FOI#14151

----- Original Message -----
From: Martin Braun (BLOOMBERG/ NEWSROOM:) [mailto:mbraun6@bloomberg.net]
Sent: Friday, July 19, 2013 04:26 PM
To: Duffy, Daniel
Subject: Bloomberg News FOIA Request

July 19, 2013
Mr. Duffie:
I would like to request the following documents under the FOI code:
1. Expense Reports, including copies of receipts, filed by Anne Marie Mulligan, Jon Huxel and Veronica Biddle from January 1, 2003 to June 1, 2013.
2. Copies of reimbursement checks or other records showing how much Mulligan, Huxel and Biddle were reimbursed for expenses from January 1, 2007 to June 1, 2013.
3. Copies of itineraries of trips abroad by Mulligan, Huxel and Biddle.
4. Copies of any record showing how much the Port Authority spent to send Mulligan, Huxel and Biddle on trips abroad.
5. Any record of gifts received by Mulligan, Huxel and Biddle.
6. Copy of the Port Authority's gift policy.
7. ``Permission to Market'' Letters for the Port Authority's Owner Controlled Insurance Program from January 1, 2007 through June 1, 2013.
8. Any documents from Aon that account for year-by-year total construction value for the CIP.
9. Copies of Owner Controlled Insurance Program policies from January 1, 2007 through June 1, 2013.
10. Records showing the amount of premium paid for the OCIP for the years: June 2007-June 2008, June 2008-June 2009, June 2009-June 2010, June 2010-June 2011, June 2011-June 2012.
11. Documents showing how the premium for the OCIP for the above years was calculated.
12. Copies of emails from employees of Aon Risk Services and its predecessor broker from Long Island to Mulligan, Huxel and Biddle regarding trips abroad from January 1, 2007 through June 1, 2013.
13. Any emails, reports or other documents related to the suspension/termination of Jeffrey Yuhasz.
14. Any notes, transcripts or memos from interviews of Mulligan, Biddle, Huxel and Yuhasz by employees of the Port Authority inspector general.
15. Any report by the Port Authority IG's office on the termination of Mulligan, Biddle, and Huxel.
16. Any third-part audit of the Port Authority's insurance placements since 2012.
If you withhold any of the above requested information and or documents please state the specific exemption under the FOI code justifying such withholding. This request is segregable and claims of exemption for one part of the request are not sufficient to deny the request in its entirety.
If you need more information to fulfill this request or have any questions, please telephone or e-mail as soon as possible in order to expedite the process. I'm prepared to work with you to fulfill this request as rapidly as possible. My phone number is 212-617-6849 and email is mbraun6@bloomberg.net.

Sincerely,
Martin Z. Braun, Reporter
Bloomberg News
731 Lexington Ave. NY, NY 10022

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

October 20, 2014

Mr. Martin Z. Braun
Bloomberg News
731 Lexington Avenue
New York, NY 10022

Re: Freedom of Information Reference No. 14151

Dear Mr. Braun:

This is in response to your July 19, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code"), for copies of (1) expense reports, including copies of receipts, filed by Anne Marie Mulligan, Jon Huxel and Veronica Biddle from January 1, 2003 to June 1, 2013; (2) copies of reimbursement checks or other records showing how much Mulligan, Huxel and Biddle were reimbursed for expenses from January 1, 2007 to June 1, 2013; (3) copies of itineraries of trips abroad by Mulligan, Huxel and Biddle from January 1, 2003 to June 1, 2013; (4) copies of any records showing how much the Port Authority spent to send Mulligan, Huxel and Biddle on trips abroad from January 1, 2003 to June 1, 2013; (5) copies of any record of gifts received by Mulligan, Huxel and Biddle for the period January 1, 2010 through May 31, 2012; (6) A copy of the Port Authority's gift policy; (7) copies of "Permission to Market" Letters for the Port Authority's Owner Controlled Insurance Program from January 1, 2007 through June 1, 2013; (8) copies of any documents from Aon that account for year-by-year total construction value for the CIP; (9) copies of Owner Controlled Insurance Program policies from January 1, 2007 through June 1, 2013; (10) records showing the amount of premium paid for the OCIP for the years June 2007-June 2008, June 2008-June 2009, June 2009-June 2010, June 2010-June 2011, June 2011-June 2012; (11) documents showing how much premium for the OCIP for the above years was calculated; (12) copies of emails from employees of Aon Risk Services and its predecessor broker from Long Island to Mulligan, Huxel and Biddle regarding trips abroad from January 1, 2007 through June 1, 2013; (13) any emails, reports or other documents related to the suspension/termination of Jeffrey Yuhasz; (14) any notes, transcripts or memos from interviews of Mulligan, Biddle, Huxel and Yuhasz by employees of the Port Authority Inspector General; (15) any report by the Port Authority IG's Office on the termination of Mulligan, Biddle, and Huxel; (16) any third-party audit of the Port Authority's insurance placements since 2012.

225 Park Avenue South, 17th FL
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

In an effort to provide available documents as quickly as possible, we are responding to a portion of your request at this time. We will continue the processing of your request as expeditiously as possible and to the extent that our review would permit us to provide you with additional responsive documents while the review is ongoing, we will endeavor to do so.

Material responsive to items 1, 2, 3, 4, 6, and 10 of your request and available under the Code can be found on the Port Authority's website at http://www.panynj.gov/corporate-information/foi/14151-O.pdf. Certain portions of the material responsive to your request are exempt from disclosure pursuant to exemption (1), (4) and (5) of the Code. Paper copies of the available records are available upon request.

We have searched our files and found no records responsive to items 7 and 8 of your request.

Records responsive to items 5, 13, 14, 15 and 16 of your request, to the extent they exist are exempt from disclosure pursuant to exemptions (1), (3) and (5) of the Code.

We anticipate that it will take at least three weeks to complete the processing of items 9, 11 and 12 of your request.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

Daniel D. Duffy
FOI Administrator

225 Park Avenue South, 17th FL
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

Expense Account Exp Acct# 174444

Employee Number: P24761 Expense Period: 09/15/12 TO 09/21/12
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: M.T.
Initials

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

ACCOUNTS PAYABLE
12 SEP 28 PM 2:01

Purpose: Public Liability Marketing

Purpose Dates: From 09/15/12 to 09/21/12

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/15	Air travel Round Trip from Newark Int'L Airport, NJ to London England	Y	*	846.20					846.20
09/16	Car Service from London Heathrow to hotel provided by broker (Marsh) -- Gratuity to driver 10.00 POUNDS @ .6166/US$	N						16.22	16.22
09/16	Lunch - The Cafe @ Kensington Pal Purpose: To discuss meetings 8.15 POUNDS @ .6166/US$	Y			13.22				13.22
	Guests								
	Veronica M Biddle, Emp# P43618								
09/21	Gratuity to Housekeeping 10.00 POUNDS @ .6153/US$	N						16.25	16.25
09/21	Breakfast - Pret A Manger Purpose: To discuss meetings 6.40 POUNDS @ .6153/US$	Y			10.40				10.40
	Guests								
	Veronica M Biddle, Emp# P43618								

Expense Account

Exp Acct# 174444

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/15/12 TO 09/21/12

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/21	Lunch - Strada Purpose: To discuss meetings 13.45 POUNDS @ .6153/US$		Y		21.86				21.86
	Guests								
	Veronica M Biddle, Emp# P43618								
09/21	Car Service from hotel to London's Heathrow (provided by broker (Marsh) - Gratuity to Driver 10.00 POUNDS @ .6153/US$	N						16.25	16.25
09/21	Nightly Lodging (including tax) Single Rate 5 Nights(s)@387.14 DoubleTree by Hilton		Y				1,935.70		1,935.70
09/21	Foreign Transaction Fee		Y					52.26	52.26

Expense Account

Exp Acct# 174444

ployee Number: P24761
ame: Anne Marie C Mulligan

Expense Period: 09/15/12 TO 09/21/12

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	846.20	45.48	0.00	1,935.70	100.98	2,928.36
Less Paid by PA.....	846.20	0.00	0.00	0.00	0.00	846.20
Paid by Employee.....	0.00	45.48	0.00	1,935.70	100.98	2,082.16
Less Cash Advance on						

Amount to be Reimbursed..... 2,082.16

Amount to be Returned..... 0.00

ccount Code				Amount
000	X	556001	085G01	2,082.16

Signature below implies approval of 4 flag(s) listed on attached sheet(s).

lling out this form with incorrect or false information, receipts or documentation is grounds or disciplinary action including dismissal. Please be accurate.

ployee's gnature A M Mulligan Date: 9/26/12 Submitted: 9/28/12

prover's gnature M. Fabiano Date: 9/28/12 Emp# 23299 Title: CFO

countant's proval Date: 10/3/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 174434

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/15/12 to 09/21/12

Original replaced

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Meeting with Goverment Agency reps or Business Clients: Y	Travel Company Used: Y
International:	Y		Trip Extension: N
Blanket Trip:	N	Conferences, Seminars, Training and Testing : N	Type:
Outside TDO:	N		

Purpose: Public Liability Marketing

Purpose Dates:	09/15/12 to 09/21/12	
Business Destination:	London	England
Ticket Destination:	London	England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	1,650	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	300
Travel Sub-Total	1,650	Other Sub-Total	3,300
		Total Exp	4,950

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 7/24/12 Submitted: 7/25/12

Approver's Signature: M. Palermo Date: 7/25/12 Emp# 23299 Title: CFO

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: July 25, 2012 11:33 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	FRTSFC
Trip ID	10953732136

PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003

Agent ID: PG
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/25/2012
Ticket Number	7120000675	Invoice	0093539
Check Digit	1	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	161.00
Ticket Tax Fare	650.20
Total (USD) Ticket Amount	811.20
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	846.20

Travel Details

Saturday September 15, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 50 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:10 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 16, 2012		
Arrival Terminal	TERMINAL 3		
Seat	59A		
Class	Economy		

Travel Details

Friday September 21, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner
Destination	Newark, NJ	Plane	Boeing 747-400
Departing	4:15 PM		
Arriving	7:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	63K		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. FOR ALL INTERNATIONAL TRAVEL
DOCUMENTATION REQUIREMENTS AND TO OBTAIN SPECIAL NEGOTIATED RATES
FOR AMERICAN EXPRESS CUSTOMERS PLEASE ACCESS
WWW.TRAVISA.COM/AMERICANEXPRESS OR WWW.CIBT.COM/AMERICANEXPRESS

Travel Details

Saturday January 19, 2013

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
BB407V	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

The Cafe @ Kensington Palace
Kensington Gardens
London, W8 4PX
Tel: 02031 666 112

VAT No. 813058943

Served By SVR TILL 1
16-Sep-12 13:59
Order Number 82063

Mozarella Tomato & Pesto	4.95
Real Hand cooked crisps	1.20
Pepsi Diet	2.00
Total	**£8.15**
VAT (Inclusive)	**£1.36**
Cash	£20.00
Change	11.85

$13.22

Thank You!

Pret A Manger
Byward Street
EC3R 5AS
020 7932 5378

21/09/2012 11:03:19 05402000057
SolomonDem S
POS : 2 - Till 2

2	TRIAL BLACK AMERICANO	3.20 *
2	JUICE - ORANGE	3.20 *
	INCLUSIVE TOTAL DUE	6.40
	CASH	6.50
	CASH	0.10

VAT BREAKDOWN

%	NET	TAX	Gross
20.00	5.32	1.08	6.40 *

VAT No. 927137420

$10.40

CLOSED 21/09/2012 11:04:52

STRADA

Cucina Italiana

WWW.STRADA-FEEDBACK.CO.UK
WWW.STRADA.CO.UK

HEATHROW T3 (02085647860)

1SEP2012 CUSTOMER BILL 00920/ 00231
1:31:41 SERVER MIKE
TBL 0141

1 BRUSCH PEPERONAT		5.50
1 SPAG POMODORO		7.95
TOTAL	GBP	13.45
AMOUNT DUE	GBP	13.45

$21.86

GRATUITIES NOT INCLUDED

FOR TABLES OF 8 OR MORE AN OPTIONAL 10%
SERVICE CHARGE WILL BE ADDED TO THE BILL
VAT NO: 801 435 861 PRIZE DRAW... WIN
250 GBP VIA WWW.STRADA-FEEDBACK.CO.UK

United States (Change Country) Contact Us LOG OUT

MY ACCOUNT CARDS TRAVEL REWARDS BUSINESS Need help?

Account Home | Statements & Activity | Payments | Profile & Preferences | Benefits | Additional Cards

VIEW BILLING STATEMENTS

SETTINGS DOWNLOAD PRINT NEED HELP

Card Activity for ANNE MARIE MULLIGAN

Time Period: Recent Activity Sep 17, 2012 to Present

Narrow Results: Search Transactions

FILTER OPTIONS

VIEW BY: CATEGORY MERCHANT PAY IN FULL / PAY OVER TIME

GRAPH ON

VIEW PENDING CHARGES

1 - 9 OF 9 TRANSACTIONS

	DATE	FOREIGN SPEND	DESCRIPTION	AMOUNT $
	09/21/2012	Fri	DOUBLETREE BY HILTONLONDON GB 29390567357 LODGING 1,194.00 UNITED KINGDOM POUND STERLING CO LODGING GOODS $1,194.00 Foreign Spend Amount: 1,194.00 UNITED KINGDOM POUND STERLING Doing Business As: DOUBLETREE BY HILTON TOWER OF LONDON Merchant Address: 7 PEPYS STREET LONDON EC3N 4AF UNITED KINGDOM Reference Number: 320122660011044314 Dispute/Inquire about this charge Category: Travel - Lodging PRINT	1,935.71 us Dollars
	09/21/2012	Fri	FOREIGN TRANSACTION FEE DOUBLETREE BY HILTONLONDON GB $1935.71 Reference Number: 820122660011044314 Category: Fees & Adjustments - Fees & Adjustments PRINT	52.26 us Dollars

Your Rewards

Membership Rewards® Program

Points Balance_____

Remember: Ameriprise Clients can earn extra Membership Rewards® bonus points for spending!

View More

Use Points for Everyday Charges

AMERICAN EXPRESS is excited to offer you special savings in Hawaii.

Manage Your Tags

LEARN MORE

Create a new Tag

Enter Tag name

TAG RULES

Best Buy

$20 Amex statement credit when you spend $200+.

Exemption (1)

Closing Date: 10/17/12

DISPUTE / INQUIRE ABOUT ACCOUNT ACTIVITY

This is a foreign currency transaction. Expand the transaction for foreign currency details.

American Express Cards

Personal Charge & Credit Cards
Small Business Charge & Credit Cards
Corporate Cards
Gift Cards
Prepaid Cards

More Products & Services

Membership Rewards® Program
Savings Accounts & CDs
Mobile Services
Small Business Apps
Accept American Express® Cards

Protection Services

Credit Scores & Reports
Fraud Protection Center
Travel Insurance
Financial Tools
Financial Education

Company Information

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All users of our online services subject to Privacy Statement and agree to be bound by Terms of Service. Please read.

