

Oct 18 06 06:31p

Robin Rosenthal

847-566-0843

p.1

EXPENSE REPORT WORKSHEET

TRAVELER: Dr. Raimo Bachand
EXPENSE REPORT NO: 04302015-1

DATES	CITIES VISITED	LOCAL CURRENCY UNIT	RATE:	L.C.	RATE:	L.C.	RATE:	L.C.	RATE:	L.C.	TOTAL
9/28/14	DFW										524.30
9/29/14	HAWTI										
9/30/14	HAWTI										
10/1/14	HAWTI										
10/2/14	HAWTI → DFW										
10/12/14	HAWTI										
10/13/14	HAWTI										
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12/27/14	HAWTI										
12/28/14	HAWTI										
12/29/14	HAWTI										
12/30/14	HAWTI										
12/31/14	HAWTI										
TOTAL TRAVEL											524.30
HOTEL (room only)											644.08
BREAKFAST											
LUNCH											
DINNER											
TOTAL MEALS											
ENTERTAINMENT											
EXCHANGE FEES											
TEL & TEL											
LAUNDRY											
TIPS											
Energy Fee											10.00
TOTAL OTHER											10.00
TOTAL EXPENSES											1937.38

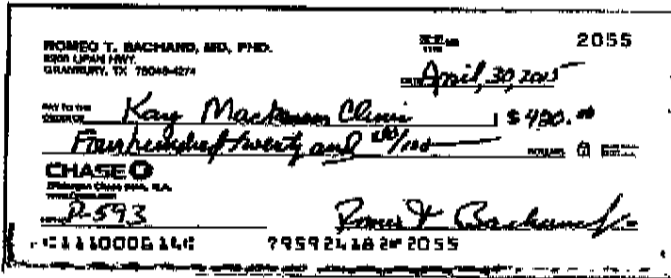
① DFW ProKey Ticket lost ② Kay-Machann Transportation ③ Kay-Machann meals

10/27/2014	Bill Payment	[REDACTED]	[REDACTED]	[REDACTED]
10/27/2014	Bill Payment	[REDACTED]	\$1,200.00	[REDACTED]
10/27/2014	Account Transfer	[REDACTED]	[REDACTED]	[REDACTED]
✓ 10/27/2014	Account Transfer	Payment to Chase card ending in 6146 10/27	\$740.40	\$14,270.16
10/27/2014	Account Transfer	[REDACTED]	[REDACTED]	[REDACTED]
10/24/2014	Fee	[REDACTED]	[REDACTED]	[REDACTED]
10/24/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/24/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/24/2014	Bill Payment	[REDACTED]	[REDACTED]	[REDACTED]
10/24/2014	Misc. Credit	[REDACTED]	[REDACTED]	[REDACTED]
10/23/2014	Fee	[REDACTED]	[REDACTED]	[REDACTED]
10/23/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/23/2014	Bill Payment	[REDACTED]	[REDACTED]	[REDACTED]
10/23/2014	Misc. Credit	[REDACTED]	[REDACTED]	[REDACTED]
10/22/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/20/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/16/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/14/2014	Check	[REDACTED]	[REDACTED]	[REDACTED]
10/14/2014	Account Transfer	[REDACTED]	[REDACTED]	[REDACTED]
10/14/2014	Bill Payment	[REDACTED]	[REDACTED]	[REDACTED]
10/14/2014	Bill Payment	[REDACTED]	[REDACTED]	[REDACTED]
10/14/2014	Bill Payment	[REDACTED]	[REDACTED]	[REDACTED]
10/14/2014	Account Transfer	[REDACTED]	[REDACTED]	[REDACTED]

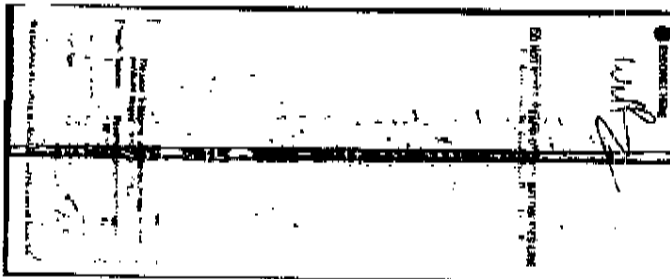
Chase Online

CHASE PREMIER (...4182)

Check Number: 2055 Post Date: 05/04/2015 Amount of Check: \$420.00



Need help printing or saving this check?



Need help printing or saving this check?

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April 27, 2015

To Whom It May Concern:

Our non-profit corporation, Kay Mackenson Clinic, Inc., paid the following expenses for Dr. Romeo Bachand and Mr. Phil Newsome on their recent trips to Haiti:

Various meals at our clinic and guest house:	\$100
Transportation from the airport to clinics/hospitals	<u>\$320</u>
Total	\$420

Please contact me with questions or for additional information.

Sincerely,

Ric Bonnell, M.D.
President/Founder
Kay Mackenson Clinic
www.kaymacl.com

ROMEO T. BACHAND, MD, PHD.
2200 LIPAN HWY.
GRANBURY, TX 76048-4274

88-01 186
1110

2055

DATE April 30, 2015

PAY TO THE ORDER OF

Kay Mackenson Clinic

\$ 420.00

Four hundred twenty and 00/100

DOLLARS

CHASE

Member Chase Bank, N.A.
www.Chase.com

MEMO

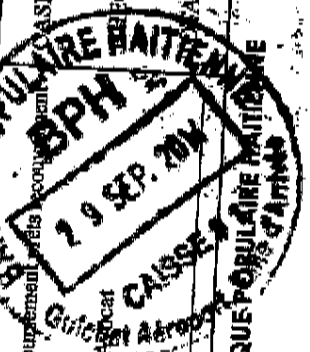
⑆ 110006 14⑆

7959261820 2055

REÇU DE

Cash et/ou chèques tel qu'indiqué ci-dessous d'un "X" en regard du casier correspondant.

