Merchant ID:
Terminal ID:
825227535897

12:16:33 736,XXXXXXXXXXXX1409,
000000004439436 12:25
01738677

CREDIT CARD

VISA SALE

CARD # XXXXXXXXXXXXXXX2712
INVOICE 0008
Batch #: 000126
Approval Code: 006932
Entry Method: Swiped
Approved: Online

MDSE/SERVICES \$21.90

TIP

TOTAL AMOUNT

21.90

CUSTOMER COPY

F-0069 *Party 1
MONIQUE G Swick: 50 12:25p 06/03/09
COUNT LEFT BACKUP

1 ZENSATION PALAD 6.29
1 REG DRINK 1.49

Sub Total: 7.78

Tax: 0.53

06/03 12:25 TOTAL: 8.31

ZAXBY'S MISSION
STATEMENT
"CONSISTENTLY
CREATE ENCORE
EXPERIENCES THAT
ENRICH LIVES ONE
PERSON AT A TIME!!"

COASTER #: 0

AMT-TEND CHANGE TALLY
8.31 8.31

8.31

COPY COPY COPY COPY COPY COPY COPY COPY
Return Check
F-0069 Table 2 *Party 1
MONIQUE G Swick: 50 12:25p 06/03/09
COUNT LEFT BACKUP

1 ZENSATION PALAD -6.29
1 REG DRINK -1.49

Sub Total: -7.78

Tax: -0.53

06/03 12:57 TOTAL: -8.31

ZAXBY'S MISSION
STATEMENT
"CONSISTENTLY
CREATE ENCORE
EXPERIENCES THAT
ENRICH LIVES ONE
PERSON AT A TIME!!"

COASTER #: 0

AMT-TEND CHANGE TALLY
ANEX -8.31 -8.31
-8.31

Memo: 4,XXXXXXXXXXXX1409, -8.31

Memo: DFR: 223

06/03/09 12:57

MONIQUE G



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell		DEPARTMENT Consulting		LOCATION 111 N. Chesnut St. Winston Salem, NC 27101				DATE 6/12/2009	
INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.									
TRAVEL DATES		6/7/2009	6/8/2009	6/9/2009	6/10/2009	6/11/2009	6/12/2009	6/13/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550					\$119.35	\$66.00		\$185.35
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL					285.69			\$285.69
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10					\$405.04	\$66.00		\$471.04
12	BREAKFAST								
13	LUNCH		24.14	\$25.03	\$15.28	\$22.38			\$86.83
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$24.14	\$25.03	\$15.28	\$22.38			\$86.83
18	GRAND TOTAL		\$24.14	\$25.03	\$15.28	\$427.42	\$66.00		\$557.87

EXPLANATION OF TRANSPORTATION EXPENSE						\$557.87
TRAVEL FROM	Home					Home
TRAVEL TO	Martinsville	Martinsville	Martinsville	Martinsville	Rocky Mount	
TRAVEL TO				Home	Home	
AUTO MILEAGE				217	120	

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan, John and Gary

Rocky Mount NC - AOM/Barcalounger

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$471.04
				food	\$86.83
					\$557.87

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$285.69
TELEPHONE			
FOOD			\$40.31
OTHER			
TOTAL ADVANCES			\$326.00
DUE COMPANY (ATTACH REFUND)			
MANUAL CHECK #			
DUE EMPLOYEE		PC VOUCHER #	
		\$231.87	

EMPLOYEE SIGNATURE	APPROVAL SIGNATURE
DELIVER CHECK TO	PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276-647-4700 FAX 276-647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

name
address

room number: 211/KX/PL
arrival date: 6/8/2009 5:00:00PM
departure date: 6/11/2009
adult/child: 1/0
room rate: \$89.00

If the credit card you are using for checkout is attached to a debit or checking account, and is not being placed on the account for the full and posted dollar amount to be owed to the hotel, including estimated tax/duty, through your date of check-out, and such funds will not be reserved for 10 business days from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN LVO
HH# 854867083 DIAMOND
AL AA #5N403X6
BONUS AL CAR

Confirmation: 86734723

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or credit card intended to be held in your room. A security deposit may be available for you at the hotel. I agree to hold the hotel harmless and agree to be held personally liable in the event that the designated person, corporation, or association fails to pay for any part of the full amount of these charges. I have requested verbally, delivery of USA Olympic logo and \$75 will be applied to my account in the event of an emergency, or someone in my party requires special evaluation due to a physical disability. Please indicate yes by checking here. ☐
signature:

6/11/2009 PAGE 1

6/8/2009	493572	GUEST ROOM	\$89.00
6/8/2009	493572	STATE TAX	\$3.56
6/8/2009	493572	COUNTY TAX	\$0.89
6/8/2009	493572	OCCUPANCY TAX	\$1.78
6/9/2009	493675	GUEST ROOM	\$89.00
6/9/2009	493675	STATE TAX	\$3.56
6/9/2009	493675	COUNTY TAX	\$0.89
6/9/2009	493675	OCCUPANCY TAX	\$1.78
6/10/2009	493775	GUEST ROOM	\$89.00
6/10/2009	493775	STATE TAX	\$3.56
6/10/2009	493775	COUNTY TAX	\$0.89
6/10/2009	493775	OCCUPANCY TAX	\$1.78

WILL BE SETTLED TO AX *1400 \$285.69
EFFECTIVE BALANCE OF \$0.00

You have earned approximately 5340 Hilton HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.

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

account no.

date of charge folio/check no.

card member name

authorization 142494 initial

establishment no. and location

purchases & services

taxes

tips & misc

signature of card member

total amount

0.00

The Hilton Family

Hilton HHonors

thanks

Personal
TASTY CREAM DONUTS
24 N CHURCH STREET
MARTINSVILLE, VA 24112
(276) 656-1117

Merchant ID: 720200137264

Sale

XXXXXXXXXX02712

VISA

Entry Method: Swiped

Total: \$ 24.14

06/09/09 12:12:40

Inv#: 000007 Appr Code: 000004

Approved: Online Batch#: 000001

Customer Copy
THANK YOU!
PLEASE COME AGAIN!

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-656-6655

MERC # 0000001646853
TERM ID: 00194024 0003

06/10/09 12:05P

*****1405 AX

EXP: 00000

SALE REF#: 0005

BATCH# 661 AUTH# 554624

AMOUNT \$15.28

TIP -----

TOTAL -----

APPROVED

CUSTOMER COPY

Personal

TASTY CREAM DONUTS
24 N CHURCH STREET
MARTINSVILLE, VA 24112
(276) 656-1117

Merchant ID: 720200137264

Sale

XXXXXXXXXX02712

VISA

Entry Method: Swiped

Total: \$ 22.35

06/11/09 12:15:18

Inv#: 000005 Appr Code: 000004

Approved: Online Batch#: 000004

Customer Copy
THANK YOU!
PLEASE COME AGAIN!

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Recd:
49

06/09/2009
12:38 PM
10049

1/2 Panini 1/2 Soup 6.95
7 Bean Soup
Veggie Panini 6.95
Unwind Club Panini 6.95
Beef & Cheddar 1.70
Iced Tea Medium

Subtotal 22.55
Tax 2.48

Order Total 25.03

AMEX #XXXXXXXXXX1409 25.03
Auth:509912

Tip : _____

TOTAL : _____ TOTAL : _____

SIGNATURE : _____

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage When You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---



NAME		DEPARTMENT		LOCATION				DATE																																																	
John Huggins		Consulting AOM		111 N. Chestnut St. Winston Salem, NC 27101				6/7/2009																																																	
INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.																																																									
TRAVEL DATES		5/31/2009	6/1/2009	#	6/2/2009	6/3/2009	6/4/2009	6/5/2009	6/6/2009																																																
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3	TAXI - ETC.																																																								
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5	GAS & OIL																																																								
6	PARKING, TOLLS																																																								
7	HOTEL		95.23		\$95.23	\$95.23			\$285.69																																																
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9	TIPS (other than meals)																																																								
10	OTHER (Cleaners and Groceries)																																																								
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25		\$368.19																																																
12	BREAKFAST																																																								
13	LUNCH					\$13.06	\$6.65		\$19.71																																																
14	DINNER		\$44.50		\$48.02	\$15.13			\$107.65																																																
15	ENTERTAINMENT																																																								
16	OTHER																																																								
17	SUBTOTAL LINES 12 - 16		\$44.50		\$48.02	\$28.19	\$6.65		\$127.36																																																
18	GRAND TOTAL		\$180.98		\$143.25	\$123.42	\$47.90		\$495.55																																																
EXPLANATION OF TRANSPORTATION EXPENSE																																																									
TRAVEL FROM home																																																									
TRAVEL TO GSO																																																									
TRAVEL TO home																																																									
AUTO MILEAGE			75				75																																																		
Explanation of trip including city (cities) visited: Roundtrip drive to Martinsville Dinner 6/2 and Lunch 6/3 Gary and John Dinner 6/1 Susan, Gary and John Mastercard payments noted on receipts					ADVANCES:		DOCUMENT #	DATE	AMOUNT																																																
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FOOD				\$112.23																																																					
OTHER																																																									
					TOTAL ADVANCES		\$397.92																																																		
ACCOUNT NUMBER <table border="1"> <thead> <tr> <th>DIV</th> <th>PLT</th> <th>DEPT</th> <th>BASE</th> <th>SUB</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>non-food</td> <td>\$368.19</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>food</td> <td>\$127.36</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					DIV	PLT	DEPT	BASE	SUB	\$					non-food	\$368.19					food	\$127.36																															DUE COMPANY (ATTACH REFUND)				
					DIV	PLT	DEPT	BASE	SUB	\$																																															
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				food	\$127.36																																																				
DUE EMPLOYEE		MANUAL CHECK #																																																							
		PC VOUCHER #																																																							
					TOTAL		\$97.63																																																		
EMPLOYEE SIGNATURE John Huggins					APPROVAL SIGNATURE																																																				
DELIVER CHECK TO John Huggins					PRINT NAME & TITLE																																																				



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
11 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 419/KXTE
arrival date: 6/1/2009 5:30:00PM
departure date: 6/4/2009 7:37:00AM
adult/child: 1/0
room rate: 89.00

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.