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DOUBLETREE
BY HILTON™

MULLIGAN, ANNE MARIE

Exemption (1)

ROOM NUMBER	738/Q1
ARRIVAL DATE	16/09/2012 12:40:00
DEPARTURE DATE	21/09/2012 12:01:00
ADULT/CHILD	1/0
ROOM RATE	£ 238.80
RATE PLAN	L-T1
AL:	
Hhonors #	

VAT INVOICE 59277
CONFIRMATION NUMBER : 3481217766

VAT #	115146741
FOLIO NO./CHE	96843 A
TAX DATE:	21/09/2012

21/09/2012 PAGE 1

DATE	DESCRIPTION	ID	REF NO	GUEST CHARGES	CREDIT	BALANCE
16/09/2012	GUEST ROOM	RUSA	614504	£238.80		
17/09/2012	GUEST ROOM	RUSA	616700	£238.80		
18/09/2012	GUEST ROOM	RUSA	618928	£238.80		
19/09/2012	GUEST ROOM	RUSA	621712	£238.80		
20/09/2012	GUEST ROOM	MICA	624164	£238.80		
21/09/2012	AX *2001	NISA	624837		£1,194.00	
				BALANCE		£0.00
				ESTIMATED CURRENCY TOTAL GBP		0.00

TAX SUMMARY

Taxable Amount (excl VAT)	£995.00
Zero Rated Amount	£0.00
Non Taxable Amount	£0.00
VAT AT 20%	£199.00
VAT EXEMPT	£0.00
VAT AT 0%	£0.00
Total Amount Payable	£1,194.00

DOUBLETREE HILTON TOWER
7 PEPYS STREET
LONDON
M9446024010 TID29390567
AMEX
**** **** ***2 001
EXP 09/14
SWIPED
COMPLETION TRANSACTION
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
AMOUNT £1194.00
Verified by Signature
THANK YOU
12:00 21/09/12
AUTH CODE: 54

DOUBLETREE
BY HILTON™

MULLIGAN. ANNE MARIE

Exemption (1)

ROOM NUMBER	738/Q1
ARRIVAL DATE	16/09/2012 12:40:00
DEPARTURE DATE	21/09/2012 12:01:00
ADULT/CHILD	1/0
ROOM RATE	£ 238.80
RATE PLAN	L-T1
AL:	
Hhonors #	

VAT INVOICE 59277
CONFIRMATION NUMBER : 3481217766

VAT #	115146741
FOLIO NO./CHE	96843 A
TAX DATE:	21/09/2012

21/09/2012 PAGE 2

DATE	DESCRIPTION	ID	REF NO	GUEST CHARGES	CREDIT	BALANCE

CREDIT CARD DETAIL

APPR. CODE:	54	MERCHANT ID:	
CARD NUMBER:	AX *2001	EXP DATE:	09/14
TRANSACTION ID:	624837	TRANS TYPE:	SALE

Guest Signature: _____

Please debit my account by the amount indicated above.

Historic Exchange Rates (US Dollar) - X-Rates

X-RATES™

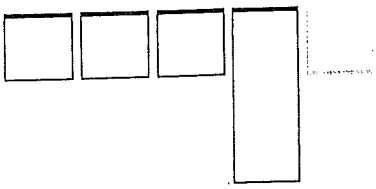
1. Configure Converter

1.00

USD - US Dollar

↔

EUR - Euro



HISTORIC LOOKUP

1.00 USD Rates table

Top 10

2012-09-16 Go!

Sep 16, 2012 16:00 UTC

US Dollar	1.00 USD	inv. 1.00 USD
Euro	0.761750	1.312767
British Pound	0.616694	1.621550
Indian Rupee	54.305000	0.018415
Australian Dollar	0.948362	1.054450
Canadian Dollar	0.971300	1.029548
Emirati Dirham	3.673200	0.272242
Swiss Franc	0.927800	1.077818
Chinese Yuan Renminbi	6.316700	0.158311
Malaysian Ringgit	3.037250	0.329245
New Zealand Dollar	1.204964	0.829900

Alphabetical order

Sep 16, 2012 16:00 UTC

US Dollar ▲	1.00 USD ▲▼	inv. 1.00 USD ▲▼
Argentine Peso	4.667000	0.214270
Australian Dollar	0.948362	1.054450
Bahraini Dinar	0.377075	2.651992
Botswana Pula	7.639420	0.130900
Brazilian Real	2.012600	0.496870
British Pound	0.616694	1.621550
Brunelan Dollar	1.220000	0.819672
Bulgarian Lev	1.489900	0.671186
Canadian Dollar	0.971300	1.029548
Chilean Peso	469.000000	0.002132
Chinese Yuan Renminbi	6.316700	0.158311
Colombian Peso	1785.000000	0.000560
Croatian Kuna	5.652200	0.176922
Czech Koruna	18.571000	0.053847
Danish Krone	5.678450	0.176104
Emirati Dirham	3.673200	0.272242

Percent Change by Minute

EUR/USD	+0.00007%	USD/JPY	-0.00064%
GBP/USD	+0.00000%	USD/CHF	-0.00002%
USD/CAD	-0.00006%	EUR/JPY	+0.00461%
AUD/USD	+0.00010%	CNY/USD	-0.00000%

Sep 26, 2012 18:51 UTC

Conversion Rate used for car service gratuity and lunch on 9/18/12

AD

Useful Links

- Euro Information
- FAQ
- Feedback

FOREX TRADING
- Why Trade Forex
- Free Trial Account
- $50 Forex Account
- Trading Euro can be Easy
- Forex vs. Stocks

FOREX RESOURCES
- New to Forex
- Forex News-DailyFX
- USD Price Forecast
- Forex Trading Guide

SERVICES
- Forex Trading Course
- Free Forex Signals

Sponsored by ZFX

X-RATES™

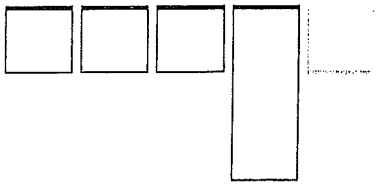
1. Configure Converter

1.00

USD - US Dollar

↔

EUR - Euro



HISTORIC LOOKUP

1.00 USD Rates table

Top 10

2012-09-21 Go!

Sep 21, 2012 16:00 UTC

US Dollar	1.00 USD	inv. 1.00 USD
Euro	0.769851	1.298953
British Pound	0.615396	1.624971
Indian Rupee	53.448846	0.018709
Australian Dollar	0.955320	1.046770
Canadian Dollar	0.975723	1.024882
Emirati Dirham	3.673000	0.272257
Swiss Franc	0.932756	1.072092
Chinese Yuan Renminbi	6.306491	0.158567
Malaysian Ringgit	3.055639	0.327264
New Zealand Dollar	1.204389	0.830297

Alphabetical order

Sep 21, 2012 16:00 UTC

US Dollar ▲	1.00 USD ▲▼	inv. 1.00 USD ▲▼
Argentine Peso	4.684500	0.213470
Australian Dollar	0.955320	1.046770
Bahraini Dinar	0.377025	2.652344
Botswana Pula	7.636409	0.130952
Brazilian Real	2.023580	0.494174
British Pound	0.615396	1.624971
Bruneian Dollar	1.223814	0.817118
Bulgarian Lev	1.505730	0.664130
Canadian Dollar	0.975723	1.024882
Chilean Peso	471.200012	0.002122
Chinese Yuan Renminbi	6.306491	0.158567
Colombian Peso	1793.000000	0.000558
Croatian Kuna	5.696450	0.175548
Czech Koruna	19.121990	0.052296
Danish Krone	5.739551	0.174230
Emirati Dirham	3.673000	0.272257

Percent Change by Minute

EUR/USD	-0.00004%	USD/JPY	-0.00167%
GBP/USD	+0.00003%	USD/CHF	-0.00001%
USD/CAD	+0.00005%	EUR/JPY	-0.00489%
AUD/USD	+0.00000%	CNY/USD	+0.00000%

Sep 26, 2012 18:15 UTC

Conversion Rate used on 9/21/12 for Bfst, Lunch, Car Service Gratuity and Housekeeping Gratuity.

AD

Useful Links

- Euro Information
- FAQ
- Feedback

FOREX TRADING

- Why Trade Forex
- Free Trial Account
- $50 Forex Account
- Trading Euro can be Easy
- Forex vs. Stocks

FOREX RESOURCES

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- Forex News-DailyFX
- USD Price Forecast
- Forex Trading Guide

SERVICES

- Forex Trading Course
- Free Forex Signals

Sponsored by FXCM

Expense Account Exp Acct# 166019

Employee Number: P24761 Expense Period: 09/28/10 TO 09/28/10
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: 30 Year Port Authority Anniversary Celebration for Barbara Vinciguerra

Purpose Dates: From 09/28/10 to 09/28/10

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/28	Lunch - Union Square Cafe Purpose: 30 Year Anniversary Celebration		Y		150.00				150.00

Guests

Veronica M Biddle, Emp# P43618
Barbara E Vinciguerra, Emp# P26590

Expense Account

Exp Acct# 166019

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/28/10 TO 09/28/10

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	150.00	0.00	0.00	0.00	150.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	150.00	0.00	0.00	0.00	150.00
Less Cash Advance on						

Amount to be Reimbursed..... 150.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	150.00

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 9/29/10 Submitted: 9/29/10

Approver's Signature AM Mulligan Date: 9/29/10 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Expense Account

Exp Acct# 166019

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/28/10 TO 09/28/10

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 09/28/10 for 150.00; Meal Expense - LUN

01 Attach an actual receipt.

UNION SQUARE CAFE
21 East 16th Street New York
Telephone 212.243.4020

CHECK: 2000
TABLE: 43/1
SERVER: 102 Megan C
DATE: SEP28'10 1:43PM
CARD TYPE: American Express
ACCT #: XXXXXXXXXXX1003
EXP DATE: XX/XX
AUTH CODE: 563213
RESEARCH: 100928134701
ANNE MARIE MULLIGAN

SUBTOTAL: 126.02

TIP 24.00

TOTAL $ 150.02

X
Signature

GRATUITY NOT INCLUDED

Signed Copy -- Merchant
Second Copy -- Guest

Expense Account

Exp Acct# 174342

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 08/16/12 TO 08/16/12

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

ACCOUNTS PAYABLE
12 AUG 20 PM 2:52

Purpose: To attend PAICE Board of Director's Annual meeting

Purpose Dates: From 08/16/12 to 08/16/12

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
08/16	Rail travel expense Round Trip From Metropark, NJ To Washington, DC	Y	*	431.00					431.00
08/16	Taxi from Union Station, Wash, DC to PAICE's offices 1050 K Street, NW, Wash, DC	Y						11.75	11.75
08/16	Taxi from PAICE'S offices 1050 K Street to Union Station, Wash, DC	Y						11.00	11.00
08/16	Parking at Metropark Parking	Y						5.00	5.00

Expense Account

Exp Acct# 174342

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 08/16/12 TO 08/16/12

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	431.00	0.00	0.00	0.00	27.75	458.75
Less Paid by PA.....	431.00	0.00	0.00	0.00	0.00	431.00
Paid by Employee.....	0.00	0.00	0.00	0.00	27.75	27.75
Less Cash Advance on						

Amount to be Reimbursed..... 27.75
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	27.75

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 8/17/12 Submitted: 8/17/12

Approver's Signature M. Takano Date: 8/17/12 Emp# 23299 Title: CFO

Accountant's Approval PR Date: 8/21/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 174339

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 08/16/12 to 08/16/12

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Org: 085
Dir/Comm: Y
Travel Company Used: Y
Trip Extension: N
Type:

12 AUG 20 PM 2:5

Purpose: To attend PAICE Board of Director's Annual meeting

Purpose Dates: 08/16/12 to 08/16/12
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	550	Meals	0
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	944	Other	150
Travel Sub-Total	1,494	Other Sub-Total	150
		Total Exp	1,644

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle
	P43174	093	Jon C Huxel
	P33656	093	Allan R Svidro

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature X Veronica M Biddle X X A M Mulligan

Date: 7/11/12 Submitted: 7/11/12

Approver's Signature X A M Mulligan

Date: 7/11/12 Emp# 24761 Title: Treasurer

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 11, 2012 4:54 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	NWSIRM
Trip ID	11445800450
	PORT AUTHORITY
	225 PARK AVENUE SOUTH - 9TH FLR
	NEW YORK, NY 10003
	PORT AUTHORITY
	PORT AUTHORITY

Agent ID: D6

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Ticket Number	Ticketless	Invoice	0090934
		Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	396.00
Ticket Tax Fare	0.00
Total (USD) Ticket Amount	396.00
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	431.00

A PHOTO ID IS REQUIRED FOR TRAVEL
RESERVATIONS MUST BE CANCELLED IF NOT TRAVELING
PENALITIES APPLY
YOU NEED TO PICK-UP THE PAPER TICKET FROM THE
KIOSK AT THE TRAIN STATION BEFORE BOARDING
THE TRAIN.
ACCOMMODATION CHARGE MAY BE FORFEITED
JOIN GUEST REWARDS AT WWW.AMTRAK.COM

Travel Details

Thursday August 16, 2012

AMTRAKTICKETLESS-A

THE ACELA TRAIN FARE IS 396.00. FARES ARE ALWAYS SUBJECT TO CHANGE.

Rail Information

Carrier	Amtrak
Train	2107
Origin	METROPARK NJ
Destination	WASHINGTON DC
Departing	7:28 AM
Arriving	9:47 AM
Seat	Unassigned

Amtrak Information: AMTRAK 001KC BSNSS
Amtrak Locator: 051681
AMTRAK CONFIRMATION...51681.

Rail Information

Carrier	Amtrak

Train	2172
Origin	WASHINGTON DC
Destination	METROPARK NJ
Departing	4:00 PM
Arriving	6:11 PM
Seat	Unassigned

Amtrak Information: AMTRAK 002K BSNSS
Amtrak Locator: 051681
AMTRAK CONFIRMATION...51681.

Travel Details

Friday December 14, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
CANCELLATION FEE MAY APPLY ON AMTRAK TICKETS.
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

AMTRAK

I acknowledge receipt of ticket(s) and agree to accept billing to the credit card identified below.