<input type="checkbox"/>	Remboursement prêt Cdtes / USD	<input type="checkbox"/>	Remboursement effets CASH.....
<input type="checkbox"/>	Intérêt sur prêt Cdtes / USD	<input type="checkbox"/>	Effets BILLETTES

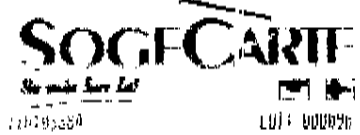


BANQUE POPULAIRE MARITIME

(Successale)

(Date)

(Comptable)



***** SOGERANT SE HET R/ LA *****

FICHE DE VENTE

NOU IN SUR ME ?
COTE DES ARCADES
TEL: 33690-5730

DATE: 01.01.14 NR: 22122

*****6146
EXP.: **/**

CARTE: 0158.155 TYPE TR: CC
NO. AUTO. 06004A
NO. REF. 045928 NRH: 045928

TOTAL \$USD 244.00

COPIE TITULAIRE

Polix...

COPIE TITULAIRE

GRAND HYATT

Grand Hyatt DFW
2337 South International Parkway
DFW Airport, TX 75261
Tel: 972.973.1234
Fax: 972.973.1299
www.granddfw.hyatt.com

INVOICE

Payee DR Romeo Bachand
2200 Lipan Hwy
Granbury TX 76048
United States

Room No. 0414
Arrival 09-28-14
Departure 09-29-14
Page No. 1 of 1
Folio Window 1
Folio No. 423399

Confirmation No. 4963874401

Group Name

Date	Description	Charges	Credits
09-28-14	Guest Room	259.00	
09-28-14	City Occupancy Tax 6%	15.54	
09-28-14	State Occupancy Tax 6%	15.54	
09-29-14	American Express XXXXXXXXXXXX4009 XX/XX		290.08
Total		290.08	290.08

Guest Signature

Balance

0.00

I agree that my liability for this bill is not waived and I 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.

It is our endeavor to exceed your expectations. We welcome your feedback and comments. Simply e-mail Hyatt Consumer Affairs at: QualityDFWG.H@Hyatt.com

Hyatt Gold Passport Summary

Membership: G96333803B
Bonus Codes:
Qualifying Nights: 1
Eligible Spend: 259.00
Redemption Eligible: 0.00

Thank you for choosing the Grand Hyatt DFW.
For future stays, please use SKYLINK to travel to Terminal D.

Please remit payment to:
Grand Hyatt Dallas Fort Worth
PO Box 974413
DFW Airport, TX 75397

Summary Invoice, please see front desk for eligibility details.

For inquiries concerning your bill please call 888-567-4589 or email NA.CustomerService@Hyatt.com

For best rates available, please visit us at www.granddfw.hyatt.com

SOGLICARI

Site web: www.clubindigo.net

1104196.5

001 299104

***** SOGECARI SE NET KAT LA *****

FICHE DE VENTE

CLUB INDIGO
COTE DES ARCADES
TEL: 3393-1000

DATE: 09/29/14

HR: 18:54

*****6.146
EXP.: **/**

NO. HOTEL: 02362A
NO. REF: 299097

TYPE TR: CD

RRN: 299097

TOTAL \$USD 354.00

COPIE - TITULAIRE

Charges
Sales Tax

Less : Payments
Payment By Guest

Total Charges

d	Folio No	17978
	Franchise Folio	
	Room	27 F INDIGO
ID #	# Of Guests	1
ID Country	Date In	09/29/2014 07:53:00 PM
Vehicle Model	Date Out	10/02/2014 11:00:00 AM
Company		

Particulars		Total
	240.00	
	24.00	
		264.00
	87.30	
	3.30	
Total Charges		90.00
		354.00
	354.00	
		354.00
		0.00

Thank you for your stay with us. Please visit us again.

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuable items. Management will not be responsible for any item left in the room.

TAUX HTG 46.00 HTG/1.00 USD

CHECKOUT TIME: 11:00 AM SELF REGISTRATION ONLY.

If a guest or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc. if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If you pay by credit card you are authorized to charge my account for all charges incurred, including any and all damages/fees etc.. I agree that the sole purpose of renting this room is for my own residency only.

TAUX HTG 46.00 HTG/1.00 USD

Guest Signature

Date



Checked-In By Gedeus P Dany

Checked-Out By

Record Locator

ATWASJ



Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
 American Romeo Bachand	2245	DALLAS FT WORTH MON 29SEP 7:20 AM	FT LAUDERDALE 11:05 AM	Q
	Seat 17C	Economy	FF#: 6768256 PLT	Food For Purchase
 American Romeo Bachand	2277	FT LAUDERDALE MON 29SEP 1:30 PM	PORT AU PRINCE 3:25 PM	Q
	Seat 17D	Economy	FF#: 6768256 PLT	
 American Romeo Bachand	1158	PORT AU PRINCE THU 02OCT 9:15 AM	FT LAUDERDALE 11:20 AM	Q
	Seat 17A	Economy	FF#: 6768256 PLT	
 American Romeo Bachand	1511	FT LAUDERDALE THU 02OCT 2:45 PM	DALLAS FT WORTH 4:50 PM	Q
	Seat 17A	Economy	FF#: 6768256 PLT	Food For Purchase

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
Romeo Bachand	0012341516679	371.00	153.30	524.30
Visa XXXXXXXXXXXX9475				\$ 524.30

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE DEWPAP 01 Piece/ American Airlines /UP TO 50