RATE PLAN: LVO
HH# 810044663 DIAMOND
AL: DL #0252025432
CAR:

CONFIRMATION NUMBER : 87635719

6/4/2009 PAGE 1

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 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
6/1/2009	492847	GUEST ROOM	\$89.00
6/1/2009	492847	STATE TAX	\$3.56
6/1/2009	492847	COUNTY TAX	\$0.89
6/1/2009	492847	OCCUPANCY TAX	\$1.78
6/2/2009	492965	GUEST ROOM	\$89.00
6/2/2009	492965	STATE TAX	\$3.56
6/2/2009	492965	COUNTY TAX	\$0.89
6/2/2009	492965	OCCUPANCY TAX	\$1.78
6/3/2009	493091	GUEST ROOM	\$89.00
6/3/2009	493091	STATE TAX	\$3.56
6/3/2009	493091	COUNTY TAX	\$0.89
6/3/2009	493091	OCCUPANCY TAX	\$1.78
6/4/2009	493109	AX *1292	(\$285.69)
** BALANCE **			\$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.

for reservations call 1-800-Hampton or visit hampton.com. Hilton HHonors points will be earned on all stays at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.

thanks.

account no.

date of charge

folio/check no.

card member name

06/01/09 12:00:00

142564

A initial

establishment and location

establishment agrees to transmit to card holder for payment

589550 phases & services

THANK YOU FOR CHOOSING HAMPTON INN

taxes

tips & misc.

signature of card member

total amount

-285.69

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/01/2009 18:39:44
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0028
Batch #: 000300
SERVER 0006
Approval Code: 580596
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$36.50

TIP \$8.00

TOTAL AMOUNT \$44.50



APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
281 W. Commonwealth Blvd.
Martinsville, VA 24112
276-638-2377

MEGAN S TB#65
DATE: 06-02-09 TIME: 07:09 PM GUESTS: 2

CARD TYPE: AMEX
CARD NUMBER: *****1292
APPROVAL CODE: 544381
Merchant ID: 61345
Trans Type: Auth

Amount: 40.02

\$8.00

48.02

ELIZABETH'S PIZZA
2365 VIRGINIA AVE
COLLINSVILLE, VA 24078
276-647-3859

TERMINAL ID: 088600
MERCHANT #: 88810001186

MASTERCARD
*****3272 EXP XX/XX
SALE
BATCH: 000020 INU: 000034
Jun 03, 09 19:29
RRH: 00280031 AUTH: 85422B
TRACE #: MCCLV12HF0603

AP
BASE \$13.13

TIP \$2.00

TOTAL \$15.13

JOHN HUGGINS

John

Store #3454
Subway Sandwiches &
2444 Greensboro Road
Martinsville VA 24115
276-638-3433

Trans# 43 Clerk 3 SIERRA
Dwr1 TRDT 060409 Reg-ID REG-MAIN
Receipt # 0000146335

--- ITEM --- QTY PRICE MEMO PLU
TUSCAN CK 6r 1: ID\$ 3.72FFITML 19450
DRK-21oz 1 I \$ 1.39FFITML 10002
CHIPS 1 T \$ 0.99FFITML 10020

SUBTOTAL \$ 6.10
Sales Tx \$ 0.55

TAKE-OUT **TOTAL \$ 6.65
CredCardAMT TEND \$ 6.65

CHANGE DUES 0.00

Try your sandwich toasted!!

Approval No: 520342
Reference No: 915516012186
Account No: *****1292
Card Issuer: AMERICANEXPRESS
Amount: \$6.65

Protect the balance on your card.
Register at applebees.com

THE SMOKEY PIG
2820 Greensboro Rd.
Martinsville, VA 24112
ph 276-632-5800

Thank You for Visiting
Smokey Pig Bar-B-Que

TABLE: D 1 - 1 Guests
Your Server was [Not Found]
6/3/2009 12:20:55 PM - ID
#0084618

Subtotal \$11.98
Total Taxes \$1.08

Grand Total \$13.06

This Payment \$13.06
Total Charged: \$13.06

Paid by Credit Card

Credit Purchase

Name : HUGGINS/JK
CC Type : Amex
CC Num : 0000000000000000
Reference : 0000000000000000



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 6/13/2009
----------------------	------------------------------	---	-------------------

INSTRUCTIONS:

Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		6/7/2009	6/8/2009	6/9/2009	6/10/2009	6/11/2009	6/12/2009	6/13/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$41.25			41.25			\$82.50
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL		95.23	\$95.23	\$95.23				\$285.69
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Cleaners and Groceries)								
11	SUBTOTAL LINES 1 - 10		\$136.48	\$95.23	\$95.23	\$41.25			\$368.19
12	BREAKFAST								
13	LUNCH								
14	DINNER		\$27.62	\$50.13	\$28.96				\$106.71
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$27.62	\$50.13	\$28.96				\$106.71
18	GRAND TOTAL		\$164.10	\$145.36	\$124.19	\$41.25			\$474.90

EXPLANATION OF TRANSPORTATION EXPENSE

\$474.90

TRAVEL FROM	home						
TRAVEL TO	GSO						
TRAVEL TO	home						
AUTO MILEAGE		75			75		

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 6/8, 6/9 and 6/10 Dinner Susan and John

Mastercard payments noted on receipts

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$368.19
				food	\$106.71
					\$474.90

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$285.69
TELEPHONE			
FOOD			\$106.71
OTHER			
TOTAL ADVANCES			\$392.40
DUE COMPANY (ATTACH REFUND)			
DUE EMPLOYEE			
MANUAL CHECK #			
PC VOUCHER #			\$82.50

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

DELIVER CHECK TO John Huggins

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 200/KXTE
arrival date: 6/8/2009 5:22:00PM
departure date: 6/11/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 85894674

6/11/2009 PAGE 1

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 \$.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
6/8/2009	493564	GUEST ROOM	\$89.00
6/8/2009	493564	STATE TAX	\$3.56
6/8/2009	493564	COUNTY TAX	\$0.89
6/8/2009	493564	OCCUPANCY TAX	\$1.78
6/9/2009	493669	GUEST ROOM	\$89.00
6/9/2009	493669	STATE TAX	\$3.56
6/9/2009	493669	COUNTY TAX	\$0.89
6/9/2009	493669	OCCUPANCY TAX	\$1.78
6/10/2009	493768	GUEST ROOM	\$89.00
6/10/2009	493768	STATE TAX	\$3.56
6/10/2009	493768	COUNTY TAX	\$0.89
6/10/2009	493768	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$285.69
EFFECTIVE BALANCE OF			\$0.00
You have earned approximately 5590 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.			
for reservations call 1.800.hampton or visit us online at www.hampton.com			

account no.	date of charge	folio/check no.
card member name	authorization 142702	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/08/2009 18:49:04
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0060
Batch #: 000307
SERVER 0002
Approval Code: 501644
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$22.62

TIP \$5.00

TOTAL AMOUNT \$27.62

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/10/2009 18:36:13
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0039
Batch #: 000310
SERVER 0007
Approval Code: 521309
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$23.96

TIP \$5.00

TOTAL AMOUNT \$28.96



283 Commonwealth Blvd
Martinville Va 24112
276-632-7133 Fax 276-632-7656
www.texassteakhouse.com

Date: Jun09'09 06:59PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX1292
Trans Key: EIE001407441219
Exp Date: XX/XX
Auth Code: 547305
Check: 2737
Table: G2/1
Server: 242 shawn

Subtotal: 42.13

Tip Amount:

\$8.00

Total: \$50.13

Signature: *John K. Huggins*



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Gary Bumgarner	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 6/15/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES	5/31/2009	6/1/2009	6/2/2009	6/3/2009	6/4/2009	6/5/2009	6/6/2009	
NO.	EXPENSE ITEM							TOTALS
1	AIR FARE							
2	AUTO RENTAL							
3	TAXI - ETC.							
4	MILEAGE @ \$0.550	\$69.30		\$69.30				\$138.60
5	GAS & OIL							
6	PARKING, TOLLS							
7	HOTEL	\$95.23	\$95.23					\$190.46
8	TELEPHONE							
9	TIPS (other than meals)							
10	OTHER (Copy Charges)							
11	SUBTOTAL LINES 1 - 10							\$329.06
12	BREAKFAST							
13	LUNCH							
14	DINNER							
15	ENTERTAINMENT							
16	OTHER							
17	SUBTOTAL LINES 12 - 16							
18	GRAND TOTAL							\$329.06

Paid by

Sunrise

\$138.60

\$190.46

\$138.60 \$190.46 \$329.06

\$138.60 \$190.46 \$329.06

EXPLANATION OF TRANSPORTATION EXPENSE

\$329.06

TRAVEL FROM	Hickory, NC	Martinsville, Va
TRAVEL TO	Martinsville, Va	Hickory, NC
TRAVEL TO		
AUTO MILEAGE		

Explanation of trip including city (cities) visited:

AOM - Barcalounger Project

ADVANCES: DOCUMENT # DATE AMOUNT

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

\$190.46

ACCOUNT NUMBER

DIV	PLT	DEPT	BASE	SUB	\$	FOOD
				non-food	\$329.06	OTHER

TOTAL ADVANCES

\$190.46

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

PC VOUCHER #

\$329.06

DUE EMPLOYEE

\$138.60

EMPLOYEE SIGNATURE Gary Bumgarner

APPROVAL SIGNATURE

DELIVER CHECK TO Gary Bumgarner

PRINT NAME & TITLE

Gary Bumgarner

From: Brenda Quesinberry [brenda@blueridge-realestate.com]
Sent: Tuesday, June 16, 2009 11:06 AM
To: Gary Bumgarner
Subject: Reservation Receipt

June 16, 2009

Gary Bumgarner
1793 Fairway Drive
Newton, NC 28658

Dear Gary,

Thank you for your reservation with Blue Ridge Real Estate at the Reserve at Fairystone. I hope your stay was enjoyable.

The following shows the information from your visit.

Arrival Date:	June 8, 2009
Departure Date:	June 11, 2009
Cabin Name:	Escape #19
Rental Rate:	\$ 300.00
10% Tax:	<u>30.00</u>
Total:	\$ 330.00

Total paid:

\$ 330.00

Please call if there are any questions or concerns.

I hope that you will come and visit us again soon.

Sincerely,

Brenda J. Quesinberry



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Gary Bumgarner	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 6/15/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES	6/7/2009	6/8/2009	6/9/2009	6/10/2009	6/11/2009	6/12/2009	6/13/2009	
NO.	EXPENSE ITEM							TOTALS
1	AIR FARE							
2	AUTO RENTAL							
3	TAXI - ETC.							
4	MILEAGE @ \$0.550	\$69.30			\$69.30			\$138.60
5	GAS & OIL							
6	PARKING, TOLLS							
7	HOTEL	\$95.23	\$95.23	\$95.23				\$285.69
8	TELEPHONE							
9	TIPS (other than meals)							
10	OTHER (Copy Charges)							
11	SUBTOTAL LINES 1 - 10		\$164.53	\$95.23	\$95.23	\$69.30		\$424.29
12	BREAKFAST							
13	LUNCH							
14	DINNER			\$18.18				\$18.18
15	ENTERTAINMENT							
16	OTHER							
17	SUBTOTAL LINES 12 - 16			\$18.18				\$18.18
18	GRAND TOTAL		\$164.53	\$113.41	\$95.23	\$69.30		\$442.47

Paid by

Sunrise

\$138.60

\$285.69

\$138.60 \$285.69 \$424.29

\$18.18

\$18.18 \$18.18

\$138.60 \$303.87 \$442.47

EXPLANATION OF TRANSPORTATION EXPENSE

\$442.47

TRAVEL FROM		Hickory, NC		Martinsville, Va
TRAVEL TO		Martinsville, Va		Hickory, NC
TRAVEL TO				
AUTO MILEAGE				

Explanation of trip including city (cities) visited:

AOM - Barcalounger Project

ADVANCES: DOCUMENT # DATE AMOUNT

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

\$285.69

TELEPHONE

FOOD

\$18.18

OTHER

TOTAL ADVANCES

\$303.87

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

PC VOUCHER #

\$138.60

EMPLOYEE SIGNATURE Gary Bumgarner

APPROVAL SIGNATURE

DELIVER CHECK TO Gary Bumgarner

PRINT NAME & TITLE



Martinsville Store #16
Liberty Fair Mall
276-666-0766

Server: Matthew 06/09/2009
Cashier: AM CASHIER
Table 34/2 5:58 PM
Guests: 7 20034
Reprint #: 1

New York Strip 11.99
Tea 1.69

Subtotal 13.68

State Tax 0.68

Meals Tax 0.82

Total 15.18

AMEX #XXXXXXXXXX1557 15.18

Tip 3.00

Total 18.18

Auth:504201

Balance Due 0.00

Gratuity Not Included
Try Our All You Can Eat
Breakfast Served
Friday, Saturday & Sunday

--- Check Closed ---



Gary Bumgarner

From: Brenda Quesinberry [brenda@blueridge-realestate.com]
Sent: Tuesday, June 16, 2009 11:06 AM
To: Gary Bumgarner
Subject: Reservation Receipt

June 16, 2009

Gary Bumgarner
1793 Fairway Drive
Newton, NC 28658

Dear Gary,

Thank you for your reservation with Blue Ridge Real Estate at the Reserve at Fairystone. I hope your stay was enjoyable.