B Ticket Coupon 01 of 01

C RETAIN DURING TRIP

Date of Issue Place of Issue Res. #

ANNEMARIE MULLIGAN RES# 051681-11JUL12

Name of Passenger

2107 From 16Aug12/7:28AM METROPARK,NJ

To

Carrier Riders Type Rider Status

Train Date Time

ACELA EXPRESS BUSINESS C TO WASHINGTON,DC

Space/Car

Not Valid Before/After Accom

Endorsement/Restrictions

2172 16Aug12/4:00PM WASHINGTON,DC

ACELA EXPRESS BUSINESS C TO METROPARK,NJ

Form of Payment

Rail Fare ETICKET DOCUMENT HAS NO VALUE

Accom Charge

Total Charge

Fare Plans

Pricing Pts

Tkt. Ptr.

ID REQD ON BOARD 096877697033

07:02:16:0551

NRPT 96 STOCK CONTROL NO.

ETICKET TRAVEL DOCUMENT

TKT NO - DO NOT MARK OR STAMP IN THIS BLOCK

PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX REV. 7-10

Riders AMTRAK Baggage

RES# 051681-11JUL12

Name of Passenger

ANNEMARIE MULLIGAN

From

To

Carrier Train Date

Accom Space/Car

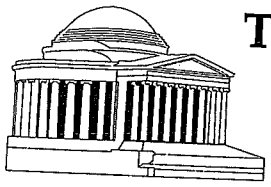
Form of Payment

Rail Fare Accom Charge

OTHER TERMS AND CONDITIONS APPLY. REFUND AND EXCHANGE FEES MAY APPLY

Fare Plans Total

PASSENGER RECEIPT



TAXICAB RECEIPT

Time: _____

Date: 8/16/12

Origin of trip: Union Station, Washington DC

Destination: 1050 K St. NW, Washington DC

Fare: $9.75 + 2.00 tip = 11.75

Sign: _____

Taxi Cab Receipt

DATE: 8/16/12 TIME: _____

ORIGIN 1050 K St NW Washington DC

CAB # _____

DESTINATION: Union Station, Washington DC

FARE: $ 9.00 + 2.00 tip = 11.00

SIGNATURE _____

PARKING RECEIPT K6

ENTRY TIME:
08/16/12 06:49
EXIT TIME:
08/16/12 18:10
PARK-DUR.:HRS:MIN
0:11:21
AMOUNT:
$ 5.00

KIND OF PAYMENT:
AMERICAN EXPRESS
XXXXXXXXXXXX2001
XXXXX 101
AUTH. CODE 508172

THANK YOU
FOR MORE INFO
VISIT
www.metroParking.c

Expense Account

Exp Acct# 172613

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/29/12 TO 05/06/12

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: M.T.
Initials

Purpose: Property Damage and Loss of Revenue Program

Purpose Dates: From 04/29/12 to 05/06/12

Business Destination: London England
Ticket Destination : London England

Purpose: Same

Sponsor: Same

Purpose Dates: From 05/06/12 to 05/06/12

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/29	Air travel Round Trip from Newark, NJ to London England	Y	*	1,206.30					1,206.30
04/30	Tip to Driver of Car service from London Heathrow to Grange City hotel provided by MARSH 15.00 POUNDS @ .6152/US$	N						24.38	24.38
04/30	Lunch - Pizza Express 15.00 POUNDS @ .6152/US$	N			~~24.38~~				~~24.38~~
05/01	Breakfast - Starbucks 10.00 POUNDS @ .6164/US$	N			~~16.22~~				~~16.22~~
05/02	Tip to Housekeeping 5.00 POUNDS @ .618/US$	N						8.09	8.09
05/02	Nightly Lodging (including tax) Single Rate 2 Nights(s)@181.2 Grange City Hotel 362.40 POUNDS @ .615/US$	Y					589.27		589.27
05/02	Breakfast - Starbucks 20.00 POUNDS @ .618/US$	N			32.36				32.36

Expense Account

Exp Acct# 172613

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/29/12 TO 05/06/12

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/02	Foreign Transaction Fee		Y					15.89	15.89
05/03	Breakfast - Sheraton Neues Hotel 32.00 SWISS FRAN @ .909/US$		Y		35.20				35.20
05/04	Tip to Housekeeping 7.00 SWISS FRAN @ .9148/US$		N					7.65	7.65
05/04	Nightly Lodging (including tax) Single Rate 2 Nights(s)@380. Sheraton Neues Schloss Hotel 760.00 SWISS FRAN @ .909/US$		Y				836.08		836.08
05/04	Breakfast - Marche Rest - Zurich Airp 18.90 SWISS FRAN @ .914/US$		Y		20.68				20.68
05/04	Parking - Newark Liberty Intl - Paid by PA EZ Pass.		N					.00	.00
05/04	Foreign Transaction Fee		Y					23.50	23.50

Expense Account

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Mea
Total Expense.....	1,206.30	128
Less Paid by PA.....	1,206.30	0
Paid by Employee.....	0.00	128
Less Cash Advance on	.....	

Amount to be Reimbursed.....
Amount to be Returned.....

Account Code

1000 X 556001 085G01

#Signature below implies approval of 6 flag(s) lis

Filling out this form with incorrect or false info
for disciplinary action including dismissal. Plea

Employee's Signature AM Mulligan Date

Approver's Signature M. Tabrizi Date

Accountant's Approval Date

Expense Account

Exp Acct# 172613

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/29/12 TO 05/06/12

11

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,206.30	~~128.84~~ 88.24	0.00	1,425.35	79.51	~~2,840.00~~ 2,799.40
Less Paid by PA.....	1,206.30	0.00	0.00	0.00	0.00	1,206.30
Paid by Employee.....	0.00	128.84	0.00	1,425.35	79.51	1,633.70
Less Cash Advance on						

Amount to be Reimbursed..... ~~1,633.70~~ 1,593.10 RP

Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	~~1,633.70~~ 1,593.10 RP

#Signature below implies approval of 6 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature RP AM Mulligan Date: 5/10/12 Submitted: 5/14/12

Approver's Signature M. Talarico Date: 5/14/12 Emp# 23299 Title: CFO

Accountant's Approval RP Date: 5/15/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 172587

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/29/12 to 05/06/12

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012

Org: 085
Dir/Comm: Y

Account Code: 1000 X 556001 085G01

Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Property Damage and Loss of Revenue Program

Purpose Dates: 04/29/12 to 05/06/12
Business Destination: London England
Ticket Destination: London England

Purpose: Same

Sponsor: Same

Purpose Dates: 05/06/12 to 05/06/12
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	3,000
		Total Exp	6,500

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / AM Mulligan

Date: 2/21/12 Submitted: 2/23/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 172587

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/29/12 to 05/06/12

Approver's Signature M. Palcano Date: 2/23/12 Emp# 23299 Title: CFO

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: February 21, 2012 1:00 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	EXPMOH
Trip ID	10903149585 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY PORT AUTHORITY

Agent ID: D6

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	2/21/2012
Ticket Number	8746324809	Invoice	0060779
Check Digit	2	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	196.00
Ticket Tax Fare	652.70
Total (USD) Ticket Amount	848.70
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	883.70

Travel Details

Sunday April 29, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 50 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:10 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 30, 2012		
Arrival Terminal	TERMINAL 3		
Seat	57H		
Class	Economy		

Travel Details

Sunday May 6, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	41K		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. FOR ALL INTERNATIONAL TRAVEL
DOCUMENTATION REQUIREMENTS AND TO OBTAIN SPECIAL NEGOTIATED RATES
FOR AMERICAN EXPRESS CUSTOMERS PLEASE ACCESS
WWW.TRAVISA.COM/AMERICANEXPRESS OR WWW.CIBT.COM/AMERICANEXPRESS

Travel Details

Monday September 3, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
B1FW81	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
NO CAR OR HOTEL REQUESTED
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: March 19, 2012 11:37 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	JRPYKL
Trip ID	11195418181 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY PORT AUTHORITY

Agent ID: CD

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	125	Ticket Date	3/19/2012
Ticket Number	7045616418	Invoice	0067309
Check Digit	4	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	116.00
Ticket Tax Fare	171.60
Total (USD) Ticket Amount	287.60
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	322.60

Travel Details

Wednesday May 2, 2012

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 30 minutes
Flight	8765 OPERATED BY BA CITYFLYER	Distance	473 Miles
Origin	London City Arpt, UK	Meal Service	Meal service
Destination	Zurich, SWITZERLAND	Plane	Embraer 190 JET
Departing	12:55 PM		
Arriving	3:25 PM		
Seat	Unassigned		
Class	Economy		

CAR NOT NEEDED OR REQUESTED

HOTEL NOT NEEDED OR REQUESTED

Travel Details

Friday May 4, 2012

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 50 minutes
Flight	711	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London Heathrow, UK	Plane	Airbus A319
Departing	10:25 AM		
Arriving	11:15 AM		
Arrival Terminal	TERMINAL 5		
Seat	Unassigned		
Class	Economy		

Travel Details

Tuesday February 12, 2013

THANK YOU FOR CALLING AMERICAN EXPRESS BUSINESS TRAVEL.

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412138	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
3PIATO	BRITISH AIRWAYS

Additional Messages

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FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
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Menu

- Currency Calculator
- Custom Table
- Historic Lookup
- Currency Photos
- Home

results (1 USD)

~~2012-04-30 April 30, Monday~~	~~0.615219 GBP~~
~~2012-05-01 May 01, Tuesday~~	0.616479 GBP
~~2012-05-02 May 02, Wednesday~~	0.618422 GBP
~~2012-05-03 May 03, Thursday~~	~~0.618189 GBP~~

invert target/base, 2012 graph

Top 10 Currencies

- American Dollar
- Australian Dollar
- British Pound
- Canadian Dollar
- Euro
- Indian Rupee
- Mexican Peso
- Singapore Dollar
- South African Rand
- Thai Baht

More Currencies

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- Forex Trading Guide

Services

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- Euro Information
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- Feedback
- Developers
- Advertising FAQ
- Terms of Service

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 5 DAY: 2 YEAR: 2012

go

conversion
rate used
for 4/30 lunch
5/2 tip to bkeeping
5/1 - bfst
5/2 - bfst

X-Rates™

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Menu

- Currency Calculator
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- Currency Photos
- Home

results (1 USD)

2012-05-01	May 01, Tuesday	0.908663 CHF
2012-05-02	May 02, Wednesday	0.915239 CHF
2012-05-03	May 03, Thursday	0.915492 CHF
2012-05-04	May 04, Friday	0.914864 CHF
2012-05-07	May 07, Monday	0.92166 CHF

invert target/base, 2012 graph

Top 10 Currencies

- American Dollar
- Australian Dollar
- British Pound
- Canadian Dollar
- Euro
- Indian Rupee
- Mexican Peso
- Singapore Dollar
- South African Rand
- Thai Baht

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- Euro Price Forecast
- Forex Trading Guide

Services

- Forex Trading Course
- Free Forex Signals
- Trading from Charts
- Forex Trading Facts

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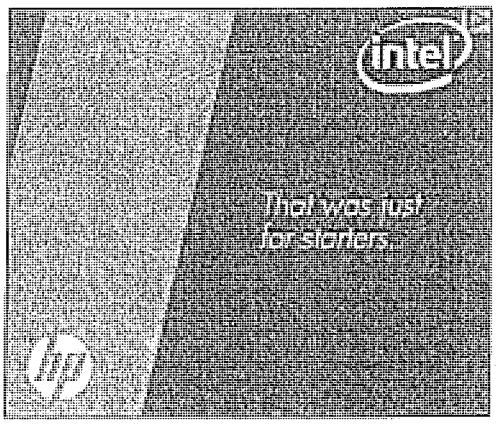
historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 5 DAY: 4 YEAR: 2012

go



conversion rate used for 5/4 tip to h/keeping 5/4 bfst @ Marche

More Links

- Euro Information
- Bookmark help
- Frequent questions
- Feedback
- Developers
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- Terms of Service

Currency

- American Dollar
- Argentine Peso
- Australian Dollar
- Bahraini Dinar
- Botswana Pula
- Brazilian Real
- British Pound
- Brunei dollar
- Bulgarian Lev
- Canadian Dollar
- Chilean Peso
- Chinese Yuan
- Colombian Peso
- Croatian Kuna
- Czech Koruna
- Danish Krone
- Euro
- Hong Kong Dollar
- Hungarian Forint
- Iceland Krona
- Indian Rupee
- Indonesian Rupiah
- Iranian Rial
- Israeli New Shekel
- Japanese Yen
- Kazakhstani Tenge
- Kuwaiti Dinar
- Latvian Lat
- Libyan Dinar
- Lithuanian Litas
- Malaysian Ringgit
- Mauritius Rupee
- Mexican Peso
- Nepalese Rupee
- New Zealand Dollar
- Norwegian Kroner
- Omani Rial
- Pakistan Rupee
- Philippine Peso
- Polish Zloty
- Qatari Rial
- Romanian Leu
- Russian Ruble
- Saudi Riyal
- Singapore Dollar
- South African Rand
- South Korean Won
- Sri Lanka Rupee
- Swedish Krona
- Swiss Franc
- Taiwan Dollar
- Thai Baht
- Trinidad/Tobago Dollar
- Turkish Lira
- Utd. Arab Emir. Dirham
- Venezuelan Bolivar

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MY ACCOUNT CARDS TRAVEL REWARDS BUSINESS Need help?

Account Home | Statements & Activity | Payments | Profile & Preferences | Benefits | Additional Cards

VIEW BILLING STATEMENTS SETTINGS DOWNLOAD PRINT NEED HELP YEAR-END SUMMARY

Card Activity for ANNE MARIE MULLIGAN

Time Period: Recent Activity Apr 17, 2012 to Present

Narrow Results: Search Transactions

FILTER OPTIONS

VIEW BY: CATEGORY MERCHANT PAY IN FULL / PAY OVER TIME

GRAPH ON

VIEW PENDING CHARGES

1 - 26 OF 26 TRANSACTIONS

DATE	FOREIGN SPEND	DESCRIPTION	AMOUNT $
05/06/2012 Sun			1.65
05/06/2012 Sun			35.06
05/06/2012 Sun			1,298.67
05/06/2012 Sun			61.30
05/05/2012 Sat			2.97
05/05/2012 Sat			110.28
05/04/2012 Fri		ARABELLA HOTELBETRIEZUERICH LODGING LODGING MISCELLANEOUS GOODS Foreign Spend Amount: 793.00 SWISS FRANC Doing Business As: ARABELLA HOTELBETRIEBE AG Merchant Address: NEUES SCHLOSS STOCKERSTRASSE 17 ZUERICH 8002 SWITZERLAND Reference Number: 320121280242346797 Dispute/Inquire about this charge Category: Travel - Lodging	870.47 PRINT
05/04/2012 Fri		FOREIGN TRANSACTION FEE ARABELLA HOTELBETRIEZUERICH $870.47 Reference Number: 820121280242346797 Category: Fees & Adjustments	23.50 PRINT
05/03/2012 Thu			150.00
05/02/2012 Wed		FOREIGN TRANSACTION FEE GRANGE CITY HOTEL LONDON GB	15.69

792.00 ÷ = 0.909

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Membership Rewards® Program

Points Balance 37,944

Remember: Ameriprise Clients can earn extra Membership Rewards® bonus points for spending!