The following shows the information from your visit.

Arrival Date:	June 8, 2009
Departure Date:	June 11, 2009
Cabin Name:	Escape #19

Rental Rate:	\$ 300.00
10% Tax:	<u>30.00</u>
Total:	\$ 330.00

Total paid:

\$ 330.00

Please call if there are any questions or concerns.

I hope that you will come and visit us again soon.

Sincerely,

Brenda J. Quesinberry



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Rod Pruett	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 6/16/2009
--------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		6/7/2009	6/8/2009	6/9/2009	6/10/2009	6/11/2009	6/12/2009	6/13/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550					\$66.00	\$66.00		\$132.00
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL								
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Copy Charges)								
11	SUBTOTAL LINES 1 - 10					\$66.00	\$66.00		\$132.00
12	BREAKFAST								
13	LUNCH								
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16								
18	GRAND TOTAL					\$66.00	\$66.00		\$132.00

EXPLANATION OF TRANSPORTATION EXPENSE

\$132.00

TRAVEL FROM					W-S	W-S	
TRAVEL TO					Martinsville	Martinsville	
TRAVEL TO					W-S	W-S	
AUTO MILEAGE					120	120	

Explanation of trip including city (cities) visited:

American of Martinsville

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			
TELEPHONE			
FOOD			
OTHER			

TOTAL ADVANCES

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$132.00

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE

Rod Pruett



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
5018	6/29/2009		Net 45	8/13/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 06/15-06/28		8.5	1,200.00		10,200.00
John Huggins - Supply Chain Consultant - AOM - 06/15-06/28		9	1,200.00		10,800.00
Gary Bumgarner - Technical Architect - AOM - 06/15-06/28		5	1,600.00		8,000.00
Rod Pruett - Technical Architect - AOM - 06/15-06/28		1	1,600.00		1,600.00
Reimbursable Travel Expense - Susan Mitchell - 06/15-06/19			366.37		366.37
Reimbursable Travel Expense - Susan Mitchell - 06/22-06/26			379.08		379.08
Reimbursable Travel Expense - John Huggins - 06/15-06/19			471.65		471.65
Reimbursable Travel Expense - John Huggins - 06/22-06/26			433.62		433.62
Reimbursable Travel Expense - Gary Bumgarner - 06/22-06/26			431.13		431.13
Reimbursable Travel Expense - Rod Pruett - 06/22-06/26			66.00		66.00
AOM Phase B Project			Total		\$32,747.85



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell		DEPARTMENT Consulting		LOCATION 111 N. Chestnut St. Winston Salem, NC 27101				DATE 6/19/2009	
INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.									
TRAVEL DATES		6/14/2009	6/15/2009	6/16/2009	6/17/2009	6/18/2009	6/19/2009	6/20/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550					\$123.20			\$123.20
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL					190.46			\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10					\$313.66			\$313.66
12	BREAKFAST								
13	LUNCH			\$14.73	\$17.89	\$20.09			\$52.71
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16			\$14.73	\$17.89	\$20.09			\$52.71
18	GRAND TOTAL			\$14.73	\$17.89	\$333.75			\$366.37

EXPLANATION OF TRANSPORTATION EXPENSE				\$366.37
TRAVEL FROM	Home			
TRAVEL TO	Martinsville	Martinsville	Martinsville	
TRAVEL TO	Home			
AUTO MILEAGE	224			

ADVANCES:				DOCUMENT #	DATE	AMOUNT
CASH ADVANCE						
CASH						
TRAVELERS CHECKS						
SUBTOTAL						
COMPANY PAID						
AIRLINE						
AUTO RENTAL						
HOTEL						\$190.46
TELEPHONE						
FOOD						\$52.71
OTHER						
TOTAL ADVANCES						\$243.17

DUE COMPANY (ATTACH REFUND)						
MANUAL CHECK #						
DUE EMPLOYEE						
PC VOUCHER #						\$123.20

EMPLOYEE SIGNATURE						APPROVAL SIGNATURE	
DELIVER CHECK TO						PRINT NAME & TITLE	

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$313.66
				food	\$52.71



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR

name
address

RALEIGH, NC 27615
US

room number: 401/KXTH
arrival date: 6/16/2009 5:17:00PM
departure date: 6/18/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 86210595

6/18/2009 PAGE 1

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 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
6/16/2009	494373	GUEST ROOM	\$89.00
6/16/2009	494373	STATE TAX	\$3.56
6/16/2009	494373	COUNTY TAX	\$0.89
6/16/2009	494373	OCCUPANCY TAX	\$1.78
6/17/2009	494480	GUEST ROOM	\$89.00
6/17/2009	494480	STATE TAX	\$3.56
6/17/2009	494480	COUNTY TAX	\$0.89
6/17/2009	494480	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1409	\$190.46
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 3560 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization	142495 A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services
		taxes
		tips & misc.
signature of card member	total amount	0.00



Customer Copy
THANK YOU

19.73

Inv #: 000014

Total:

App Code: 562472

XXXXXXXXXXXX

Entry Method: Swiped

AMEX

Batch: 167001

Batch: 167001

Batch: 167001

Batch: 167001

Sale

361 COMMONWEALTH BLVD.
MARTINSVILLE, VA 24112
276-634-5335

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112

276-666-6655

MERC # 0000001646853

TERM ID: 00184024 0003

06/17/09 12:00P

*****2712 UI

EXP: *****

SALE REF#: 0004

BATCH# 667 AUTH# 007663

AMOUNT \$17.89

TIP

TOTAL

APPROVED

CUSTOMER COPY

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 43 06/18/2009 12:12 PM 10043

Veggie Wrap 5.95
Soup Of The Day 3.50
Tomato Bisque
Unwind Club Panini 6.95
Iced Tea Medium 1.70

Subtotal 18.10
Tax 1.99

Order Total 20.09

ANEX #XXXXXXXXXX1409 20.09
Auth:561225

Tip :

TOTAL :

TOTAL :

SIGNATURE :

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage When You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell		DEPARTMENT Consulting		LOCATION 111 N. Chestnut St. Winston Salem, NC 27101				DATE 6/26/2009	
INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.									
TRAVEL DATES		6/21/2009	6/22/2009	6/23/2009	6/24/2009	6/25/2009	6/26/2009	6/27/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550					\$126.50			\$126.50
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL					190.46			\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10					\$316.96			\$316.96
12	BREAKFAST								
13	LUNCH			\$24.70	\$20.10	\$17.32			\$62.12
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16			\$24.70	\$20.10	\$17.32			\$62.12
18	GRAND TOTAL			\$24.70	\$20.10	\$334.28			\$379.08

EXPLANATION OF TRANSPORTATION EXPENSE				\$379.08
TRAVEL FROM	Home			
TRAVEL TO	Martinsville	Martinsville	Martinsville	
TRAVEL TO	Home			
AUTO MILEAGE	230			

ADVANCES:				DOCUMENT #	DATE	AMOUNT
CASH ADVANCE						
CASH						
TRAVELERS CHECKS						
SUBTOTAL						
COMPANY PAID						
AIRLINE						
AUTO RENTAL						
HOTEL						\$190.46
TELEPHONE						
FOOD						\$62.12
OTHER						
TOTAL ADVANCES						\$252.58

DUE COMPANY (ATTACH REFUND)						
MANUAL CHECK #						
DUE EMPLOYEE						
PC VOUCHER #						\$126.50

EMPLOYEE SIGNATURE						APPROVAL SIGNATURE	
DELIVER CHECK TO						PRINT NAME & TITLE	

FORM T&EFORM 101



50 HAMPTON DRIVE

MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team

MITCHELL, SUSAN
413 WESTBROOK DRname
addressRALEIGH, NC 27615
USroom number: 400/KXTE
arrival date: 6/23/2009 5:29:00PM
departure date: 6/25/2009adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 85948579

6/25/2009 PAGE 1

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 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
6/23/2009	495192	GUEST ROOM	\$89.00
6/23/2009	495192	STATE TAX	\$3.56
6/23/2009	495192	COUNTY TAX	\$0.89
6/23/2009	495192	OCCUPANCY TAX	\$1.78
6/24/2009	495362	GUEST ROOM	\$89.00
6/24/2009	495362	STATE TAX	\$3.56
6/24/2009	495362	COUNTY TAX	\$0.89
6/24/2009	495362	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1409	\$190.46
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 3560 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization 142496	A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 001B4024 0003

06/23/09 12:11P
*****1409 AX

EXP: *****
SALE REF#: 0004
BATCH# 671 AUTH# 506840

AMOUNT \$24.70

TIP _____

TOTAL _____

APPROVED

CUSTOMER COPY

THE SMOKEY PIG
2820 Greensboro Rd.
Martinsville, VA 24112
ph 276-632-5800

Thank You for Visiting
Smokey Pig Bar-B-Que

TABLE: SHUQWANTA #96 - 1 Guests
Your Server was [Not Found]
6/24/2009 12:23:07 PM - ID
#0086343

Subtotal \$18.32
Total Taxes \$1.78

Grand Total \$20.10

This Payment \$20.10

Total Charged: \$20.10

Paid by Credit Card

Credit Purchase

Name : MITCHELL/SUSAN

CC Type : Amex

CC Num : xxxx xxxx xxxx 1409

Reference : 4322

Approval : 549904

CUSTOMER COPY

Please Come Back!
WE CATER 632-5800

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 06/25/2009
26 11:56 A
1002

1/2 Panini 1/2 Soup 6.9
7 Bean Soup
Veggie Panini
Unwind Club Panini 6.9
Iced Tea Medium 1.7
Table Number 0.0

Subtotal 15.6
Tax 1.7

Order Total 17.32

AMEX #XXXXXXXXXX1409 17.32
Auth:527702

Tip : _____

TOTAL : _____

TOTAL ;

SIGNATURE : _____

Thank you for your patronage!
Receive a Free Specialty
Espresso Beverage When You
Load \$20 or More on Your Quick
Card or Gift Card!

--- Check Closed ---

TRAVEL AND ENTERTAINMENT
EXPENSE REPORT

NAME John Huggins		DEPARTMENT Consulting AOM		LOCATION 111 N. Chesnut St. Winston Salem, NC 27101				DATE 6/20/2009	
INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.									
TRAVEL DATES		6/14/2009	6/15/2009	#	6/16/2009	6/17/2009	6/18/2009	6/19/2009	6/20/2009
NO.	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$41.25				41.25		\$82.50
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL		95.23		\$95.23	\$95.23			\$285.69
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Cleaners and Groceries)								
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25		\$368.19
12	BREAKFAST								
13	LUNCH		\$8.22						\$8.22
14	DINNER		\$10.42		\$24.60	\$60.22			\$95.24
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$18.64		\$24.60	\$60.22			\$103.46
18	GRAND TOTAL		\$155.12		\$119.83	\$155.45	\$41.25		\$471.65
EXPLANATION OF TRANSPORTATION EXPENSE									
TRAVEL FROM home									
TRAVEL TO GSO									
TRAVEL TO home									
AUTO MILEAGE			75				75		
Explanation of trip including city (cities) visited: Roundtrip drive to Martinsville Dinner 6/16 and 6/17 Susan and John Mastercard payments noted on receipts					ADVANCES:		DOCUMENT #	DATE	AMOUNT
					CASH ADVANCE				
					CASH				
					TRAVELERS CHECKS				
					SUBTOTAL				
					COMPANY PAID				
					AIRLINE				
					AUTO RENTAL				
					HOTEL				\$285.69
					TELEPHONE				
FOOD				\$93.04					
OTHER									
TOTAL ADVANCES								\$378.73	
DUE COMPANY (ATTACH REFUND)									
MANUAL CHECK #									
DUE EMPLOYEE PC VOUCHER #								\$92.92	
EMPLOYEE SIGNATURE John Huggins					APPROVAL SIGNATURE				
DELIVER CHECK TO John Huggins					PRINT NAME & TITLE				



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 400/KXTE
arrival date: 6/15/2009 5:45:00PM
departure date: 6/18/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LV0
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 87497954

6/18/2009 PAGE 1

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 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
6/15/2009	494274	GUEST ROOM	\$89.00
6/15/2009	494274	STATE TAX	\$3.56
6/15/2009	494274	COUNTY TAX	\$0.89
6/15/2009	494274	OCCUPANCY TAX	\$1.78
6/16/2009	494372	GUEST ROOM	\$89.00
6/16/2009	494372	STATE TAX	\$3.56
6/16/2009	494372	COUNTY TAX	\$0.89
6/16/2009	494372	OCCUPANCY TAX	\$1.78
6/17/2009	494479	GUEST ROOM	\$89.00
6/17/2009	494479	STATE TAX	\$3.56
6/17/2009	494479	COUNTY TAX	\$0.89
6/17/2009	494479	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292 EFFECTIVE BALANCE OF			\$285.69 \$0.00
You have earned approximately 5590 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.			

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

thanks

account no.

date of charge

folio/check no.

card member name

authorization

142973

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

0.00

EL RANCHITO RESTAURANT
1212 MEMORIAL BLVD
MARTINSVILLE, VA 24112

Merchant ID: 5010

Ref #: 0005

Server ID: 1

Sale

XXXXXXXXXX1292

AMEX

Entry Method: Swiped

Amount: \$ 7.22

Tip: 1.00

Total: 8.22

06/15/09

11:44:39

Inv #: 000005

Appr Code: 586809

Apprvd: Online

Batch#: 000533

Customer Copy

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/16/2009

19:10:25

Merchant ID:

000000004340543

Terminal ID:

01573118

4450553540

CREDIT CARD

AMEX SALE

CARD #

XXXXXXXXXXXX1292

INVOICE

0026

Batch #:

000316

SERVER

0008

Approval Code:

527000

Entry Method:

Swiped

Approved:

Online

PRE-TIP AMT

\$19.60

TIP

\$5.00

TOTAL AMOUNT

\$24.60

1090 MEMORIAL BLVD.
MARTINSVILLE, VA 24111

TERMINAL ID.:

01149561

MERCHANT #:

323545438992

MC

SUR. 3609

*****3272

SALE

BATCH: 000662

INV: 356005

DATE: Jun 15, 09

TIME: 18:52

SEQ: 0016

AUTH: 032268

BASE

\$9.42

TIP

\$1.00

TOTAL

\$10.42

JOHN HUGGINS

RANIAS RESTAURANT
147 E MAIN STREET
MARTINSVILLE VA 24112
276-638-4462

Merchant ID: 000008994296

Term ID: 00141439

Ref #: 0000

Server ID: 1

Sale

XXXXXXXXXXXX1292

AMEX

Entry Method: Swiped

Amount: \$ 50.22

Tip: \$10.00

Total: \$60.22

06/17/09

19:02:18

Inv #: 000008 Appr Code: 528464

Apprvd: Online Batch#: 000389

Customer Copy
THANK YOU!



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 6/27/2009
----------------------	------------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		6/21/2009	6/22/2009	6/23/2009	6/24/2009	6/25/2009	6/26/2009	6/27/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$41.25		\$41.25	\$82.50			\$165.00
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL		95.23	\$95.23					\$190.46
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Cleaners and Groceries)								
11	SUBTOTAL LINES 1 - 10		\$136.48	\$95.23	\$41.25	\$82.50			\$355.46
12	BREAKFAST								
13	LUNCH		\$17.26						\$17.26
14	DINNER		\$24.14	\$36.76					\$60.90
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$41.40	\$36.76					\$78.16
18	GRAND TOTAL		\$177.88	\$131.99	\$41.25	\$82.50			\$433.62

EXPLANATION OF TRANSPORTATION EXPENSE

\$433.62

TRAVEL FROM	home								
TRAVEL TO	GSO								
TRAVEL TO	home								
AUTO MILEAGE		75		75	150				

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville
Dinner 6/23 Susan and John
Lunch and dinner 6/22 Gary and John
Mastercard payments noted on receipts

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$355.46
				food	\$78.16
					\$433.62

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$190.46
TELEPHONE			
FOOD			\$93.04
OTHER			
TOTAL ADVANCES			\$283.50
DUE COMPANY (ATTACH REFUND)			
MANUAL CHECK #			
DUE EMPLOYEE			
PC VOUCHER #			
			\$150.12

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

DELIVER CHECK TO John Huggins

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 401/KXTH
arrival date: 6/22/2009 6:00:00PM
departure date: 6/24/2009 7:43:00AM
adult/child: 1/0
room rate: 89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL: DL #0252025432
CAR:

CONFIRMATION NUMBER : 85254765

6/24/2009 PAGE 1

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 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
6/22/2009	495074	GUEST ROOM	\$89.00
6/22/2009	495074	STATE TAX	\$3.56
6/22/2009	495074	COUNTY TAX	\$0.89
6/22/2009	495074	OCCUPANCY TAX	\$1.78
6/23/2009	495193	GUEST ROOM	\$89.00
6/23/2009	495193	STATE TAX	\$3.56
6/23/2009	495193	COUNTY TAX	\$0.89
6/23/2009	495193	OCCUPANCY TAX	\$1.78
6/24/2009	495223	AX *1292	(\$190.46)
		** BALANCE **	\$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.

for reservations call 1-800-HAMPTON or visit our website at hampton.com or call 1-800-HAMPTON for details.

thanks

account no.

date of charge

folio/check no.

card member name

06/22/09 13:00:00

143170

Ainitial

establishment name and location

establishment agrees to transmit to card holder for payment

54183 phases & services

taxes

tips & misc.

signature of card member

total amount

-190.46

HUGGS FOOD SPORT & SPI
10 E. CHURCH STREET
MARTINSVILLE, VA 24112

Merchant ID: 4451469464
Term ID: ED4451469464
4451469464

Sale

AMEX

XXXXXXXXXXXX1004

Entry Method: Swiped

Apprvd: Online Batch#: 000113

06/22/09 13:07:06

Inv #: 000002 Appr Code: 563546

Amount: \$ 14.26

Tip: 3.00

Total: \$17.26

Customer Copy

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/22/2009
Merchant ID:
Terminal ID:
4450553540

19:14:30
000000004340543
01573118

CREDIT CARD

AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0024
Batch #: 000322
SERVER 0002
Approval Code: 524955
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$20.14

TIP \$4.00

TOTAL AMOUNT \$24.14

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/23/2009
Merchant ID:
Terminal ID:
4450553540

19:04:13
000000004340543
01573118

CREDIT CARD

AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0041
Batch #: 000323
SERVER 0009
Approval Code: 521508
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$30.76

TIP \$6.00

TOTAL AMOUNT \$36.76



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Gary Bumgarner	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 7/7/2009
------------------------	--------------------------	---	------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES	6/21/2009	6/22/2009	6/23/2009	6/24/2009	6/25/2009	6/26/2009	6/27/2009	
NO. EXPENSE ITEM								TOTALS
1 AIR FARE								
2 AUTO RENTAL								
3 TAXI - ETC.								
4 MILEAGE @ \$0.550		\$69.30		\$69.30	\$69.30			\$207.90
5 GAS & OIL								
6 PARKING, TOLLS								
7 HOTEL		\$95.23		\$95.23				\$190.46
8 TELEPHONE								
9 TIPS (other than meals)								
10 OTHER (Copy Charges)								
11 SUBTOTAL LINES 1 - 10		\$164.53		\$164.53	\$69.30			\$398.36
12 BREAKFAST								
13 LUNCH								
14 DINNER				\$32.77				\$32.77
15 ENTERTAINMENT								
16 OTHER								
17 SUBTOTAL LINES 12 - 16				\$32.77				\$32.77
18 GRAND TOTAL		\$164.53		\$197.30	\$69.30			\$431.13

Paid by
Sunrise

\$207.90 \$190.46 \$398.36

\$32.77 \$32.77

\$207.90 \$223.23 \$431.13

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM	Hickory, NC	Martinsville, Va
TRAVEL TO	Martinsville, Va	Hickory, NC
TRAVEL TO		
AUTO MILEAGE		

Explanation of trip including city (cities) visited:

AOM - Barcalounger Project

ADVANCES: DOCUMENT # DATE AMOUNT

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

TELEPHONE

FOOD

OTHER

TOTAL ADVANCES

\$223.23

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

PC VOUCHER #

\$138.60

EMPLOYEE SIGNATURE Gary Bumgarner

APPROVAL SIGNATURE

DELIVER CHECK TO Gary Bumgarner

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276-647-4700

FAX 276-647-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 307/SOBL
arrival date: 6/24/2009 5:38:00PM
departure date: 6/25/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 227066682 BLUE
AL US #41486H4
BONUS AL CAR

Confirmation: 88107089

6/25/2009 PAGE 1

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 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
6/24/2009	495350	GUEST ROOM	\$89.00
6/24/2009	495350	STATE TAX	\$3.56
6/24/2009	495350	COUNTY TAX	\$0.89
6/24/2009	495350	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 890 HHonors points and approximately 89 miles with US Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family properties, visit hilton.com.

Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hampton.com or call 1-800-HAMPTON for details.

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization 143275	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00

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BUMGARNER, GARY 1793 FAIRWAY DR NEWTON, NC 28658 US	name address	room number: 212/SXBL arrival date: 6/22/2009 6:02:00PM departure date: 6/23/2009 adult/child: 1/0 room rate: \$89.00
--	-----------------	---

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.	RATE PLAN LVO HH# 227066682 BLUE AL US #414B6H4 BONUS AL CAR
---	---

Confirmation: 81458382 6/23/2009 PAGE 1	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 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:
--	--

date	reference	description	amount
6/22/2009	495035	MOVIE	\$14.69
6/22/2009	495035	TAXES	\$0.73
6/22/2009	495058	GUEST ROOM	\$89.00
6/22/2009	495058	STATE TAX	\$3.56
6/22/2009	495058	COUNTY TAX	\$0.89
6/22/2009	495058	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$110.65
		EFFECTIVE BALANCE OF	\$0.00
You have earned approximately 890 HHonors points and approximately 89 miles with U.S. Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels, visit hilton.com.			
Hilton HHonors member? Now through June 30, 2009, earn 1,000 Hilton HHonors bonus points per night at participating hotels. Visit hilton.com or call 1-800-HAMPTON for details.			

for reservations call 1.800.hampton or visit us online at hampton.com		thanks.
account no.	date of charge	folio/check no.
card member name	authorization 143207	initial
establishment no. and location	purchases & services taxes tips & misc.	
signature of card member	total amount	0.00

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/24/2009 18:49:23
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1557
INVOICE 0035
Batch #: 000324
SERVER 0002
Approval Code: 503131
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$27.77
TIP 5.00



NAME	DEPARTMENT	LOCATION	DATE
Rod Pruett	Consulting	111 N. Chestnut St. Winston Salem, NC 27101	7/7/2009
INSTRUCTIONS:			

Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

EXPLANATION OF TRANSPORTATION EXPENSE							\$00.00
TRAVEL FROM		W-S					\$66.00
TRAVEL TO		Martinsville					
TRAVEL TO		W-S					
AUTO MILEAGE		120					

American of Martinsville

TOTAL ADVANCES		
DUPLICATE COMPANY (ATTACH REFUND)		
DUPLICATE EMPLOYEE	MANUAL CHECK # _____ PC VOUCHER # _____	\$66.00

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$66.00
				food	
					\$66.00