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Use Points for Everyday Charges

Manage Your Tags

LEARN MORE

Create a new Tag

Enter Tag name

TAG RULES

$588.57
Reference Number: 820121240192180011
Category: Fees & Adjustments

PRINT

05/02/2012 Wed — GRANGE CITY HOTEL LONDON GB — 588.57

362.40 ÷ 588.57 = 0.615

27145903923 LODGING
362.40 UNITED KINGDOM POUND STERLING CONV
LODGING
406 $362.40
Foreign Spend Amount: 362.40 UNITED KINGDOM POUND STERLING
Doing Business As: GRANGE CITY HOTEL
Merchant Address: 8-10 COOPER'S ROW
LONDON
EC3N 2BQ
UNITED KINGDOM
Reference Number: 320121240192180011
Dispute/Inquire about this charge
Category: Travel - Lodging

PRINT

05/01/2012 Tue	259.85
04/30/2012 Mon	60.17
04/30/2012 Mon	0.61
04/30/2012 Mon	1.62
04/30/2012 Mon	22.76
04/29/2012 Sun	76.83
04/28/2012 Sat	168.10
04/27/2012 Fri	93.39
04/26/2012 Thu	55.49
04/23/2012 Mon	113.42
04/21/2012 Sat	400.35
04/20/2012 Fri	107.35
04/18/2012 Wed	-2,549.51
04/17/2012 Tue	10.00
04/17/2012 Tue	63.13

1 - 26 OF 26 TRANSACTIONS

DISPUTE / INQUIRE ABOUT ACCOUNT ACTIVITY

This is a foreign currency transaction. Expand the transaction for foreign currency details.

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GRANGE CITY HOTEL
LONDON

M9420397846 TID27145906
REF :406

AMEX
**** **** ***2 001
EXP 09/14
SWIPED

COMPLETION TRANSACTION
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £362.40

Verified by Signature
THANK YOU
09:10 02/05/12

Marché

Marché Restaurant
Airside Center
8058 Zürich-Flughafen
+41 (0)43 816 65 10

122 Mitarbei

Rng 1725 04Mai'12 09:14 Gst 0

Take Away

1 Zoepfli	1.90
1 Bretzel	2.90
3 Schale @ 4.70	14.10
Bar	20.00
Zw. Summe ->	18.90
Zahlung ->	18.90
Rückgeld	1.10

0.46 =MwSt. 2.5% 18.90

>TOTAL SFR. 18.90
>TOTAL EUR. 16.75

Marché Restaurants Schweiz AG
Alte Poststrasse 2
CH-8310 Kemptthal
MwSt. Nr. 256 101
www.marche-restaurants.com

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auch auf Reisen ! Deshalb:

Sheraton Neues Schloss Hotel Zürich
Stockerstrasse 17
8002 Zürich

*** KOPIE ***

BUCHUNG
AMEX

XXXXXXXXXXX2001 090
VERFALLDATUM: 09.14

04.05.2012 08:16:45
TRM-ID: 10047658
ACT-ID: 902
AID: A0 0000 0157 0010
TRX. SEQ-CNT: 14418
TRX. REF-NR: 005508
AUT. CODE: 16
ADFC2DB8AB7C8B98FF28F7E545AE6F75

TOTAL EFT CHF: 793.00

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 172587

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/29/12 to 05/06/12

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Employee Number: P24761 Expense Period: 04/29/12 TO 05/06/12
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Original TA attached.

Item on 04/29/12 for 1,206.30; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice/Itinerary attached.

Item on 05/02/12 for 589.27; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Explanation: Grange City Hotel bill attached

Item on 05/02/12 for 32.36; Meal Expense - BFST

04 Attach an actual receipt.

Explanation: Pre-approval obtained to exceed meal limit and in addition this meal was for both A. Mulligan and V. Biddle

Item on 05/03/12 for 35.20; Meal Expense - BFST

Expense Account

Exp Acct# 172613

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/29/12 TO 05/06/12

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Explanation: Breakfast was for A. Mulligan and V. Biddle

Item on 05/04/12 for 836.08; Lodging Expense

06 Attach itemized hotel bill and/or paid receipt.

Explanation: Sheraton hotel bill attached.

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For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

GRANGE CITY HOTEL

Ms Sara Cox

Morris Town 07960
United States Of America

Invoice No: **CTN123005**

Room No: 406
Arrival Date: 30-Apr-2012
Departure Date: 02-May-2012

Ref: G14124816/1
Your Ref:

Guest Name : Ms Anna-Marie Mullingan

Date	Description	Credits	Net	Vat	Gross
30-Apr-12	Accommodation		151.00	30.20	181.20
01-May-12	Accommodation		151.00	30.20	181.20

	Net	VAT	Total
VAT	302.00	60.40	362.40
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 362.40

362.40 ÷ .615 = $ 589.27

* All the transactions charged before 4th Jan 11 will be at VAT 17.5% those after will be at 20%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

Sheraton

Mrs. Anne Mulligan
225 Park S Ave Fl 12
10003-1604 New York
United States of America

Sheraton Zurich Neues Schloss Hotel
INVOICE

Folio No. : 11800011058
Please include at time of payment. Client ID.:

Date	:	04.05.12
Room No.	:	107
Arrival	:	02.05.12
Departure	:	04.05.12
Page	:	1 of 2
Cashier	:	Marie Renner

Date	Description	Debit CHF	Credit CHF
02.05.12	Accommodation	375.00	
02.05.12	City Tax 3.8%	5.00	380.00
03.05.12	Breakfast CHECK# 26049	28.00	
03.05.12	Tips Le Jardin CHECK# 26050	4.00	32.00
03.05.12	Accommodation	375.00	
03.05.12	City Tax 3.8%	5.00	380.00
04.05.12	Donation to UNICEF Education project. Thank you	1.00	
04.05.12	American Express manual		793.00
	Total	793.00	793.00
	Balance		0.00

792.00 ÷ .9095 = 870.68

Sheraton Zuerich Neues Schloss Hotel

Stockerstrasse 17
8002 Zürich, Schweiz
t — +41 (0)44 286 94 00
f — +41 (0)44 286 94 45
neuesschlosszuerich@sheraton.com • sheraton.com/neuesschloss

Arabella Hotelbetriebe AG • V.A.T. Reg.-Nr. 243 967

Bankverbindung: UBS Bleicherweg • Konto-Nr. 82241201U • Clearing-Nr. 274

Sheraton

Mrs. Anne Mulligan
225 Park S Ave Fl 12
10003-1604 New York
United States of America

Sheraton Zurich Neues Schloss Hotel
INVOICE

Folio No. : 11800011058
Please include at time of payment. Client ID.:

Date	:	04.05.12
Room No.	:	107
Arrival	:	02.05.12
Departure	:	04.05.12
Page	:	2 of 2
Cashier	:	Marie Renner

Date	Description	Debit CHF	Credit CHF

	Net CHF	VAT CHF	Gross CHF
VAT 0%	5.00	0.00	5.00
VAT 2,5%	0.00	0.00	0.00
VAT 3,8%	747.59	28.41	776.00
VAT 8%	11.11	0.89	12.00
VAT 2,4%	0.00	0.00	0.00
VAT 3,6%	0.00	0.00	0.00
VAT 7,6% (Miscellanous)	0.00	0.00	0.00
VAT 7,6% (F&B)	0.00	0.00	0.00
non Revenue			11.00

Sheraton Zuerich Neues Schloss Hotel

Stockerstrasse 17
8002 Zürich, Schweiz
t — +41 (0)44 286 94 00
f — +41 (0)44 286 94 45
neuesschlosszuerich@sheraton.com • sheraton.com/neuesschloss

Arabella Hotelbetriebe AG • V.A.T. Reg.-Nr. 243 967

Bankverbindung: UBS Bleicherweg • Konto-Nr. 822412010 • Clearing-Nr. 274

Employee Number: P24761 Expense Period: 09/17/11 TO 09/25/11
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Quest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:
Pre-approval obtained to exceed meal limits: MT Initials

Purpose: Same

Sponsor: Same

Purpose Dates: From 09/17/11 to 09/25/11

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Purpose: Public Liability Marketing

Purpose Dates: From 09/17/11 to 09/25/11

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/17	Air travel Round Trip from Newark, NJ to Zurich & London		Y *	1,039.30					1,039.30
09/21	Nightly Lodging (including tax) Single Rate 3 Nights(s)@281.03 Grange City Hotel		Y				843.09		843.09
09/21	Tip to Housekeeping 7.00 POUNDS @ .64/US$		N					10.94	10.94
09/21	American Express Transaction Fee		Y					22.76	22.76
09/23	Breakfast - Sheraton Zurich 35.00 SWISS FRAN @ .908/US$		Y		38.55				38.55
09/23	Tip -- BREAKFAST 3.00 SWISS FRAN @ .908/US$		Y					3.30	3.30
09/23	Nightly Lodging (including tax) Single Rate 2 Nights(s)@525.37 Swiss Zurich Neues Schloss Hotel		Y				1,050.74		1,050.74

Expense Account

Exp Acct# 170292

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/17/11 TO 09/25/11

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

11 OCT -5 14:50

EA Subject: TRIP
EA Type:
Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: Same

Sponsor: Same

Purpose Dates: From 09/17/11 to 09/25/11

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Purpose: Public Liability Marketing

Purpose Dates: From 09/17/11 to 09/25/11

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/17	Air travel Round Trip from Newark, NJ to Zurich & London	Y	*	1,039.30					1,039.30
09/21	Nightly Lodging (including tax) Single Rate 3 Nights(s)@281.03 Grange City Hotel	Y					843.09		843.09
09/21	Tip to Housekeeping 7.00 POUNDS @ .64/US$	N						10.94	10.94
09/21	American Express Transaction Fee	Y						22.76	22.76
09/23	Breakfast - Sheraton Zurich 35.00 SWISS FRAN @ .908/US$	Y			38.55				38.55
09/23	Tip -- BREAKFAST 3.00 SWISS FRAN @ .908/US$	Y						3.30	3.30
09/23	Nightly Lodging (including tax) Single Rate 2 Nights(s)@525.37 Swiss Zurich Neuss Schloss Hotel	Y					1,050.74		1,050.74

Expense Account

Exp Acct# 170292

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/17/11 TO 09/25/11

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/23	American Express Transaction Fee		Y					29.52	29.52
09/23	Tip to Housekeeping 7.00 SWISS FRAN @ .908/US$		N					7.71	7.71
09/23	Taxi from Sheraton Hotel to Zurich Airport (See AMEX bill)		Y					74.39	74.39
09/23	American Express Transaction Fee		Y					2.00	2.00
09/23	Tip to taxi driver 10.00 SWISS FRAN @ .908/US$		N					11.01	11.01
09/23	Parking at Newark Airport paid by PA EZPass		Y					.00	.00

Expense Account

Exp Acct# 170292

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/17/11 TO 09/25/11

21

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,039.30	38.55	0.00	1,893.83	161.63	3,133.31
Less Paid by PA.....	1,039.30	0.00	0.00	0.00	0.00	1,039.30
Paid by Employee.....	0.00	38.55	0.00	1,893.83	161.63	2,094.01
Less Cash Advance on						

Amount to be Reimbursed..... 2,094.01
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	2,094.01

#Signature below implies approval of 7 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 10/3/11 Submitted: 10/4/11

Approver's Signature: M. Falzano Date: 10/4/11 Emp# 23299 Title: CFO

Accountant's Approval: RR Date: 10/5/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 170211

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/17/11 to 09/25/11

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		

Spouse/Guest:	N	Meeting with Goverment Agency reps or Business Clients:	Y	Travel Company Used:	Y
International:	Y				
Blanket Trip:	N	Conferences, Seminars, Training and Testing :	N	Trip Extension:	N
Outside TDO:	N			Type:	

Purpose: Same

Sponsor: Same

Purpose Dates: 09/17/11 to 09/25/11
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

Purpose: Public Liability Marketing

Purpose Dates: 09/17/11 to 09/25/11
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	0
Travel Sub-Total	3,000	Other Sub-Total	3,000
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature X Veronica Biddle
X AM Mulligan

Date: 8/2/11 Submitted: 8/2/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 170211

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/17/11 to 09/25/11

Approver's Signature M. Fabiano

Date: 8/2/11 Emp# 23299 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 2, 2011 3:53 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator JEBYEB

Trip ID 11172929763
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
PORT AUTHORITY
PORT AUTHORITY

Agent ID: K0

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	8/2/2011
Ticket Number	8672067818	Invoice	0015770
Check Digit	5	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	150.00
Ticket Tax Fare	534.10
Total (USD) Ticket Amount	684.10
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	719.10

Travel Details

Saturday September 17, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 5 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 18, 2011		
Arrival Terminal	TERMINAL 3		
Seat	54A		
Class	O		

Travel Details

Sunday September 25, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	42A		
Class	O		

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 18, 2011 12:15 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	JEBYEB	**Agent ID: K0**
Trip ID	11172929763 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003	Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	8/18/2011
Ticket Number	8675745908	Invoice	0019315
Check Digit	2	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	157.00
Ticket Tax Fare	163.20
Total (USD) Ticket Amount	320.20

Airfare charged to American Express

Billing Account: AX XXXXXXXXXXX1002

Total 320.20

Travel Details

Saturday September 17, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 5 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 18, 2011		
Arrival Terminal	TERMINAL 3		
Seat	54A		
Class	O		

Travel Details

Wednesday September 21, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 50 minutes
Flight	451 OPERATED BY /SWISS EUROPEAN AIR LINES	Distance	473 Miles
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro RJ100 Reg Jet
Departing	8:25 AM		
Arriving	11:15 AM		
Seat	Unassigned		
Class	Economy		

Travel Details

Friday September 23, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 40 minutes
Flight	460	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES		
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London City Arpt, UK	Plane	Avro RJ100 Reg Jet
Departing	8:45 AM		
Arriving	9:25 AM		
Seat	Unassigned		
Class	Economy		

Travel Details

Sunday September 25, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	42A		
Class	O		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.US.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Monday January 23, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
SWISS INTERNATIONAL AIR	992001743486076	ANNEMARIE C MULLIGAN
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
DTD01X	VIRGIN ATLANTIC AIRWAYS
WKHRMH	SWISS INTERNATIONAL AIR