PRINT NAME & TITLE



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
5039	7/13/2009		Net 45	8/27/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 06/29-07/12		4	1,200.00		4,800.00
John Huggins - Supply Chain Consultant - AOM - 06/29-07/12		10	1,200.00		12,000.00
Gary Bumgarner - Technical Architect - AOM - 06/29-07/12		8	1,600.00		12,800.00
Reimbursable Travel Expense - Susan Mitchell - 07/06-07/10			251.95		251.95
Reimbursable Travel Expense - John Huggins - 06/29-07/03			631.22		631.22
Reimbursable Travel Expense - John Huggins - 07/06-07/10			598.50		598.50
Reimbursable Travel Expense - Gary Bumgarner - 06/29-07/03			530.22		530.22
Reimbursable Travel Expense - Gary Bumgarner - 07/06-07/10			573.59		573.59
AOM Phase B Project			Total		\$32,185.48



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 7/10/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		7/5/2009	7/6/2009	7/7/2009	7/8/2009	7/9/2009	7/10/2009	7/11/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550			\$118.80					\$118.80
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL			95.23					\$95.23
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10			\$214.03					\$214.03
12	BREAKFAST								
13	LUNCH		24.35	\$13.57					\$37.92
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$24.35	\$13.57					\$37.92
18	GRAND TOTAL		\$24.35	\$227.60					\$251.95

EXPLANATION OF TRANSPORTATION EXPENSE

\$251.95

TRAVEL FROM	Home
TRAVEL TO	Martinsville Martinsville
TRAVEL TO	Home
AUTO MILEAGE	216

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan, John and Gary (Mon) and Susan and John (T)

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$214.03
				food	\$37.92
					\$251.95

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$95.23
TELEPHONE			
FOOD			\$13.57
OTHER			
TOTAL ADVANCES			\$108.80
DUE COMPANY (ATTACH REFUND)			
MANUAL CHECK #			
DUE EMPLOYEE PC VOUCHER #			
			\$143.15

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE

TASTY CREAM DONUTS
24 H CHURCH STREET
MARTINSVILLE, VA 24114
(276) 656-1117
Merchant ID: 728084137284

Sale

XXXXXXXXXXXX2712
VISA

Entry Method: Swiped

Total: \$ 24.35

07/06/09 12:22:47

Inv#: 0000093 Appr Code: 007183

Apprvd: Online Batch#: 000554

Customer Copy
THANK YOU!
PLEASE COME AGAIN!

THE SMOKEY PIG
2820 Greensboro Rd.
Martinsville, VA 24112
ph 276-632-5800

Thank You for Visiting
Smokey Pig Bar-B-Que

TABLE: D 1 - 1 Guests
Your Server was (Not Found)
7/7/2009 12:36:24 PM - ID
#0087450
Subtotal \$12.33
Total Taxes \$1.24
Grand Total \$13.57

This Payment
Total Charged: \$13.57
Paid by \$13.57
Credit Purchase
Name : MITCHELL/SUSAN
CC Type : Amex
CC Num : xxxx xxxx xxxx 1409
Reference : 4501
Approval : 560913
CUSTOMER COPY

Please Come Back!
WE CATER 632-5800



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

name
address

room number: 216/KXTD
arrival date: 7/6/2009 5:41:00PM
departure date: 7/7/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 86775661

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 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:

7/7/2009 PAGE 1

date	reference	description	amount
7/6/2009	496689	GUEST ROOM	\$89.00
7/6/2009	496689	STATE TAX	\$3.56
7/6/2009	496689	COUNTY TAX	\$0.89
7/6/2009	496689	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1409			\$95.23
EFFECTIVE BALANCE OF			\$0.00

You have earned approximately 1780 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Earn up to 10,000 Hilton HHonors & #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.

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

thanks.

account no.

date of charge

folio/check no.

card member name

authorization

143190

initial

establishment no. and location

establishment agrees to transmit to card holder for payment

purchases & services

taxes

tips & misc.

signature of card member

total amount

0.00



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chesnut St. Winston Salem, NC 27101	DATE 7/14/2009
----------------------	------------------------------	--	-------------------

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		6/28/2009	6/29/2009	#	6/30/2009	7/1/2009	7/2/2009	7/3/2009	7/4/2009	
NO	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25				41.25	\$82.50		\$165.00
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		95.23		\$95.23	\$95.23				\$285.69
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25	\$82.50		\$450.69
12	BREAKFAST									
13	LUNCH		\$13.05		\$20.23	\$16.16	\$17.35			\$66.79
14	DINNER		\$32.14		\$46.13	\$35.47				\$113.74
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$45.19		\$66.36	\$51.63	\$17.35			\$180.53
18	GRAND TOTAL		\$181.67		\$161.59	\$146.86	\$58.60	\$82.50		\$631.22

EXPLANATION OF TRANSPORTATION EXPENSE

\$631.22

TRAVEL FROM	home								
TRAVEL TO	GSO								
TRAVEL TO	home								
AUTO MILEAGE		75				75	150		

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 6/23 Susan and John

Lunch and dinner 6/29 - 7/2 Gary and John

Mastercard payments noted on receipts

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$450.69
				food	\$180.53

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$285.69
TELEPHONE			
FOOD			\$167.48
OTHER			

TOTAL ADVANCES → \$453.17

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$178.05

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 419/KXTE
arrival date: 6/29/2009 5:36:00PM
departure date: 7/2/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 85230967

7/2/2009 PAGE 1

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 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
6/29/2009	495954	GUEST ROOM	\$89.00
6/29/2009	495954	STATE TAX	\$3.56
6/29/2009	495954	COUNTY TAX	\$0.89
6/29/2009	495954	OCCUPANCY TAX	\$1.78
6/30/2009	496082	GUEST ROOM	\$89.00
6/30/2009	496082	STATE TAX	\$3.56
6/30/2009	496082	COUNTY TAX	\$0.89
6/30/2009	496082	OCCUPANCY TAX	\$1.78
7/1/2009	496191	GUEST ROOM	\$89.00
7/1/2009	496191	STATE TAX	\$3.56
7/1/2009	496191	COUNTY TAX	\$0.89
7/1/2009	496191	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$285.69
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			
You have earned approximately 5590 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization	142400 A initial
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services
		taxes
		tips & misc.
signature of card member	total amount	0.00

X

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 00184024 0003

06/30/09 12:24P
*****1292 AX
EXP: *****
SALE REF#: 0007
BATCH# 676 AUTH# 584760

AMOUNT \$17.23

TIP \$3.00

TOTAL \$20.23

APPROVED

CUSTOMER COPY

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

06/29/2009 19:01:53
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0044
Batch #: 000329
SERVER 0009
Approval Code: 585698
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$26.14

TIP \$6.00

TOTAL AMOUNT \$32.14

CUSTOMER COPY

TASTY CREAM DONUTS
24 W CHURCH STREET
MARTINSVILLE, VA 24114
(276) 656-1117

Merchant ID: 720000137284

Sale

XXXXXXXXXX3272

MASTERCARD

Entry Method: Swiped

Total: \$ 13.05

06/29/09 12:10:09

Inv#: 000004 Appr Code: 200328

Apprvd: Online Batch#: 000549

Customer Copy
THANK YOU!
PLEASE COME AGAIN!!

NEIGHBORHOOD GEAR
281 W. Commonwealth Blvd.
Martinsville, VA 24112
276-638-2377

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 00184024 0003

07/02/09 01:25P
*****1292 AX
EXP: *****
SALE REF#: 0014
BATCH# 678 AUTH# 568345

AMOUNT \$14.45
TIP 3.00
TOTAL \$17.35

APPROVED

HUGGS FOOD SPORT & SPI
10 E. CHURCH STREET
MARTINSVILLE, VA 24112

Merchant ID: 4451469464
Term ID: E04451469464
4451469464

Sale

AMEX
XXXXXXXXXXXX1292
Entry Method: Swiped
Apprvd: Online Batch#: 000122
07/01/09 12:34:31

Inv #: 000002 Appr Code: 588228

Amount: \$ 13.16
Tip: \$3.00
Total: \$16.16

Customer Copy

SENOVIA Z TB#15
DATE: 07-01-09 TIME: 07:21 PM GUESTS: 1

CARD TYPE: AMEX
CARD NUMBER: *****1292
APPROVAL CODE: 506408
Merchant ID: 61345
Trans Type: Auth

Amount: 29.47
Tip: \$6.00
Total: \$35.47

Cardmember agrees to pay total in
accordance with agreement governing
use of card



283 Commonwealth Blvd
Martinsville Va 24112
276-632-7133 Fax 276-632-7656
www.texassteakhouse.com

Date: Jun30'09 07:42PM
Card Type: AMEX
Acct #: XXXXXXXXXX1292
Trans Key: AIA001897622500
Exp Date: XX/XX
Auth Code: 587296
Check: 3216
Table: 02/1
Server: 11 Wendy

Subtotal: 40.13

Tip Amount: \$6.00

Total: \$46.00

Signature: J. K. Huggs



NAME John Huggins		DEPARTMENT Consulting AOM		LOCATION 111 N. Chestnut St. Winston Salem, NC 27101				DATE 7/11/2009		
INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.										
TRAVEL DATES		7/5/2009	7/6/2009	#	7/7/2009	7/8/2009	7/9/2009	7/10/2009	7/11/2009	
NO	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25				41.25	\$82.50		
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		95.23		\$95.23	\$95.23				
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25	\$82.50		
12	BREAKFAST									
13	LUNCH					\$17.26	\$25.92			
14	DINNER		\$31.87		\$43.81	\$28.95				
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$31.87		\$43.81	\$46.21	\$25.92			
18	GRAND TOTAL		\$168.35		\$139.04	\$141.44	\$67.17	\$82.50		
EXPLANATION OF TRANSPORTATION EXPENSE										
TRAVEL FROM home										
TRAVEL TO GSO										
TRAVEL TO home										
AUTO MILEAGE			75				75	150		
Explanation of trip including city (cities) visited: Roundtrip drive to Martinsville Dinner 7/53 Susan and John Lunch and dinner 7/6 - 7/9 Gary and John Mastercard payments noted on receipts		ADVANCES:		DOCUMENT #	DATE	AMOUNT				
		CASH ADVANCE								
		CASH								
		TRAVELERS CHECKS								
		SUBTOTAL								
		COMPANY PAID								
		AIRLINE								
		AUTO RENTAL								
		HOTEL					\$285.69			
		TELEPHONE								
ACCOUNT NUMBER DIV PLT DEPT BASE SUB \$ non-food \$450.69 food \$147.81		FOOD					\$147.81			
		OTHER								
		TOTAL ADVANCES							\$433.50	
		DUE COMPANY (ATTACH REFUND)								
		MANUAL CHECK #								
		DUE EMPLOYEE						PC VOUCHER #		\$165.00
		EMPLOYEE SIGNATURE John Huggins								
		APPROVAL SIGNATURE								
		DELIVER CHECK TO John Huggins								
		PRINT NAME & TITLE								



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number: 210/KXPL
arrival date: 7/6/2009 8:00:00PM
departure date: 7/9/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 85510851

7/9/2009 PAGE 1

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 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
7/6/2009	496685	GUEST ROOM	\$89.00
7/6/2009	496685	STATE TAX	\$3.56
7/6/2009	496685	COUNTY TAX	\$0.89
7/6/2009	496685	OCCUPANCY TAX	\$1.78
7/7/2009	496781	GUEST ROOM	\$89.00
7/7/2009	496781	STATE TAX	\$3.56
7/7/2009	496781	COUNTY TAX	\$0.89
7/7/2009	496781	OCCUPANCY TAX	\$1.78
7/8/2009	496913	GUEST ROOM	\$89.00
7/8/2009	496913	STATE TAX	\$3.56
7/8/2009	496913	COUNTY TAX	\$0.89
7/8/2009	496913	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$285.69
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			
You have earned approximately 5590 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization 143817	Initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