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND

Transaction Details
Prepared for
ANNE MARIE MULLIGAN
Account Number

1 - 14 of 14 Transactions

Date	Foreign Spend	Description	Amount $
09/23/2011 Fri	1	ARABELLA HOTELBETRIEZUERICH	1,093.59
		LODGING	
		LODGING	
		MISCELLANEOUS GOODS	
		Foreign Spend Amount: 985.00 SWISS FRANC	
		Doing Business As: ARABELLA HOTELBETRIEBE AG	
		Merchant Address: NEUES SCHLOSS STOCKERSTRASSE 17 ZUERICH 8002 SWITZERLAND	
		Reference Number: 320112690468866979	
		Category: Travel - Lodging	
09/23/2011 Fri			1.34
09/23/2011 Fri			1.42
09/23/2011 Fri	2	FOREIGN TRANSACTION FEE	2.00
		TAXI B. GAVRILOVIC ADLISWIL	
		$74.39	
		Reference Number: 820112690468866978	
		Category: Fees & Adjustments	
09/23/2011 Fri	1	FOREIGN TRANSACTION FEE	29.52
		ARABELLA HOTELBETRIEZUERICH	
		$1093.59	
		Reference Number: 820112690468866979	
		Category: Fees & Adjustments	
09/23/2011 Fri	*		49.64
09/23/2011 Fri	*		52.74
09/23/2011 Fri	*	TAXI B. GAVRILOVIC ADLISWIL	74.39
	2	TAXICAB & LIMOUSINE	
		TAXICAB & LIMOUSINE	
		MISCELLANEOUS GOODS	
		Foreign Spend Amount: 67.00 SWISS FRANC	
		Doing Business As: TAXI B. GAVRILOVIC	
		Merchant Address: QUELLENSTRASSE 2 ADLISWIL 8134 SWITZERLAND	
		Reference Number: 320112690468866978	
		Category: Transportation - Taxis & Coach	
09/21/2011 Wed	3	FOREIGN TRANSACTION FEE	22.76
		GRANGE CITY HOTEL LONDON GB	
		$843.11	
		Reference Number: 820112650422402959	
		Category: Fees & Adjustments	
09/21/2011 Wed	3	GRANGE CITY HOTEL LONDON GB	843.11

Dinahin <1.00>
1,042.57

27145908709 LODGING

536.40 UNITED KINGDOM POUND STERLING CONV

LODGING

330 $536.40

Foreign Spend Amount:	536.40 UNITED KINGDOM POUND STERLING
Doing Business As:	GRANGE CITY HOTEL
Merchant Address:	8-10 COOPER'S ROW LONDON EC3N 2BQ UNITED KINGDOM
Reference Number:	32011265042240295 9

Category: Travel - Lodging

Closing Date: 10/17/11

This is a foreign currency transaction. Expand the transaction for foreign currency details.

[redacted]

[redacted]

[redacted]

[redacted]

GRANGE CITY HOTEL
LONDON

M9420397846 TID27145908
REF :330

AMEX

**** **** ***2 001
EXP 09/14
SWIPED

SALE

CARDHOLDER COPY

PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £536.40

Verified by Signature

THANK YOU
05:32 21/09/11

CC

Sheraton Neues Schloss Hotel Zürich
Stockerstrasse 27
8002 Zürich

*** KOPIE ***

BUCHUNG
AMEX

XXXXXXXXXXX2001 090
VERFALLDATUM: 09.14

23.09.2011 06:41:06
TRM-ID: 10047659
ACT-ID: 677
AID: A0 0000 0157 0010
TRX. SEQ-CNT: 10974
TRX. REF-NR: 089471
AUT. CODE: 96
ADFC2DB8AB7C8B98FF28F7E545AE6F75

TOTAL EFT CHF: 985.00

[illegible] Dank für Ihren Aufenthalt

Taxi
Quellenstrasse 2
8134 Adliswil

xxx Kundenbeleg xxx

Buchung
AMEX
XXXXXXXXXXX2001

23.09.2011 07:00:25
Trm-Id: 30802196
Trx. Seq-Nr.: 2018
Autorisationscode: 38

Total-EFT CHF: 67.00

67 ÷ 0.908 = $74.13
TIP 10 : 0.908 = 11.01
85.14

~~Newark Liberty International~~
~~Airport~~

Sun Sep 25 2011 23:50

Entry:	09/17/2011 18:32:21 Ln 509
Exit:	09/25/2011 23:50:04 Ln 911
Cashier:	dkonta
License Plate	NJ:WTV20X
Class:	11 - Global Nrev3
ID Type:	Ticket
ID:	050901282817

Parking Fee.....$0.00
Total Fee.....$0.00

E-ZPass.....$0.00

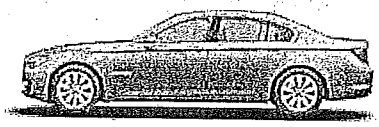
TAXES INCLUDED

Newark Liberty International

x-rates.com

advertising

WITH MILLIONS OF WAYS
TO CUSTOMIZE YOUR BMW,
NOW IS THE TIME TO BUILD YOURS.



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results (1 USD)

2011-09-19	September 19, Monday	0.63639 GBP
2011-09-20	September 20, Tuesday	0.636251 GBP
2011-09-21	September 21, Wednesday	0.64029 GBP
2011-09-22	September 22, Thursday	0.649353 GBP
2011-09-23	September 23, Friday	0.649553 GBP

invert target/base, 2011 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 9 DAY: 21 YEAR: 2011

go

Conversion Rate
the Housekeeping

Top 10 Currencies

- American Dollar
- British Pound
- Euro
- Mexican Peso
- South African Rand
- Australian Dollar
- Canadian Dollar
- Indian Rupee
- Singapore Dollar
- Thai Baht

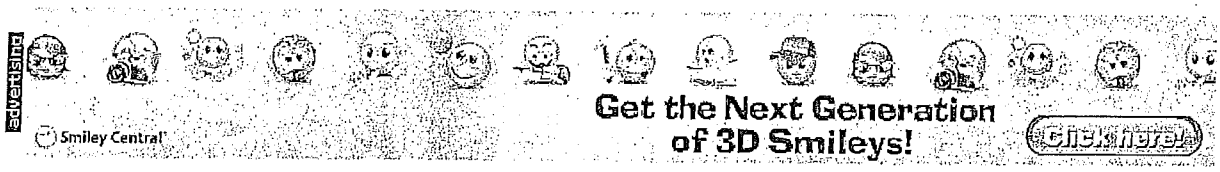
More Currencies

the web is what you make of it

Currency

- American Dollar
- Australian Dollar
- Botswana Pula
- British Pound
- Bulgarian Lev
- Chilean Peso
- Colombian Peso
- Czech Koruna
- Euro
- Hungarian Forint
- Indian Rupee
- Iranian Rial
- Argentine Peso
- Bahraini Dinar
- Brazilian Real
- Brunei dollar
- Canadian Dollar
- Chinese Yuan
- Croatian Kuna
- Danish Krone
- Hong Kong Dollar
- Iceland Krona
- Indonesian Rupiah
- Israeli New Shekel

x-rates.com



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- New to Forex
- Free Trial Account
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results (1 USD)

2011-09-20	September 20, Tuesday	0.879942 CHF
2011-09-21	September 21, Wednesday	0.895277 CHF
2011-09-22	September 22, Thursday	0.912775 CHF
2011-09-23	September 23, Friday	0.908042 CHF
2011-09-26	September 26, Monday	0.904148 CHF

invert target/base, 2011 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 23 YEAR: 2011

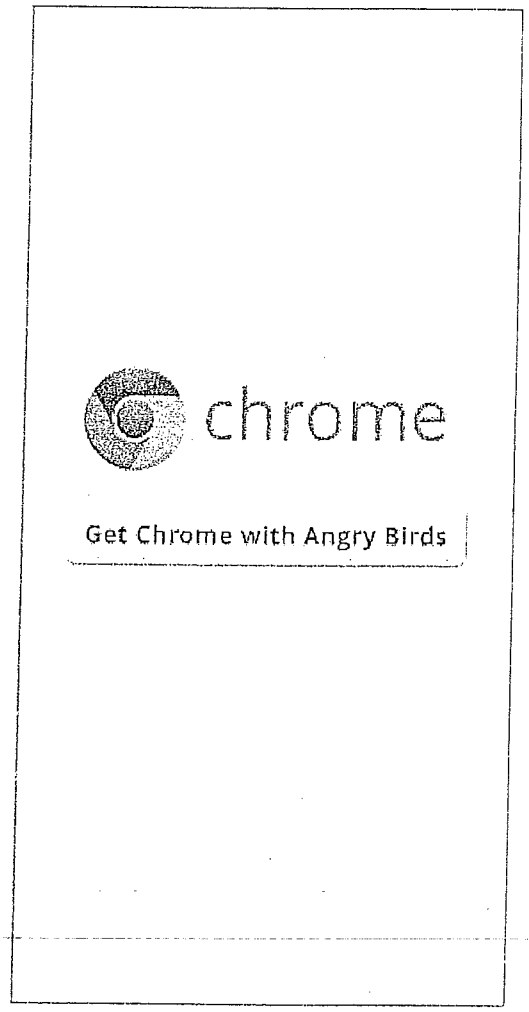
go

+ Conversion Rate
Me Housekeeping

Top 10 Currencies

- American Dollar
- British Pound
- Euro
- Mexican Peso
- South African Rand
- Australian Dollar
- Canadian Dollar
- Indian Rupee
- Singapore Dollar
- Thai Baht

More Currencies



Currency

- American Dollar
- Australian Dollar
- Botswana Pula
- British Pound
- Bulgarian Lev
- Chilean Peso
- Colombian Peso
- Czech Koruna
- Euro
- Hungarian Forint
- Indian Rupee
- Iranian Rial
- Argentine Peso
- Bahraini Dinar
- Brazilian Real
- Brunei dollar
- Canadian Dollar
- Chinese Yuan
- Croatian Kuna
- Danish Krone
- Hong Kong Dollar
- Iceland Krona
- Indonesian Rupiah
- Israeli New Shekel

GRANGE CITY HOTEL

Mr Anne Marie Mulligan

Invoice No: CTN1121083

Room No: 330
Arrival Date: 18-Sep-2011
Departure Date: 21-Sep-2011

Ref: CRS1183078/500
Your Ref: 138011397

Guest Name : Mr Anne Marie Mulligan

Date	Description	Credits	Net	Vat	Gross
18-Sep-11	Accommodation		149.00	29.80	178.80
19-Sep-11	Accommodation		149.00	29.80	178.80
20-Sep-11	Accommodation		149.00	29.80	178.80

	Net	VAT	Total
VAT	447.00	89.40	536.40
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 536.40

536.40 ÷ 0.640
= £838.12
Amex charged
£845.11 – account
Expense £43.01

* All the transactions charged before 4th Jan 11 will be at VAT 17.5% those after will be at 20%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously.
indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

Sheraton

Mrs. Anne Mulligan
Of NY & NJ
225 Park Avenue South, 12th Floor
10003 New York
United States of America

Sheraton Zurich Neues Schloss Hotel
INVOICE

Folio No. : 11800002778
Please include at time of payment. Client ID.:

Date	:	23.09.11
Room No.	:	107
Arrival	:	21.09.11
Departure	:	23.09.11
Page	:	2 of 2
Cashier	:	Max Lauke

Date	Description	Debit CHF	Credit CHF

	Net CHF	VAT CHF	Gross CHF
VAT 0%	4.00	0.00	4.00
VAT 2,5%	0.00	0.00	0.00
VAT 3,8%	915.22	34.78	950.00
VAT 8%	28.70	2.30	31.00
VAT 2,4%	0.00	0.00	0.00
VAT 3,6%	0.00	0.00	0.00
VAT 7,6% (Miscellanous)	0.00	0.00	0.00
VAT 7,6% (F&B)	0.00	0.00	0.00
non Revenue			11.00

Sheraton Zuerich Neues Schloss Hotel

Stockerstrasse 17
8002 Zürich, Schweiz
t — +41 (0)44 286 94 00
f — +41 (0)44 286 94 45
neuesschlosszuerich@sheraton.com • sheraton.com/neuesschloss

Arabella Hotelbetriebe AG • V.A.T. Reg.-Nr. 243 967

Bankverbindung: UBS Bleicherweg • Konto-Nr. 82241201U • Clearing-Nr. 274
IBAN: CH77 0027 4274 8224 1201U • SWIFT: UBSWCHZH80A

Sheraton

Mrs. Anne Mulligan
Of NY & NJ
225 Park Avenue South, 12th Floor
10003 New York
United States of America

Sheraton Zurich Neues Schloss Hotel
INVOICE

Folio No. : 11800002778
Please include at time of payment. Client ID.:

Date	:	23.09.11
Room No.	:	107
Arrival	:	21.09.11
Departure	:	23.09.11
Page	:	1 of 2
Cashier	:	Max Lauke

Date	Description	Debit CHF	Credit CHF
21.09.11	Accommodation	468.00	
21.09.11	City Tax 3.8%	5.00	
22.09.11	Breakfast CHECK# 15711	35.00	
22.09.11	Tips Le Jardin CHECK# 15714	3.00	
22.09.11	Accommodation	468.00	
22.09.11	City Tax 3.8%	5.00	
23.09.11	Donation to UNICEF Education project. Thank you	1.00	
23.09.11	American Express manual		985.00
	Total	985.00	985.00
	Balance		0.00
	Less Donation		< 1.00 >
			984.00

Sheraton Zuerich Neues Schloss Hotel

Stockerstrasse 17
8002 Zürich, Schweiz
t — +41 (0)44 286 94 00
f — +41 (0)44 286 94 45
neuesschlosszuerich@sheraton.com • sheraton.com/neuesschloss

Arabella Hotelbetriebe AG • V.A.T. Reg.-Nr. 243 967

Bankverbindung: UBS Bleicherweg • Konto-Nr. 82241201U • Clearing-Nr. 274
IBAN: CH77 0027 4274 8224 1201U • SWIFT: UBSWCHZH80A

Expense Account Exp Acct# 170010

Employee Number: P24761 Expense Period: 08/16/11 TO 08/16/11
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 08/16/11 to 08/16/11

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
08/16	Taxi fare from Union Station, Wash, DC to Baker & Daniel offices	Y						15.00	15.00
08/16	Taxi fare from Baker & Daniels offices to Union Sta	Y						13.50	13.50
08/16	Parking at Metropark Station	N						5.00	5.00
08/16	Rail travel expense Round Trip From Metropark, NJ To Washington, DC	Y	*	371.00					371.00

Expense Account

Exp Acct# 170010

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 08/16/11 TO 08/16/11

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	371.00	0.00	0.00	0.00	33.50	404.50
Less Paid by PA.....	371.00	0.00	0.00	0.00	0.00	371.00
Paid by Employee.....	0.00	0.00	0.00	0.00	33.50	33.50
Less Cash Advance on	.....					

Amount to be Reimbursed..... 33.50
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	33.50

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Anne Marie C Mulligan Date: _____ Submitted: 09/21/11

Approver's Signature: Original Signed By Michael G Fabiano Date: 08/25/11 Emp# P23299 Title: Chf Fincl Ofcr

Accountant's Approval: Original Stamped By Roxanne M Richardson Date: 09/21/11

Employee Number: P24761 Expense Period: 08/16/11 TO 08/16/11
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Original TA attached

Item on 08/16/11 for 371.00; Rail Travel Expense

02 Attach Ticket Stub

Explanation: Itinerary attached.

Expense Account

Exp Acct# 167819

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/09/11 TO 04/17/11

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2011 MAY -5 PM 12:08

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To attend various meetings with insurance underwriters in London and Zurich re Property Damage and Loss of Revenue Program

Purpose Dates: From 04/09/11 to 04/17/11

Business Destination: London England
Ticket Destination : London England

Purpose: Same

Sponsor: Same

Purpose Dates: From 04/09/11 to 04/17/11

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/09	Air travel Round Trip from Newark, NJ to London Uk	Y	*	1,239.00					1,239.00
04/12	Nightly Lodging (including tax) Single Rate 3 Nights(s)@178.8 Grange City Hotel (London) 536.40 POUNDS @ .606/US$	Y					885.15		885.15
04/12	Tip to Housekeeping 6.00 POUNDS @ .606/US$	N						9.90	9.90
04/13	American Express Transaction Fee	Y						23.89	23.89
04/15	Nightly Lodging (including tax) Single Rate 2 Nights(s)@375. Sheraton Zurich Neues Schloss Hotel 750.00 Swiss Fran @ .889/US$	Y					843.64		843.64
04/15	Tip to Housekeeping 10.00 Swiss Fran @ .8925/US$	N						11.20	11.20

Expense Account

Exp Acct# 167819

Expense Period: 04/09/11 TO 04/17/11

Employee Number: P24761
Name: Anne Marie C Mulligan

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/15	American Express Transaction fee		Y					22.76	22.76
04/17	Taxi from hotel to Zurich Airport (see explanation on flags page) 67.00 Swiss Fran @ .898/US$	N						74.61	74.61

Expense Account

Exp Acct# 167819

11

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/09/11 TO 04/17/11

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,239.00	0.00	0.00	1,728.79	142.36	3,110.15
Less Paid by PA.....	1,239.00	0.00	0.00	0.00	0.00	1,239.00
Paid by Employee.....	0.00	0.00	0.00	1,728.79	142.36	1,871.15
Less Cash Advance on						
Amount to be Reimbursed.....						1,871.15
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	1,871.15

#Signature below implies approval of 5 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 4/29/11 Submitted: 5/5/11

Approver's Signature: M. Talamo Date: 5/5/11 Emp# 23299 Title: CFO

Accountant's Approval: Date: 5/5/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 167807

Trip Period from: 04/09/11 to 04/17/11

Employee Number: P24761
Name: Anne Marie C Mulligan

Org: 085
Dir/Comm:

2011 MAY -5 PM 12:08

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Same

Sponsor: Same

Purpose Dates: 04/09/11 to 04/17/11
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

Purpose: To attend various meetins with insurance underwriters in London and Zurich re Property Damage and Loss of Revenue Program

Purpose Dates: 04/09/11 to 04/17/11
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	0
Travel Sub-Total	3,000	Other Sub-Total	3,000
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

x Veronica Biddle

Employee's Signature x AM Mulligan

Date: 1/31/11 Submitted: 1/31/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 167807

Trip Period from: 04/09/11 to 04/17/11

Employee Number: P24761
Name: Anne Marie C Mulligan

Approver's Signature: M. Talamo

Date: 1/31/11 Emp# Title: CFO

JAN 23 2011 PM 12:08

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: February 23, 2011 8:55 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Agent ID: CD

Phone: .. / Fax: ..

Record Locator	KMXUUT
Trip ID	11247854709 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY PORT AUTHORITY

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	2/22/2011
Ticket Number	7959193348	Invoice	0100307
Check Digit	6	Electronic	Yes

Charges

Ticket Base Fare	292.00
Ticket Tax Fare	145.90
Total (USD) Ticket Amount	437.90

Ticket Information

Airline Code	932	Ticket Date	2/1/2011
Ticket Number	7953351400	Invoice	0093601
Check Digit	5	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	312.00
Ticket Tax Fare	454.10
Total (USD) Ticket Amount	766.10

Airfare charged to American Express

Billing Account: AX XXXXXXXXXXX1002

Total 1,204.00

35.00 Ame

$1239.00 fe

ROUND-TRIP NONREFUNDABLE FARE,.....766.10

Travel Details

Saturday April 9, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 5 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 10, 2011		
Arrival Terminal	TERMINAL 3		
Seat	53C		
Class	O		

CAR NOT NEEDED OR REQUESTED
HOTEL NOT NEEDED OR REQUESTED
SEAT 53C CONFIRMED

Travel Details

Wednesday April 13, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 50 minutes

		Distance	473 Miles
Flight	451		
	OPERATED BY /SWISS EUROPEAN AIR LINES	Meal Service	Snack/brunch
Origin	London City Arpt, UK	Plane	Avro RJ100 Reg Jet
Destination	Zurich, SWITZERLAND		
Departing	8:25 AM		
Arriving	11:15 AM		
Seat	Unassigned		
Class	Economy		

Travel Details

Sunday April 17, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 40 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Meal service
Destination	London Heathrow, UK	Plane	Airbus A320
Departing	3:30 PM		
Arriving	4:10 PM		
Arrival Terminal	TERMINAL 1		
Seat	4C		
Class	Business		

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	44H		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.US.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Tuesday December 27, 2011

THANK YOU FOR CALLING AMERICAN EXPRESS BUSINESS TRAVEL.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
CL6XMG	VIRGIN ATLANTIC AIRWAYS
VMJP38	SWISS INTERNATIONAL AIR

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****

FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

1 - 22 of 22 Transactions

Date	Foreign Spend	Description	Amount $
04/13/2011 Wed		FOREIGN TRANSACTION FEE	23.89
		GRANGE CITY HOTEL 3884.82 Reference Number: 82011104048914989 9 Category: Fees & Adjustments	PRINT 884.82
04/13/2011 Wed		GRANGE CITY HOTEL LONDON GB LODGING Description / Price 1108 / $542.40 Foreign Spend Amount: 542.40 Pounds Sterling Doing Business As: GRANGE CITY HOTEL Merchant Address: 6-10 COOPER'S ROW LONDON EC3N 2BQ UNITED KINGDOM Reference Number: 32011104048914989 9 Dispute/Inquire about this charge Category: Travel - Lodging	PRINT
04/10/2011 Sun			362.74
04/08/2011 Fri			-2,334.99
04/06/2011 Wed			269.73
04/05/2011 Tue			80.23
04/03/2011 Sun			194.10
04/02/2011 Sat			71.33
04/02/2011 Sat			62.06
04/02/2011 Sat			251.11
04/01/2011 Fri			70.35
03/31/2011 Thu			103.37
03/30/2011 Wed			200.00
03/29/2011 Tue			84.62
03/28/2011 Mon			83.63
03/26/2011 Sat			181.48
03/25/2011 Fri			189.77
03/20/2011 Sun			115.37
03/20/2011 Sun			93.23
03/20/2011 Sun			217.54
03/19/2011 Sat			273.67
03/17/2011 Thu			63.13

1 - 22 of 22 Transactions

536.40 ÷ = 0.606

View Your Billing Statement For This Period

Previous Balance as of 03/17/11	0.00 [+]
Payments	-2,334.99
Charges	3,852.28
Fees	23.89
Interest Charged	0.00
Credits	0.00
New Balance	1,541.18
Minimum Payment Due	1,541.18
Please Pay By: 05/01/11	PAY BILL

Closing Date: 04/15/11

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CARD ACTIVITY for ANNE MARIE MULLIGAN

TIME PERIOD

NARROW RESULTS

Other Filters

VIEW BY: CATEGORY MERCHANT PAY IN FULL/PAY OVER TIME

GRAPH ON

View Pending Charges

1 - 4 of 4 Transactions

Date	Foreign Spend	Description	Amount $
04/17/2011 Sun			1.99
04/17/2011 Sun			73.97
04/15/2011 Fri		ARABELLA HOTELBETRIEZUERICH LODGING LODGING MISCELLANEOUS GOODS Foreign Spend Amount: 751.00 SWISS FRANC Doing Business As: ARABELLA HOTELBETRIEBE AG Merchant Address: NEUES SCHLOSS STOCKERSTRASSE 17 ZUERICH 8002 SWITZERLAND Reference Number: 32011108003680207 6 Dispute/Inquire about this charge Category: Travel - Lodging	843.06
04/15/2011 Fri		FOREIGN TRANSACTION FEE ARABELLA HOTELBETRIEZUERICH $843.06 Reference Number: 32011108003680207 6 Category: Fees & Adjustments	22.76

751.00 ÷ = 0.889

PRINT

PRINT

1 - 4 of 4 Transactions

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Points Balance 75,273

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Closing Date: 05/17/11

Dispute/Inquire about account activity

This is a foreign currency transaction. Expand the transaction for foreign currency details.

Trotman, Ruth

From: Mulligan, Anne Marie
Sent: Friday, April 29, 2011 9:08 AM
To: Trotman, Ruth
Subject: FW: Property Insurance Renewal - Expense Account

Ruth, please note Mike's approval to submit 67 Swiss Francs for the taxi ride from the hotel to the airport in Zurich based on the receipt from the prior trip.

From: Fabiano, Michael
Sent: Friday, April 29, 2011 9:06 AM
To: Mulligan, Anne Marie
Subject: RE: Property Insurance Renewal - Expense Account

Approved.

From: Mulligan, Anne Marie
Sent: Friday, April 29, 2011 8:39 AM
To: Fabiano, Michael
Subject: Property Insurance Renewal - Expense Account

Mike, on our recent travel to London and Zurich, I misplaced the receipt for 70 Swiss Francs for the taxi from the Zurich hotel to the airport. Attached is a copy of my previous expense account which documented that the taxi fare at that time was 67 Swiss Francs.
<< File: Sept 2010 - Expense Account.pdf >>
In order to receive reimbursement for the taxi fare above $25 US dollars, I need your approval. Since it was the same hotel in Zurich for each trip and I did have the receipt for the taxi ride on the previous trip, can I submit the same amount (67 Swill Francs) for reimbursement.

Anne Marie

Rec'd 10/14/10

Expense Account

Exp Acct# 165281

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/18/10 TO 09/26/10

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP

EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To meet with London insurance underwriters re the Public Liability and WTC OCIP T-Hub Program

Purpose Dates: From 09/18/10 to 09/26/10

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss insurance underwriters re the Public Liability renewal and the WTC OCIP T-Hub Program

Purpose Dates: From 09/19/10 to 09/20/10

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/18	Air travel Round Trip from Newark, NJ to London England	Y	*	1,059.60					1,059.60
09/19	Breakfast - Gordon Ramsay Plane Food Purpose: Re upcoming meetings 22.98 Pounds @ .636/US$	Y			36.13				36.13
	Guests								
	Veronica M Biddle, Emp# P43618								
09/19	American Express Transaction Fee	Y						.98	.98
09/19	Taxi fare plus gratuity - Zurich Airport to Hotel 67.00 Swiss Fran @ 1.006/US$	Y						66.60	66.60
09/20	Nightly Lodging (including tax) Single Rate	Y					342.77		342.77

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results (1 USD)

2011-04-12	April 12, Tuesday	0.899585 CHF
2011-04-13	April 13, Wednesday	0.89664 CHF
2011-04-14	April 14, Thursday	0.894313 CHF
# 2011-04-15	April 15, Friday	0.892526 CHF
2011-04-18	April 18, Monday	0.898144 CHF

invert target/base, 2011 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 4 DAY: 15 YEAR: 2011

go

Conversion Rate for Tip to Housekeeping

Top 10 Currencies

- American Dollar
- Australian Dollar
- British Pound
- Canadian Dollar
- Euro
- Indian Rupee
- Mexican Peso
- Singapore Dollar
- South African Rand
- Thai Baht

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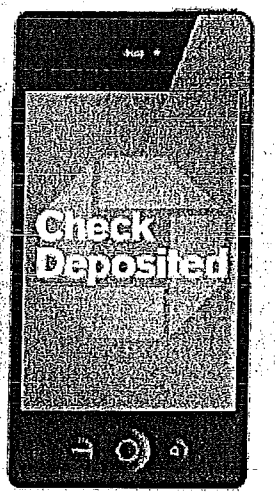

CHASE

Currency

- American Dollar
- Argentine Peso
- Australian Dollar
- Bahraini Dinar
- Botswana Pula
- Brazilian Real
- British Pound
- Brunei dollar
- Bulgarian Lev
- Canadian Dollar
- Chilean Peso
- Chinese Yuan
- Colombian Peso
- Croatian Kuna
- Czech Koruna
- Danish Krone
- Euro
- Hong Kong Dollar
- Hungarian Forint
- Iceland Krona
- Indian Rupee
- Indonesian Rupiah

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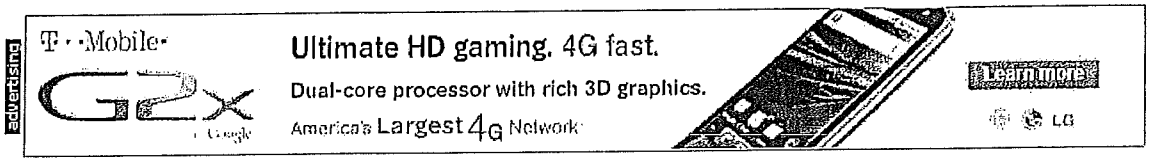

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- Currency Photos
- Home

results (1 USD)

2011-04-14	April 14, Thursday	0.894313 CHF
2011-04-15	April 15, Friday	0.892526 CHF
2011-04-18	April 18, Monday	0.898144 CHF
2011-04-19	April 19, Tuesday	0.897916 CHF
2011-04-20	April 20, Wednesday	0.891767 CHF

invert target/base, 2011 graph

Top 10 Currencies

- American Dollar
- Australian Dollar
- British Pound
- Canadian Dollar
- Euro
- Indian Rupee
- Mexican Peso
- Singapore Dollar
- South African Rand
- Thai Baht