07/06/2009 19:51:29
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0032
Batch #: 000336
SERVER 0004
Approval Code: 505701
Entry Method: Swipe
Approved: Onlin

PRE-TIP AMT \$25.8

TIP \$6.00

TOTAL AMOUNT \$31.80

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

07/08/2009 20:02:47
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0040
Batch #: 000338
SERVER 0004
Approval Code: 541552
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$23.95

TIP \$5.00

TOTAL AMOUNT \$28.95



283 Commonwealth Blvd
Martinsville Va 24112
276-632-7133 Fax 276-632-7656
www.texassteakhouse.com

Date: Jul 07 '09 07:52PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX1292
Trans Key: C1C001490304696
Exp Date: XX/XX
Auth Code: 564584
Check: 2728
Table: F1/1
Server: 210 CINDY

Subtotal: 36.81

Tip Amount: \$7.00

Total: \$43.81

Signature: [Signature]

HUGOS FOOD SPORT & SPI
10 E. CHURCH STREET
MARTINSVILLE, VA 24112

Merchant ID: 4451469464
Term ID: E04451469464
4451469464

Sale

AMEX

XXXXXXXXXXXX1292
Entry Method: Swiped
Apprvd: Online Batch#: 000129
07/08/09 13:23:39

Inv #: 000009 App Code: 524118

Amount: \$ 14.26

Tip: 5.30

Total: \$17.26

DAILY GRIND
COFFEE HOUSE & CAFE
10 E. Church St.
Martinsville, VA 24112
(540) 632-0035

Host: 33
07/09/2009 12:23 PM
10033

Soup Of The Day 3.50
Lobster Bisque w/ Sherry
Unwind Club Panini (2 @6.95) 13.90
Iced Tea Medium 1.70
Iced Tea Small 1.55
Table Number 0.00

Subtotal 20.65
Tax 2.27

Order Total 22.92

AMEX #XXXXXXXXXXXX1292 22.92
Auth:542845

Tip: \$3.00

TOTAL: \$25.92

TOTAL

SIGNATURE: [Signature]



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME: Gary Bumgarner DEPARTMENT: Consulting LOCATION: 111 N. Chestnut St. Winston Salem, NC 27101 DATE: 7/13/2009

INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES	6/28/2009	6/29/2009	6/30/2009	7/1/2009	7/2/2009	7/3/2009	7/4/2009	
NO.	EXPENSE ITEM							TOTALS
1	AIR FARE							
2	AUTO RENTAL							
3	TAXI - ETC.							
4	MILEAGE @ \$0.550	\$69.30			\$69.30			\$138.60
5	GAS & OIL							
6	PARKING, TOLLS							
7	HOTEL	\$95.23	\$95.23	\$95.23	\$105.93			\$391.62
8	TELEPHONE							
9	TIPS (other than meals)							
10	OTHER (Copy Charges)							
11	SUBTOTAL LINES 1 - 10							\$530.22
12	BREAKFAST							
13	LUNCH							
14	DINNER							
15	ENTERTAINMENT							
16	OTHER							
17	SUBTOTAL LINES 12 - 16							
18	GRAND TOTAL							\$530.22

Paid by
Sunrise
\$138.60
\$391.62
\$530.22

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM	Hickory, NC	Martinsville, Va
TRAVEL TO	Martinsville, Va	Hickory, NC
TRAVEL TO		
AUTO MILEAGE		

Explanation of trip including city (cities) visited:

AOM - Barcalounger Project

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$391.62
TELEPHONE			
FOOD			
OTHER			

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$530.22
				food	

TOTAL ADVANCES → \$391.62

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #



DUE EMPLOYEE PC VOUCHER # \$138.60

EMPLOYEE SIGNATURE Gary Bumgarner

APPROVAL SIGNATURE

DELIVER CHECK TO Gary Bumgarner

PRINT NAME & TITLE

		50 HAMPTON DRIVE MARTINSVILLE, VA 24112 TELEPHONE 276 647-4700 FAX 276 647-4119		official sponsor U.S. Olympic Team 	
--	--	--	--	--	--

BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28858
US

name
address

room number: 106/SXBL
arrival date: 7/1/2009 6:16:00PM
departure date: 7/2/2009
adult/child: 1/0
room rate: \$99.00

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.

RATE PLAN LVO
HH# 227066682 SILVER
AL US #41466H4
BONUS AL CAR

Confirmation: 84683068

7/2/2009 PAGE 1

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 weekly delivery of USA TODAY. If refused, a credit 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
7/1/2009	496161	GUEST ROOM	\$99.00
7/1/2009	496161	STATE TAX	\$3.98
7/1/2009	496161	COUNTY TAX	\$0.99
7/1/2009	496161	OCCUPANCY TAX	\$1.98
		WILL BE SETTLED TO AX *1557	\$105.93
		EFFECTIVE BALANCE OF	\$0.00
<p>You have earned approximately 1138 HHonors points and approximately 90 miles with U.S. Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Partner Hotels, visit hilton.com.</p> <p>Earn up to 10,000 Hilton HHonors & \$174 bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hilton.com for details. Subject to HHonors Terms and Conditions.</p>			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization	143509 initial
establishment no. and location	purchases & services taxes tips & misc.	
signature of card member	total amount	0.00

X



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 278 647-4700

FAX 278 647-4119

official sponsor U.S. Olympic Team



BUMGARDNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 312/SXBL
arrival date: 6/30/2009 6:26:00PM
departure date: 7/1/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 227066682 SILVER
AL US #414B6H4
BONUS AL CAR

Confirmation: 83150395

7/1/2009 PAGE 1

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 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
6/30/2009	496061	GUEST ROOM	\$89.00
6/30/2009	496061	STATE TAX	\$3.56
6/30/2009	496061	COUNTY TAX	\$0.89
6/30/2009	496061	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX **1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00
<p>You have earned approximately 1023 HHonors points and approximately 89 miles with U.S. Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels, visit hilton.com.</p> <p>Earn up to 10,000 Hilton HHonors & #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.</p>			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization 143476	initial
establishment no. and location	establishment agrees to transmit in card holder for payment	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -847-4119

official sponsor U.S. Olympic Team



BUMGARDNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 215/SXBL
arrival date: 6/29/2009 6:42:00PM
departure date: 6/30/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 227066682-SILVER
AL US #414B6H4
BONUS AL CAR

Confirmation: 82625593

6/30/2009 PAGE 1

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 of the full amount of these charges. I have requested weekly delivery of USA TODAY. If returned, a credit 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
6/29/2009	495923	GUEST ROOM	\$89.00
6/29/2009	495923	STATE TAX	\$3.56
6/29/2009	495923	COUNTY TAX	\$0.89
6/29/2009	495923	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00
ESTIMATED CURRENCY TOTAL			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization	143441 initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		

TRAVEL AND ENTERTAINMENT
EXPENSE REPORT

NAME	DEPARTMENT	LOCATION	DATE
Gary Bumgarner	Consulting	111 N. Chestnut St. Winston Salem, NC 27101	7/13/2009
INSTRUCTIONS			

INSTRUCTIONS:

Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
TRAVEL DATES		7/5/2009	7/6/2009	7/7/2009	7/8/2009	7/9/2009	7/10/2009	7/11/2009	
NO.	EXPENSE ITEM								TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$138.60	\$69.30		\$69.30			\$277.20
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL			\$95.23	\$95.23	\$105.93			\$296.39
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Copy Charges)								
11	SUBTOTAL LINES 1 - 10		\$138.60	\$164.53	\$95.23	\$175.23			\$573.59
12	BREAKFAST								
13	LUNCH			8.88					
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16								
18	GRAND TOTAL		\$138.60	\$164.53	\$95.23	\$175.23			\$573.59

Paid by

Sunrise

\$277.20

\$296.39

\$277.20	\$296.39	\$573.59
----------	----------	----------

\$277.20 \$296.39 \$573.59

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM			Hickory, NC			Martinsville, Va
TRAVEL TO			Martinsville, Va			Hickory, NC
TRAVEL TO						
AUTO MILEAGE						

\$573.55

Explanation of trip including city (cities) visited:

AOM - Barcalounger Project

ADVANCES:	DOCUMENT #	DATE	AMOUNT
-----------	------------	------	--------

CASH ADVANCE

CASH	
------	--

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

TELEPHONE

FOOD

OTHER

10

100

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE PC VOUCHER #

APPROVAL SIGNATURE _____

PRINT NAME & TITLE

EMPLOYEE SIGNATURE Gary Bumgarner

DELIVER CHECK TO Gary Bumgarner

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 00184024 0003

.....
07/07/09 12:12P
*****1557 AX
EXP: *****
SALE REF#: 0004
BATCH# 679 AUTH# 509122

AMOUNT \$7.88

TIP 1.00

TOTAL 8.88

APPROVED

CUSTOMER COPY



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276-847-4700

FAX 276-847-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 201/SXBL
arrival date: 7/8/2009 7:22:00PM
departure date: 7/9/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 227066682 SILVER
AL US #414B6H
BONUS AL CAR

Confirmation: 83850152

7/9/2009 PAGE 1

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 remain primarily liable to the extent 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 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
7/8/2009	496906	GUEST ROOM	\$89.00
7/8/2009	496906	STATE TAX	\$3.56
7/8/2009	496906	COUNTY TAX	\$0.89
7/8/2009	496906	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 1023 HHonors points and approximately 89 miles with US Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family Hotels, visit hilton.com.

Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hilton.com for details. Subject to HHonors Terms and Conditions.

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization 143727	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276-647-4700 FAX 276-647-4119

official sponsor U.S. Olympic Team



BUMGARDNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 412/SXBL
arrival date: 7/7/2009 6:21:00PM
departure date: 7/8/2009
adult/child: 1/0
room rate: \$89.00

If the debit/credit card you are using for check-in is attached to a bank of 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.

RATE PLAN: LVO
HH# 227066682 SILVER
AL US #414B6H4
BONUS AL CAR

Confirmation: 84846182

7/8/2009 PAGE 1

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 of the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit 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
7/7/2009	496815	GUEST ROOM	\$89.00
7/7/2009	496815	STATE TAX	\$3.56
7/7/2009	496815	COUNTY TAX	\$0.89
7/7/2009	496815	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 1023 HHonors points and approximately 89 miles with US Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels, visit hilton.com.

Earn up to 10,000 Hilton HHonors & \$174 bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.

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

thanks.

account no.

date of charge

folio/check no.

card member name

authorization

143693

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



BILL TO
American of Martinsville Noel Chitwood Ekta Chopra 128 E. Church St. Martinsville, VA 24112

REMIT TO
Sunrise Technologies, Inc 111 N. Chestnut St. Suite 300 Winston Salem, NC 27101

INVOICE NO.	DATE	P.O. NO.	TERMS	DUE DATE	PROJECT
5057	7/27/2009		Net 45	9/10/2009	
DESCRIPTION		DAYS	RATE per DAY		AMOUNT
Susan Mitchell - Project Manager/Financial Consultant - AOM - 07/13-07/26		7	1,200.00		8,400.00
John Huggins - Supply Chain Consultant - AOM 07/13-07/26		9	1,200.00		10,800.00
Gary Bumgarner - Technical Architect - AOM - 07/13-07/26		4	1,600.00		6,400.00
Rod Pruett - Technical Architect - AOM - 07/13-07/26		5	1,600.00		8,000.00
Reimbursable Travel Expense - Susan Mitchell - 07/13-07/17			477.33		477.33
Reimbursable Travel Expense - Susan Mitchell - 07/20-07/24			430.35		430.35
Reimbursable Travel Expense - John Huggins - 07/13-07/17			418.87		418.87
Reimbursable Travel Expense - John Huggins - 07/20-07/24			472.46		472.46
Reimbursable Travel Expense - Gary Bumgarner - 07/20-07/24			467.66		467.66
Reimbursable Travel Expense - Rod Pruett - 07/13-07/17			264.00		264.00
AOM Phase B Project				Total	\$36,130.67



NAME	DEPARTMENT	LOCATION	DATE
Susan Mitchell	Consulting	111 N. Chestnut St. Winston Salem, NC 27101	7/17/2009

Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipt bill. Foreign currency transaction calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Mileage" is claimed, the reverse side of this form must be completed.