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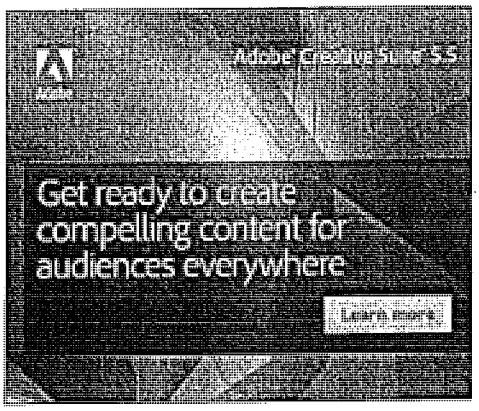
historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 4 DAY: 17 YEAR: 2011

go



Conversion Rate for Taxi fare on 4/17. Used date closest to April 17th

Currency

- American Dollar
- Argentine Peso
- Australian Dollar
- Bahraini Dinar
- Botswana Pula
- Brazilian Real
- British Pound
- Brunei dollar
- Bulgarian Lev
- Canadian Dollar
- Chilean Peso
- Chinese Yuan
- Colombian Peso
- Croatian Kuna
- Czech Koruna
- Danish Krone
- Euro
- Hong Kong Dollar
- Hungarian Forint
- Iceland Krona
- Indian Rupee
- Indonesian Rupiah
- Iranian Rial
- Israeli New Shekel
- Japanese Yen
- Kazakhstani Tenge
- Kuwaiti Dinar
- Latvian Lat
- Libyan Dinar
- Lithuanian Litas
- Malaysian Ringgit
- Mauritius Rupee
- Mexican Peso
- Nepalese Rupee
- New Zealand Dollar
- Norwegian Kroner
- Omani Rial
- Pakistan Rupee
- Philippine Peso
- Polish Zloty
- Qatari Rial
- Romanian Leu
- Russian Ruble
- Saudi Riyal
- Singapore Dollar
- South African Rand
- South Korean Won
- Sri Lanka Rupee
- Swedish Krona
- Swiss Franc
- Taiwan Dollar
- Thai Baht
- Trinidad/Tobago Dollar
- Turkish Lira
- Utd. Arab Emir. Dirham
- Venezuelan Bolivar

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Sheraton Neues Schloss
Stockerstrasse 27
8002 Zürich

**** KOPIE ****

BUCHUNG
AMEX

XXXXXXXXXXX2001 090
VERFALLDATUM: 09.14

15.04.2011 05:17:45
TRM-ID: 10047659
ACT-ID: 510
AID: A0 0000 0157 0010
TRX. SEQ-CNT: 8495
TRX. REF-NR: 031145
AUT. CODE: 68
ADFC2DB8AB7C8B98FF28F7E545AE6F75

TOTAL EFT CHF: 751.00

Herzlichen Dank für Ihren Aufenthalt

Mrs. Anne Marie Mulligan
Exemption (1)
United States of America

chloss Hotel

Date	:	15.04.11
Room No.	:	402
Arrival	:	13.04.11
Departure	:	15.04.11
Page	:	1 of 1
Cashier	:	Roman Kaiser

Folio No. : 54588
Please include at time of payment. Client ID.:

Date	Description	Debit CHF	Credit CHF
13.04.11	Accommodation	370.00	
13.04.11	City Tax 3.8%	5.00	
14.04.11	Accommodation	370.00	
14.04.11	City Tax 3.8%	5.00	
15.04.11	Donation UNICEF Charity -THANK YOU 0.0%	1.00	
15.04.11	American Express manual		751.00
	Total	751.00	751.00
	Balance		0.00

<1.00?
750.00

	Net CHF	VAT CHF	Gross CHF
VAT 0%	1.00	0.00	1.00
VAT 2,5%	0.00	0.00	0.00
VAT 3,8%	710.98	27.02	738.00
VAT 8%	11.11	0.89	12.00
VAT 2,4%	0.00	0.00	0.00
VAT 3,6%	0.00	0.00	0.00
VAT 7,6% (Miscellanous)	0.00	0.00	0.00
VAT 7,6% (F&B)	0.00	0.00	0.00
non Revenue			11.00

Sheraton Zuerich Neues Schloss Hotel

Stockerstrasse 17
8002 Zürich, Schweiz
t — +41 (0)44 286 94 00
f — +41 (0)44 286 94 45
neuesschlosszuerich@sheraton.com • sheraton.com/neuesschloss

Arabella Hotelbetriebe AG • V.A.T. Reg.-Nr. 243 967

Bankverbindung: UBS Bleicherweg • Konto-Nr. 82241201U • Clearing-Nr. 274
IBAN: CH77 0027 4274 8224 1201U • SWIFT: UBSWCHZH80A

GRANGE CITY HOTEL
LONDON

M9420397846 TID27145908
REF :1108

AMEX

**** **** ***2 001
EXP 09/14
SWIPED

COMPLETION TRANSACTION
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £542.40

Verified by Signature

THANK YOU
04:50 13/04/11

AUTH CODE: 81

RECEIPT 1640

GRANGE CITY HOTEL

Invoice No:	CTN111315
Room No:	1108
Arrival Date:	10-Apr-2011
Departure Date:	13-Apr-2011
Ref:	G141161271/1
Your Ref:	

Marie Mulligan

		Credits	Net	Vat	Gross
	ation		149.00	29.80	178.80
	08002795088 : 21:03:00		0.83	0.17	1.00
	08002795088 : 21:19:00		0.83	0.17	1.00
	08002795088 : 21:57:00		0.83	0.17	1.00
10-Apr-11	Telephone - 08002795088 : 22:02:00		0.83	0.17	1.00
11-Apr-11	Accommodation		149.00	29.80	178.80
11-Apr-11	Telephone - 08002795088 : 23:09:00		0.83	0.17	1.00
11-Apr-11	Telephone - 08002795088 : 23:24:00		0.83	0.17	1.00
12-Apr-11	Accommodation		149.00	29.80	178.80

	Net	VAT	Total
VAT	452.00	90.40	542.40
Service Non VAT	0.00	0.00	0.00
Received			0.00
Total			£ 542.40

- < 6.00>
536.40

* All the transactions charged before 4th Jan 11 will be at VAT 17.5% those after will be at 20%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

Expense Account

Exp Acct# 168074

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 03/10/11 TO 03/10/11

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend meeting with Conor Strong Insurance Agency

Purpose Dates: From 03/10/11 to 03/10/11

Business Destination: Toms River NJ USA
Ticket Destination : Toms River NJ USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total

Expense Account Exp Acct# 168074

Employee Number: P24761 Expense Period: 03/10/11 TO 03/10/11
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Anne Marie C Mulligan Date: _____ Submitted: 11/04/11

Approver's Signature: Original Signed By Michael G Fabiano Date: 11/04/11 Emp# P23299 Title: Chf Fincl Ofcr

Accountant's Approval: Original Stamped By Roxanne M Richardson Date: 11/08/11

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 03/10/11 TO 03/10/11

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Original TA attached.

Expense Account

Exp Acct# 166247

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 10/08/10 TO 10/08/10

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N
Outside TDO: N

OCT 12 PM 3:07

EA Subject: NONTR
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Purpose: 25 Year Port Authority Anniversary Luncheon for Ruth Trotman

Purpose Dates: From 10/08/10 to 10/08/10

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
10/08	Lunch - Wildwood BBQ Purpose: 25 Year Port Authority Anniversary Luncheon		Y		112.83				112.83

Guests

Ruth A Trotman, Emp# P31332
Barbara E Vinciguerra, Emp# P26590

Expense Account Exp Acct# 166247

22

Employee Number: P24761 Expense Period: 10/08/10 TO 10/08/10
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	112.83	0.00	0.00	0.00	112.83
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	112.83	0.00	0.00	0.00	112.83
Less Cash Advance on						

Amount to be Reimbursed..... 112.83
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	112.83

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 10/8/10 Submitted: 10/12/10

Approver's Signature AM Mulligan Date: 10/8/10 Emp# 24761 Title: Treasurer

Accountant's Approval (RR) Date: 10/14/10

Employee Number: P24761 Expense Period: 10/08/10 TO 10/08/10
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 10/08/10 for 112.83; Meal Expense - LUN

01 Attach an actual receipt.

Explanation: Receipt Attached.

Wildwood BBQ
225 Park Ave. South
www.brguestrestaurants.com
Thank you for joining us!

Date: Oct08'10 01:34PM
Card Type: Amex
Acct #: XXXXXXXXXXX1003
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: EIE003244296202
Auth Code: 528555
Check: 1723
Table: 292/1
Server: 128 Sarah u

Subtotal: 94.83

18.00

Total 112.83

Signature

We hope you enjoyed the BBQ!

Please keep for your records.
Join us for Happy Hour!!!

Catch all the big games here!

Expense Account

Exp Acct# 166019

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/28/10 TO 09/28/10

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N

Outside TDO: N

EA Subject: NONTR
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: 30 Year Port Authority Anniversary Celebration for Barbara Vinciguerra

Purpose Dates: From 09/28/10 to 09/28/10

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/28	Lunch - Union Square Cafe Purpose: 30 Year Anniversary Celebration	Y			150.00				150.00

Guests

Veronica M Biddle, Emp# P43618
Barbara E Vinciguerra, Emp# P26590

Expense Account

Exp Acct# 166019

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/28/10 TO 09/28/10

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	150.00	0.00	0.00	0.00	150.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	150.00	0.00	0.00	0.00	150.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 150.00
Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	085G01	150.00

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 9/29/10 Submitted: 9/29/10

Approver's Signature AM Mulligan Date: 9/29/10 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Expense Account

Exp Acct# 166019

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/28/10 TO 09/28/10

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 09/28/10 for 150.00; Meal Expense - LUN

01 Attach an actual receipt.

UNION SQUARE CAFE
21 East 16th Street New York
Telephone 212.243.4020

CHECK: 2000
TABLE: 43/1
SERVER: 102 Megan C
DATE: SEP28'10 1:43PM
CARD TYPE: American Express
ACCT #: XXXXXXXXXXX1003
EXP DATE: XX/XX
AUTH CODE: 563213
RESEARCH: 100928134701
ANNE MARIE MULLIGAN

SUBTOTAL: 126.02

TIP 24.00

TOTAL $ 150.02

X
Signature

GRATUITY NOT INCLUDED

Signed Copy -- Merchant
Second Copy -- Guest

Expense Account

Exp Acct# 165281

Employee Number: P2¢761
Name: Anne Marie C Mulligan

Expense Period: 09/18/10 TO 09/26/10

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

OCT 5 PM 3:36

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To meet with London insurance underwriters re the Public Liability and WTC OCIP T-Hub Program

Purpose Dates: From 09/18/10 to 09/26/10

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss insurance underwriters re the Public Liability renewal and the WTC OCIP T-Hub Program

Purpose Dates: From 09/19/10 to 09/20/10

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/18	Air travel Round Trip from Newark, NJ to London England	Y	*	1,059.60					1,059.60
09/19	Breakfast - Gordon Ramsay Plane Food Purpose: Re upcoming meetings 22.98 Pounds @ .636/US$	Y			36.13				36.13
	Guests								
	Veronica M Biddle, Emp# P43618								
09/19	American Express Transaction Fee	Y						.98	.98
09/19	Taxi fare plus gratuity - Zurich Airport to Hotel 67.00 Swiss Fran @ 1.006/US$	Y						66.60	66.60
09/20	Nightly Lodging (including tax) Single Rate 1 Nights(s)@345. Sheraton Zurich Neues Schloss Hotel 345.00 Swiss Fran @	Y					342.77		342.77

Expense Account

Exp Acct# 165281

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/18/10 TO 09/26/10

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/20	American Express Transaction Fee		Y					9.32	9.32
09/22	Phone Calls 4.00 Pounds @ .638/US$		Y					6.27	6.27
09/22	Internet usage - Business 4.00 Pounds @ .638/US$		Y					6.27	6.27
09/23	Dinner - Bertorelli Floral Street Purpose: To discuss upcoming meetings 40.75 Pounds @ .635/US$		Y		64.17				64.17
	Guests								
	Veronica M Biddle, Emp# P43618								
09/23	American Express Transaction Fee		Y					1.73	1.73
09/23	Nightly Lodging (including tax) Single Rate 4 Nights(s)@175.08 Grange City Hotel 700.32 Pounds @ .638/US$		Y				1,097.68		1,097.68
09/24	American Express Transaction Fee		Y					30.11	30.11

21

Expense Account

Exp Acct# 165281

Expense Period: 09/18/10 TO 09/26/10

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,059.60	100.30	0.00	1,440.45	121.28	2,721.63
Less Paid by PA.....	1,059.60	0.00	0.00	0.00	0.00	1,059.60
Paid by Employee.....	0.00	100.30	0.00	1,440.45	121.28	1,662.03
Less Cash Advance on						
						1,662.03
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						

Account Code	Amount
1000 X 556001 085G01	1,662.03

#Signature below implies approval of 8 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 10/5/10 Submitted: 10/5/10

Approver's Signature Date: 10/5/10 Emp# 20058 Title: CFO

Accountant's Approval BR Date: 10/6/10

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results (1 USD)

	2010-09-16	September 16, Thursday	1.01124 CHF
	2010-09-17	September 17, Friday	1.01149 CHF
*	2010-09-20	September 20, Monday	1.00658 CHF
	2010-09-21	September 21, Tuesday	1.00274 CHF
	2010-09-22	September 22, Wednesday	0.989 CHF

invert target/base, 2010 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 19 YEAR: 2010

go

* Conversion Rate for Zurich Taxi fare. Used date closest to 9/19/10

PERSONAL SAVINGS from American Express
1.30% APY*
FDIC INSURED
NO MINIMUM BALANCE
NO FEES
HIGH-YIELD SAVINGS ACCOUNT
Accounts offered by American Express Bank, FSB
LEARN MORE
TAKE CHARGE®
MEMBER FDIC

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results (1 USD)

2010-09-17	September 17, Friday	1.01149 CHF
# 2010-09-20	September 20, Monday	1.00658 CHF
2010-09-21	September 21, Tuesday	1.00274 CHF
2010-09-22	September 22, Wednesday	0.989 CHF
2010-09-23	September 23, Thursday	0.986114 CHF

invert target/base, 2010 graph

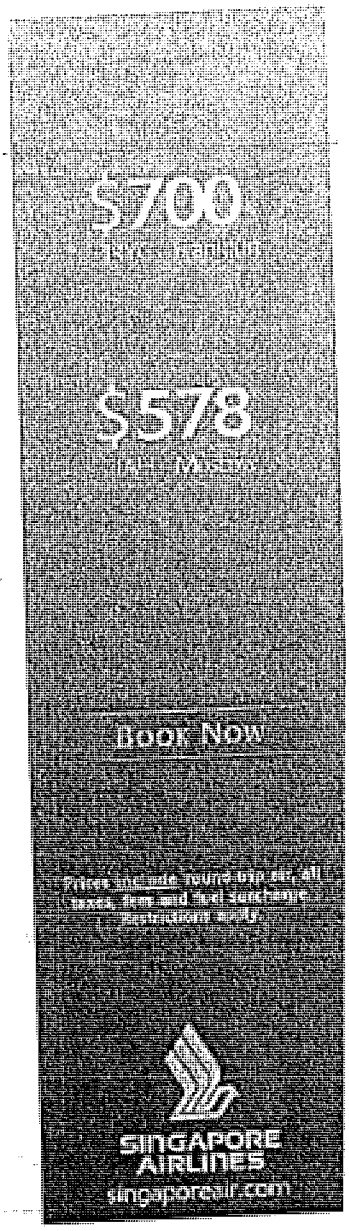
historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 20 YEAR: 2010

go



Conversion Rate for Zurich Hotel

Bertorelli (4ui)
Floral St
M:9421416116
TID:22163933 S7891
Waiter ID:10
HANDSET:01