EXPLANATION OF TRANSPORTATION EXPENSE

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan and John (except Thurs)

245			
ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$285.69
TELEPHONE			
FOOD			\$40.62
OTHER			
TOTAL ADVANCES			\$326.31

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

name
address

room number: 417/KXTD
arrival date: 7/13/2009 5:32:00PM
departure date: 7/16/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 80484909

7/16/2009 PAGE 1

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 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
7/13/2009	497516	GUEST ROOM	\$89.00
7/13/2009	497516	STATE TAX	\$3.56
7/13/2009	497516	COUNTY TAX	\$0.89
7/13/2009	497516	OCCUPANCY TAX	\$1.78
7/14/2009	497662	GUEST ROOM	\$89.00
7/14/2009	497662	STATE TAX	\$3.56
7/14/2009	497662	COUNTY TAX	\$0.89
7/14/2009	497662	OCCUPANCY TAX	\$1.78
7/15/2009	497810	GUEST ROOM	\$89.00
7/15/2009	497810	STATE TAX	\$3.56
7/15/2009	497810	COUNTY TAX	\$0.89
7/15/2009	497810	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1409			\$285.69
EFFECTIVE BALANCE OF			\$0.00

You have earned approximately 5340 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.

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

thanks

account no.	date of charge		folio/check no.
card member name	authorization	143191	A initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services		
	taxes		
	tips & misc.		
signature of card member X	total amount 0.00		



Customer Copy
THANK YOU!
PLEASE COME AGAIN!

ARTS ETC

45 E CHURCH ST

MARTINSVILLE VA 24112

276-666-6655

MERC # 0000001646853

TERM ID: 001B4024 0003

Apprvd: Online

Inv#: 000000

07/15/09

Batch#: 000562

Appr Code: 002241

12:24:02

Total:

\$ 16.27

Entry Method: Swiped

VISA

XXXXXXXXXXXX2712

Sale

Merchant ID: 720008137284

TASTY CREAM DONUTS
24 E CHURCH STREET
MARTINSVILLE, VA 24114
(276) 656-1117

Personal

ARTS ETC

45 E CHURCH ST

MARTINSVILLE VA 24112

276-666-6655

MERC # 0000001646853

TERM ID: 001B4024 0003

07/13/09

12:16P

*****1409

EXP: ***** AX

SALE

BATCH# 683 REF#: 0003

AUTH# 522043

AMOUNT

\$16.29

TIP

TOTAL

APPROVED

CUSTOMER COPY

APPROVED

CUSTOMER COPY

Merchant ID: 000000994296
Term ID: 00141439 Ref #: 0005
Server ID: 1

RANIAS RESTAURANT
147 E MAIN STREET
MARTINSVILLE VA 24112
276-638-4462

Sale

XXXXXXXXXXXX1409

AMEX Entry Method: Swiped

Amount: \$ 14.76

Tie: 3.00

Total: 17.76

07/14/09 12:40:45

Inv #: 000005 Appr Code: 503420

Apprvd: Online Batch#: 000423

Customer Copy
THANK YOU!

TRAVEL AND ENTERTAINMENT
EXPENSE REPORT

NAME Susan Mitchell	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 7/24/2009
------------------------	--------------------------	---	-------------------

INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of the form must be completed.

TRAVEL DATES		7/19/2009	7/20/2009	7/21/2009	7/22/2009	7/23/2009	7/24/2009	7/25/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$116.05			\$130.35			\$246.40
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL					95.23			\$95.23
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER								
11	SUBTOTAL LINES 1 - 10		\$116.05			\$225.58			\$341.63
12	BREAKFAST								
13	LUNCH		29.91		\$23.92	\$34.89			\$88.72
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16		\$29.91		\$23.92	\$34.89			\$88.72
18	GRAND TOTAL		\$145.96		\$23.92	\$260.47			\$430.35

EXPLANATION OF TRANSPORTATION EXPENSE

TRAVEL FROM	Home	Home	
TRAVEL TO	Martinsville	Martinsville	Martinsville
TRAVEL TO	Home	Home	
AUTO MILEAGE	211	237	

Explanation of trip including city (cities) visited:

Martinsville VA - AOM

Note lunches were for Susan, Gary and John

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$95.23
TELEPHONE			
FOOD			\$88.72
OTHER			
TOTAL ADVANCES			\$183.95

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$341.63
				food	\$88.72
					\$430.35

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #	
PC VOUCHER #	
DUE EMPLOYEE	\$246.40

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



MITCHELL, SUSAN
413 WESTBROOK DR
RALEIGH, NC 27615
US

name
address

room number: 400/KXTE
arrival date: 7/22/2009 5:32:00PM
departure date: 7/23/2009
adult/child: 1/0
room rate: \$89.00

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

RATE PLAN LV0
HH# 854967083 DIAMOND
AL AA #6N403X6
BONUS AL CAR

Confirmation: 82320365

7/23/2009 PAGE 1

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 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
7/22/2009	498569	GUEST ROOM	\$89.00
7/22/2009	498569	STATE TAX	\$3.56
7/22/2009	498569	COUNTY TAX	\$0.89
7/22/2009	498569	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1409	\$95.23
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 1780 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com

Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.

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

thanks.

account no.

date of charge folio/check no.

card member name

authorization 143192 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

0.00

The Hilton Family



000000350
361 COMMONWEALTH BLVD.
MARTINSVILLE VA 24112
276-534-5335

Sale

Client ID: 30
ID: 002
Merchant ID: 000000072330
Bank ID: 1390
8/22/09
Batch#: 203001
Retrieval Ref #: 38349494
12:19:00

AMEX
XXXXXXXXXX1409
Appr Code: 562997
Total: \$ 23.92
Entry Method: Swiped
Inv #: 0000007

Customer Copy
THANK YOU

RANIAS RESTAURANT
147 E MAIN STREET
MARTINSVILLE VA 24112
276-538-4462

Merchant ID: 000000394296
Term ID: 00141439 Ref #: 0001
Server ID: 1

Sale

XXXXXXXXXX1409
AMEX Entry Method: Swiped
Amount: \$ 29.89
Tip: \$ 5.00
Total: 34.89

07/23/09 12:48:44
Inv #: 000001 Appr Code: 546504
Apprvd: Online Batch#: 000432

Customer Copy
THANK YOU!

ARTS ETC
45 E CHURCH ST
MARTINSVILLE VA 24112
276-666-6655
MERC # 0000001646853
TERM ID: 00184024 0003

07/20/09 12:05P
*****1409 AX
EXP: *****
SALE REF#: 0004
BATCH# 688 AUTH# 563316

AMOUNT \$29.91
TIP
TOTAL

APPROVED

CUSTOMER COPY



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chesnut St. Winston Salem, NC 27101	DATE 7/18/2009
----------------------	------------------------------	--	-------------------

INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed the reverse side of the form must be completed.

TRAVEL DATES		7/12/2009	7/13/2009	#	7/14/2009	7/15/2009	7/16/2009	7/17/2009	7/18/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25				41.25			\$82.50
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		74.85		\$74.85	\$74.85				\$224.55
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$116.10		\$74.85	\$74.85	\$41.25			\$307.05
12	BREAKFAST									
13	LUNCH						\$6.42			\$6.42
14	DINNER		\$31.87		\$41.92	\$31.61				\$105.40
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$31.87		\$41.92	\$31.61	\$6.42			\$111.82
18	GRAND TOTAL		\$147.97		\$116.77	\$106.46	\$47.67			\$418.87

EXPLANATION OF TRANSPORTATION EXPENSE

\$418.87

TRAVEL FROM	home								
TRAVEL TO	GSO								
TRAVEL TO	home								
AUTO MILEAGE		75				75			

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 7/13, 7/14 and 7/15 Susan and John

Lunch and dinner Gary and John

Mastercard payments noted on receipts

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$307.05
				food	\$111.82

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			\$224.55
TELEPHONE			
FOOD			\$111.82
OTHER			
TOTAL ADVANCES			\$336.37

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$82.50

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE

DELIVER CHECK TO John Huggins

PRINT NAME & TITLE

**QUALITY INN - DUTCH INN (VA381)**

2360 VIRGINIA AVE
COLLINSVILLE, VA 24078 USA
Phone: (276) 647-3721
Fax: (276) 647-4857
gm.va381@choicehotels.com

Account: VA381 - 168280

Date: 07/16/09

Page: 1 of 1

Room: 202

Arrival Date: 07/13/09 17:31

Departure Date: 07/16/09 07:29

Frequent Traveler ID:

You were checked out by: AMANDA

You were checked in by: AMANDA

HUGGINS, JOHN
4445 BRIDAL CREEK
WINSTON SALEM, NC 27106 US

Post Date	Description	Comment	Amount
07/13/09	ROOM CHARGE	#202 HUGGINS, JOHN	69.95
07/13/09	TAX	TAX	4.90
07/14/09	ROOM CHARGE	#202 HUGGINS, JOHN	69.95
07/14/09	TAX	TAX	4.90
07/15/09	ROOM CHARGE	#202 HUGGINS, JOHN	69.95
07/15/09	TAX	TAX	4.90
07/16/09	AMERICAN EXPRESS	AMERICAN EXPRESS Acct: *****1292	-224.55
Balance Due:			0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

**QUALITY INN - DUTCH INN (VA381)**

2360 VIRGINIA AVE
COLLINSVILLE, VA 24078 USA
Phone: (276) 647-3721
Fax: (276) 647-4857
gm.va381@choicehotels.com

Room: 202

Arrival Date: 07/13/09

Departure Date: 07/16/09

Account: VA381 - 168280

Frequent Traveler ID:

Approval Number: 520512

Card Type: AX

Date: 7/16/2009

Card Number: *****1292

Total: 224.55

JOHN HUGGINS
4445 BRIDAL CREEK
WINSTON SALEM, NC 27106 US

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

Thank you for your business! Book your next reservation on choicehotels.com for the best int...

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

07/13/2009
Merchant ID:
Terminal ID:
4450553540

18:52:57
000000004340543
01573118

CREDIT CARD
AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0027
Batch #: 000343
SERVER 0009
Approval Code: 585877
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$25.87

TIP \$6.00

TOTAL AMOUNT \$31.87

283 Commonwealth Blvd
Martinsville Va 24112
276-632-7133 Fax 276-632-7656
www.texassteakhouse.com

Date: Jul14'09 06:48PM
Card Type: AMEX
Acct #: XXXXXXXX 1292
Trans Key: C1C001512875426
Exp Date: XX/XX
Auth Code: 542657
Check: 3726
Table: E3/1
Server: 258 Robin

Subtotal: 34.92

Tip Amount: \$7.00

Total: \$41.92

Signature: *[Signature]*

CUSTOMER COPY

EL RANCHITO RESTAURANT
1212 MEMORIAL BLVD
MARTINSVILLE, VA 24112

Merchant ID: 5810

Ref #: 0338

Server ID: 1

Sale

XXXXXXXXXX1292

AMEX

Entry Method: Swiped

Amount: \$ 26.61

Tip: \$5.00

Total: \$31.61

07/15/09 19:01:31

Inv #: 000033 Appr Code: 584200

Apprvd: Online Batch#: 000562

Customer Copy

THANK YOU!

SALE RECEIPT

Store #3454 tks 07/10/09 12:42:25
Subway Sandwiches & Salads
2444 Greensboro Road
Martinsville VA 24115

Trans# 49 Clerk 6 sharon
Dwr1 TRDT 071609 Reg-ID REG-MAIN

Receipt # 0000151717

--- ITEM --- QTY PRICE MEMO PLU
Chlter6M Gr 1 T \$ 5.89 18270

SUBTOTAL \$ 5.89
Sales Tax \$ 0.53

TAKE-OUT **TOTAL \$ 6.42
CredCardAMT TEND \$ 6.42

CHANGE DUE\$ 0.00

Try your sandwich toasted!!

Approval No: 544664
Reference No: 519716626916
Account No: *****1292
Card Issuer: AMERICAN EXPRESS
Amount: \$6.42

Protect the balance on your card.
Register at www.americanexpress.com.

Host Order ID: 110111 000011/47



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME John Huggins	DEPARTMENT Consulting AOM	LOCATION 111 N. Chesnut St Winston Salem, NC 27101	DATE 7/25/2009
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INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of the form must be completed.

TRAVEL DATES		7/19/2009	7/20/2009	#	7/21/2009	7/22/2009	7/23/2009	7/24/2009	7/25/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	TOTALS
1	AIR FARE									
2	AUTO RENTAL									
3	TAXI - ETC.									
4	MILEAGE @ \$0.550		\$41.25				41.25			\$82.50
5	GAS & OIL									
6	PARKING, TOLLS									
7	HOTEL		95.23		\$95.23	\$95.23				\$285.69
8	TELEPHONE									
9	TIPS (other than meals)									
10	OTHER (Cleaners and Groceries)									
11	SUBTOTAL LINES 1 - 10		\$136.48		\$95.23	\$95.23	\$41.25			\$368.19
12	BREAKFAST									
13	LUNCH				\$17.26					\$17.26
14	DINNER		\$32.96		\$11.42	\$42.63				\$87.01
15	ENTERTAINMENT									
16	OTHER									
17	SUBTOTAL LINES 12 - 16		\$32.96		\$28.68	\$42.63				\$104.27
18	GRAND TOTAL		\$169.44		\$123.91	\$137.86	\$41.25			\$472.46

EXPLANATION OF TRANSPORTATION EXPENSE

\$472.46

TRAVEL FROM home

TRAVEL TO GSO

TRAVEL TO home

AUTO MILEAGE

75

75

Explanation of trip including city (cities) visited:

Roundtrip drive to Martinsville

Dinner 7/20 Susan and John

Dinner 7/22 Susan and Gary

Mastercard payments noted on receipts

ADVANCES:

DOCUMENT #

DATE

AMOUNT

CASH ADVANCE

CASH

TRAVELERS CHECKS

SUBTOTAL

COMPANY PAID

AIRLINE

AUTO RENTAL

HOTEL

\$285.69

TELEPHONE

FOOD

\$92.85

OTHER

TOTAL ADVANCES

\$378.54

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$93.92

ACCOUNT NUMBER

DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$368.19
				food	\$104.27

\$472.46

EMPLOYEE SIGNATURE John Huggins

APPROVAL SIGNATURE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



HUGGINS, JOHN
111 NORTH CHESTNUT STREET
SUITE 300
WINSTON-SALEM, NC 27101
US

name
address

room number. 401/KXTH
arrival date: 7/20/2009 6:13:00PM
departure date: 7/23/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HH# 810044663 DIAMOND
AL DL #0252025432
BONUS AL CAR

Confirmation: 87687220

7/23/2009 PAGE 1

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 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
7/20/2009	498295	GUEST ROOM	\$89.00
7/20/2009	498295	STATE TAX	\$3.56
7/20/2009	498295	COUNTY TAX	\$0.89
7/20/2009	498295	OCCUPANCY TAX	\$1.78
7/21/2009	498425	GUEST ROOM	\$89.00
7/21/2009	498425	STATE TAX	\$3.56
7/21/2009	498425	COUNTY TAX	\$0.89
7/21/2009	498425	OCCUPANCY TAX	\$1.78
7/22/2009	498570	GUEST ROOM	\$89.00
7/22/2009	498570	STATE TAX	\$3.56
7/22/2009	498570	COUNTY TAX	\$0.89
7/22/2009	498570	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1292			\$285.69
EFFECTIVE BALANCE OF			\$0.00
ESTIMATED CURRENCY TOTAL			
You have earned approximately 5590 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit HiltonHHonors.com			
Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization 143968	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

07/20/2009 19:28:34
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD

AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0046
Batch #: 000350
SERVER 0006
Approval Code: 585115
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$26.96

TIP

TOTAL AMOUNT

46.00

\$32.96

CUSTOMER COPY

CHINA BUFFET
1090 MEMORIAL BLVD.
MARTINSVILLE, VA 24111

TERMINAL ID: 01149561
MERCHANT #: 323545438992

MC SUR. 3609

*****3272

SALE

BATCH: 000698

DATE: Jul 21, 09

SEC: 0823

INV: 356915

TIME: 19:02

AUTH: 04907B

BASE \$9.42

TIP

TOTAL

JOHN HUGGINS

CUSTOMER COPY

HUGOS FOOD SPORT & SPI
10 E. CHURCH STREET
MARTINSVILLE, VA 24112

Merchant ID: 4451469464
Term ID: ED4451469464
4451469464

Sale

AMEX

XXXXXXXXXXXX1292

Entry Method: Swiped

Apprvd: Online Batch#: 000246

07/21/09 12:31:33

Inv #: 000001 Appr Code: 522066

Amount: \$ 14.26

Tip: 3.00

Total: 17.26

EL RANCHITO
3069 VIRGINIA AVE
COLLINSVILLE, VA 24078

07/22/2009 18:59:18
Merchant ID: 000000004340543
Terminal ID: 01573118
4450553540

CREDIT CARD

AMEX SALE

CARD # XXXXXXXXXXXX1292
INVOICE 0035
Batch #: 000352
SERVER 0007
Approval Code: 544259
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$35.63

TIP 7.00

TOTAL AMOUNT \$42.63



INSTRUCTIONS: Report due within 10 days of travel, with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meals" is claimed, the reverse side of this form must be completed.

EMPLOYEE SIGNATURE	Gary Bumgarner	APPROVAL SIGNATURE
DELIVER CHECK TO	Gary Bumgarner	PRINT NAME & TITLE



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112
TELEPHONE 276 647-4700 FAX 276 -647-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 407/SXBL
arrival date: 7/20/2009 6:10:00PM
departure date: 7/21/2009
adult/child: 1/0
room rate: \$89.00

If the discount/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.

RATE PLAN LVO
HH# 227066682 SILVER
AL US #414B6H4
BONUS AL CAR

Confirmation: 87038778

7/21/2009 PAGE 1

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 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
7/20/2009	498299	GUEST ROOM	\$89.00
7/20/2009	498299	STATE TAX	\$3.56
7/20/2009	498299	COUNTY TAX	\$0.89
7/20/2009	498299	OCCUPANCY TAX	\$1.78
		WILL BE SETTLED TO AX *1557	\$95.23
		EFFECTIVE BALANCE OF	\$0.00

You have earned approximately 1023 HHonors points and approximately 89 miles with US Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family Hotels, visit hilton.com.

Earn up to 10,000 Hilton HHonors® #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hilton.com for details. Subject to HHonors Terms and Conditions.

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization	144094 Initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00

The Hilton Family



Hilton HHonors



50 HAMPTON DRIVE
MARTINSVILLE, VA 24112

TELEPHONE 276 647-4700

FAX 276 -647-4119

official sponsor U.S. Olympic Team



BUMGARNER, GARY
1793 FAIRWAY DR
NEWTON, NC 28658
US

name
address

room number: 320/KSTY
arrival date: 7/22/2009 5:20:00PM
departure date: 7/23/2009
adult/child: 1/0
room rate: \$89.00

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.

RATE PLAN LVO
HM# 227066682 SILVER
AL US #41486H4
BONUS AL CAR

Confirmation: 88144608

7/23/2009 PAGE 1

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 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
7/22/2009	498568	GUEST ROOM	\$89.00
7/22/2009	498568	STATE TAX	\$3.56
7/22/2009	498568	COUNTY TAX	\$0.89
7/22/2009	498568	OCCUPANCY TAX	\$1.78
WILL BE SETTLED TO AX *1557			\$95.23
EFFECTIVE BALANCE OF			\$0.00
<p>You have earned approximately 1023 HHonors points and approximately 89 miles with U.S. Airways for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels, visit hilton.com.</p> <p>Earn up to 10,000 Hilton HHonors & #174; bonus points Now through September 30, 2009, earn bonus points at participating hotels. Visit hampton.com for details. Subject to HHonors Terms and Conditions.</p>			

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

thanks.

account no.	date of charge	folio/check no.
card member name	authorization	144172 Initial
establishment no. and location	purchases & services taxes tips & misc.	
signature of card member	total amount	
X	0.00	



TRAVEL AND ENTERTAINMENT EXPENSE REPORT

NAME Rod Pruett	DEPARTMENT Consulting	LOCATION 111 N. Chestnut St. Winston Salem, NC 27101	DATE 7/28/2009
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INSTRUCTIONS: Report due within 10 days of travel with hotel bills and other receipts attached. Any expenditure of \$25.00 or more must be supported by a receipted bill. Foreign currency translation calculations must be clearly shown in the supporting documentation. If reimbursement for "Entertainment or Meal" is claimed, the reverse side of this form must be completed.

TRAVEL DATES		7/12/2009	7/13/2009	7/14/2009	7/15/2009	7/16/2009	7/17/2009	7/18/2009	
NO.	EXPENSE ITEM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1	AIR FARE								
2	AUTO RENTAL								
3	TAXI - ETC.								
4	MILEAGE @ \$0.550		\$66.00	\$66.00	\$66.00	\$66.00			\$264.00
5	GAS & OIL								
6	PARKING, TOLLS								
7	HOTEL								
8	TELEPHONE								
9	TIPS (other than meals)								
10	OTHER (Copy Charges)								
11	SUBTOTAL LINES 1 - 10		\$66.00	\$66.00	\$66.00	\$66.00			\$264.00
12	BREAKFAST								
13	LUNCH								
14	DINNER								
15	ENTERTAINMENT								
16	OTHER								
17	SUBTOTAL LINES 12 - 16								
18	GRAND TOTAL		\$66.00	\$66.00	\$66.00	\$66.00			\$264.00

EXPLANATION OF TRANSPORTATION EXPENSE

\$264.00

TRAVEL FROM		W-S	W-S	W-S	W-S	
TRAVEL TO		Martinsville	Martinsville	Martinsville	Martinsville	
TRAVEL TO		W-S	W-S	W-S	W-S	
AUTO MILEAGE		120	120	120	120	

Explanation of trip including city (cities) visited:

American of Martinsville

ACCOUNT NUMBER					
DIV	PLT	DEPT	BASE	SUB	\$
				non-food	\$264.00
				food	
					\$264.00

ADVANCES:	DOCUMENT #	DATE	AMOUNT
CASH ADVANCE			
CASH			
TRAVELERS CHECKS			
SUBTOTAL			
COMPANY PAID			
AIRLINE			
AUTO RENTAL			
HOTEL			
TELEPHONE			
FOOD			
OTHER			

TOTAL ADVANCES

DUE COMPANY (ATTACH REFUND)

MANUAL CHECK #

DUE EMPLOYEE

PC VOUCHER #

\$264.00

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DELIVER CHECK TO

PRINT NAME & TITLE

Rod Pruett



July 17, 2010

BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

To: Whom it may concern;

Please find enclosed two original POC's with supporting documentation. I am including a FedEx pre-paid air bill and envelope. I would like for you to date stamp one and return to me for my records.

If you have questions please let me know.

Sincerely,

Tonya Cottingham
Office Manager
(336) 722-6741 x106