AMERICAN EXPRESS
**********1003
EXP 09/11
SWIPED

SALE
AMOUNT £33.75
GRATUITY £7.00
TOTAL £40.75

SIGNATURE VERIFIED
THANKYOU FOR YOUR CUSTOM

23/09/10 19:46
AUTH CODE: 57
TXN 1252

CUSTOMER COPY
P

US$ 64.17

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results (1 USD)

2010-09-20	September 20, Monday	0.641196 GBP
2010-09-21	September 21, Tuesday	0.644398 GBP
2010-09-22	September 22, Wednesday	0.640003 GBP
# 2010-09-23	September 23, Thursday	0.63837 GBP
2010-09-24	September 24, Friday	0.636333 GBP

invert target/base, 2010 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 9 DAY: 23 YEAR: 2010

go

Conversion Rate for Grange City Hotel, London

PERSONAL SAVINGS from American Express
1.30% APY*
FDIC INSURED
NO MINIMUM BALANCE
NO FEES
HIGH-YIELD SAVINGS ACCOUNT
Accounts offered by American Express Bank, FSB
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The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 165261

Trip Period from: 09/18/10 to 09/26/10

Employee Number: P24761
Name: Anne Marie C Mulligan

Org: 085
Dir/Comm: Y

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London insurance underwriters re the Public Liability and WTC OCIP T-Hub Program

Purpose Dates: 09/18/10 to 09/26/10
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss insurance underwriters re the Public Liability renewal and the WTC OCIP T-Hub Program

OCT 5 PM3:30

Purpose Dates: 09/19/10 to 09/20/10
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,800
Rail	0	Other	0
Travel Sub-Total	3,000	Other Sub-Total	2,800
		Total Exp	5,800

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan

Date: 7/23/10 7/23/10 Submitted: 7/26/10

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 165261

Trip Period from: 09/18/10 to 09/26/10

Employee Number: P24761
Name: Anne Marie C Mulligan

Approver's Signature _____ Date: 7/26/10 Emp# 20058 Title: CFO

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: July 26, 2010 11:28 AM

Travel Arrangements for ANNEMARIE MULLIGAN

Record Locator	LALBQF
Trip ID	11287580839

PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
PORT AUTHORITY
PORT AUTHORITY

Agent ID: LJ
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/26/2010
Ticket Number	7907937888	Invoice	0043525
Check Digit	1	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	419.00
Ticket Tax Fare	382.30
Total (USD) Ticket Amount	801.30

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total	801.30
+ British Airways	223.20
+ Amex fee	35.00
	$1059.50

Travel Details

Saturday September 18, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 19, 2010		
Arrival Terminal	TERMINAL 3		
Seat	58H		
Class	Economy		

Travel Details

Sunday September 26, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 45 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	57C		
Class	Economy		

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A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Sunday January 16, 2011

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE MULLIGAN

Airline Record Locators

Airline Reference	Carrier
BSZFTR	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
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DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
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DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: July 28, 2010 2:56 PM

Travel Arrangements for ANNEMARIE MULLIGAN

Agent ID: LJ

Phone: .. / Fax: ..

Record Locator	LALBQF
Trip ID	11287580839 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY PORT AUTHORITY

Itinerary Only

Itinerary Details

Billing Code: F7C24761XXXX085G01XXX

ROUND-TRIP NONREFUNDABLE BRITISH AIRWAYS,....223.20

Travel Details

Saturday September 18, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 19, 2010		
Arrival Terminal	TERMINAL 3		
Seat	58H		
Class	Economy		

Travel Details

Sunday September 19, 2010

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	714	Distance	491 Miles
Origin	London Heathrow, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Airbus A319
Departing	12:10 PM		
Arriving	2:50 PM		
Departure Terminal	TERMINAL 5		
Seat	Unassigned		
Class	Economy		

Travel Details

Monday September 20, 2010

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	8766 OPERATED BY BA CITYFLYER	Distance	473 Miles
Origin	Zurich, SWITZERLAND	Meal Service	No Meal Service
Destination	London City Arpt, UK	Plane	E90

Departing	5:00 PM
Arriving	5:40 PM
Seat	Unassigned
Class	Economy

Travel Details

Sunday September 26, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 45 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	57C		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Sunday January 16, 2011

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412138	ANNEMARIE MULLIGAN
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE MULLIGAN

Airline Record Locators

Airline Reference	Carrier
BSZFTR	VIRGIN ATLANTIC AIRWAYS
ZCXO48	BRITISH AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
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AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED.

CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

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For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Gordon Ramsay Plane Food
LONDON
M:9442191102
TID:27457811 S4394
Ref No:00000086
HANDSET:01

AMERICAN EXPRESS
**********1003
EXP 09/11
SWIPED

SALE
AMOUNT £19.98
GRATUITY £3.00
TOTAL £22.98

SIGNATURE VERIFIED
THANKYOU FOR YOUR CUSTOM

19/09/10 11:01
AUTH CODE: 29
TXN 1448

CUSTOMER COPY
PLEASE ...

US $ 36.13

Quittung
Taxifahrt

ASA TAXI AG
044 366 61 31

ASA Taxi AG 323 318

Halter: ~~09000 Velickovski A.~~ MWST-Nr.:
Fahrer Nr.: Kreditkarte: /
Start: Airport Zürich
Ziel: Sheraton
Taxe CHF: 58.– + 9.00 Gratuity Suisse France
inkl. 7.6 % MWST
Bemerkung: /
Unterschrift: Datum: 19.9.2010

US $ 66.60

Category: Fees & AdjustmentsPrint

09/19/2010 Sun FOREIGN TRANSACTION FEE 0.98
GORDON RAMSAY PLANE HOUNSLOW
$36.15
Reference Number: 82010263014081655 2

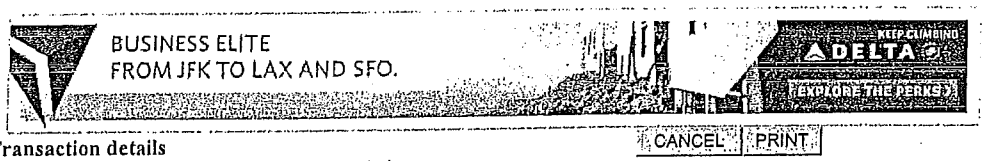
Category: Fees & AdjustmentsPrint

09/19/2010 Sun * GORDON RAMSAY PLANE HOUNSLOW 36.15
RESTAURANT
22.98 UNITED KINGDOM POUND STERLING CONVE
RESTAURANT
GOODS OR SERVICES
Foreign Spend Amount: 22.98 UNITED KINGDOM POUND STERLING
Doing Business As: GORDON RAMSAY PLANE FOOD
Merchant Address: TERMINAL 5
WELLINGTON ROAD
HEATHROW AIRPORT
HOUNSLOW
TW6 2GA
UNITED KINGDOM
Reference Number: 32010263014081655 2
Dispute/Inquire about this charge

Category: Restaurant - RestaurantPrint

PAY
BILL
Dispute/Inquire about Account Activity

*Foreign Currency conversion rate is base rate plus 2.7% (for transactions processed prior to 01/11/09, conversion rate is base rate plus 2%).
See legal disclosures for details.



Transaction details

CANCEL PRINT

Please wait. Loading preview data ...

FEEDBACK

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CARD ACTIVITY for ANNE MARIE MULLIGAN

AMP Gold Card 21003

TIME PERIOD

Recent Activity

Sep 17, 2010 to Present

NARROW RESULTS

Search Transactions

Other Filters

TRANSACTION DETAILS

VIEW BY: Category MERCHANT PAY IN FULL/PAY OVER TIME

GRAPH ON

1 - 12 of 12 Transactions

Date	Foreign Spend	Description	Amount $
09/26/2010 Sun		FOREIGN TRANSACTION FEE	1.06
09/26/2010 Sun *		[redacted]	39.18
09/24/2010 Fri		FOREIGN TRANSACTION FEE GRANGE CITY HOTEL LONDON $1115.18 Reference Number: 820102700217048431 Category: Fees & AdjustmentsPrint	30.11
09/24/2010 Fri *		GRANGE CITY HOTEL LONDON LODGING 708.32 UNITED KINGDOM POUND STERLING CONV LODGING GOODS $708.32 Foreign Spend Amount: 708.32 UNITED KINGDOM POUND STERLING Doing Business As: GRANGE CITY HOTEL Merchant Address: 8-10 COOPER'S ROW LONDON EC3N 2BQ UNITED KINGDOM Reference Number: 320102700217048431 Dispute/Inquire about this charge Category: Travel - LodgingPrint	1,115.18
09/23/2010 Thu *		BERTORELLI'S FLORAL LONDON RESTAURANT 40.75 UNITED KINGDOM POUND STERLING CONVE RESTAURANT GOODS $40.75 Foreign Spend Amount: 40.75 UNITED KINGDOM POUND STERLING Doing Business As: BERTORELLI'S FLORAL STREET Merchant Address: 44A FLORAL STREET COVENT GARDEN LONDON WC2E 9DA UNITED KINGDOM Reference Number: 320102690200918345 Dispute/Inquire about this charge Category: Restaurant - RestaurantPrint	64.16
09/23/2010 Thu		FOREIGN TRANSACTION FEE BERTORELLI'S FLORAL LONDON $64.16 Reference Number: 820102690200918345 Category: Fees & AdjustmentsPrint	1.73
09/20/2010 Mon*		ARABELLA HOTELBETRIEZUERICH LODGING LODGING MISCELLANEOUS GOODS Foreign Spend Amount: 346.00 SWISS FRANC Doing Business As: ARABELLA HOTELBETRIEBE AG Merchant Address: NEUES SCHLOSS STOCKERSTRASSE 17 ZUERICH 8002 SWITZERLAND Reference Number: 320102640144416765 Dispute/Inquire about this charge Category: Travel - LodgingPrint	345.10
09/20/2010 Mon		FOREIGN TRANSACTION FEE ARABELLA HOTELBETRIEZUERICH $345.10	9.32

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Membership Rewards®

Points Balance 38,132

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TIDY UP YOUR MONEY.
Money Manager links all your accounts, not just American Express, in one location online with one User ID and Password.
GET STARTED NOW
Exclusively for Charge Cardmembers

<div id="desAlert">
<table

Sheraton Neues Schloss
Stockerstrasse 27
8002 Zürich

**** KOPIE ****

BUCHUNG
AMEX

XXXXXXXXXXX1003 090
VERFALLDATUM: 09.11

20.09.2010 11:06:22
TRM-ID: 10047658
ACT-ID: 297
AID: A0 0000 0157 0010
TRX. SEQ-CNT: 5158
TRX. REF-NR: 383832
AUT. CODE: 39
2AF99184C2F155193DE8079CDE8E55AB

TOTAL EFT CHF: 346.00

Herzlichen Dank für Ihren Aufenthalt

Date	:	20.09.10
Room No.	:	407
Arrival	:	19.09.10
Departure	:	20.09.10
Page	:	1 of 1
Cashier	:	Sabrina Schueller
VAT	:	243 967

Anne Mulligan
Of NY & NJ
225 Park Avenue South, 12t
10003 New York
United States of America

INFORMATION INVOICE
Folio No. : 46615
Email : amulliga@panynj.gov
Please include at time of payment: Client ID:

Sheraton Zurich Neues Schloss Hotel

Date	Description	Debit CHF	Credit CHF
19.09.10	Accommodation	340.00	
19.09.10	City Tax 3.6%	5.00	
20.09.10	Donation UNICEF Charity -THANK YOU 0.0%	1.00	
20.09.10	American Express manual		346.00
	Total	346.00	346.00
	Balance		0.00

<1.007
345.00

	Net CHF	VAT CHF	Gross CHF
VAT 0%	1.00	0.00	1.00
VAT 2.4%	0.00	0.00	0.00
VAT 3.6%	333.01	11.99	345.00
VAT 7.6% (F&B)	0.00	0.00	0.00
VAT 7.6% (Misc.)	0.00	0.00	0.00
Non Revenue			6.00

345 ÷ 1.0065
$342.77

Sheraton Zurich Neues Schloss Hotel

Stockerstrasse 17
8002 Zürich, Schweiz
t — +41 (0)44 286 94 00
f — +41 (0)44 286 94 45
neuesschlosszuerich@sheraton.com • sheraton.com/neuesschloss

Arabella Hotelbetriebe AG • V.A.T. Reg.-Nr. 243 967

GRANGE CITY HOTEL
LONDON

M9420397846 TID27145908
REF :225

AMEX
**** **** ***1 003
EXP 09/11
SWIPED

SALE
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £708.32

Verified by Signature
THANK YOU
03:32 24/09/10 401F1:00

GRANGE CITY HOTEL

ulligan

Invoice No: CTN1021448

Room No: 225
Arrival Date: 20-Sep-2010
Departure Date: 24-Sep-2010

RefCRS1063489/500
Your Ref: 128014931

Date	Description	Credits	Net	Vat	Gross
20-Sep-10	Accommodation		149.00	26.08	175.08
21-Sep-10	Accommodation		149.00	26.08	175.08
22-Sep-10	Accommodation		149.00	26.08	175.08
22-Sep-10	Internet Usage_ business centre $6.27		3.40	0.60	4.00
22-Sep-10	Telephone - 08002795088 : 23:17:00		0.85	0.15	1.00
22-Sep-10	Telephone - 08002795088 : 23:19:00		0.85	0.15	1.00
22-Sep-10	Telephone - 08002795088 : 23:30:00		0.85	0.15	1.00
22-Sep-10	Telephone - 08002795088 : 23:33:00		0.85	0.15	1.00
23-Sep-10	Accommodation		149.00	26.08	175.08

$6.27

175.08 x 3 = 525.24
525.24 ÷ .638 = $823.26

Correction
175.08 x 4 = 700.32
700.32 ÷ .638 = $1,097.68

	Net	VAT	Total
VAT	602.83	105.49	708.32
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 708.32

* All the transactions charged before 31st Dec 09 will be at VAT 15.0% those after will be at 17.5%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

Expense Account Exp Acct# 164599

Employee Number: P24761 Expense Period: 06/29/10 TO 06/29/10
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 06/29/10 to 06/29/10

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/29	Rail travel expense Round Trip From Metropark, NJ To Washington, DC	Y	*	339.00					339.00
06/29	Parking -- Metro Train Station (No receipt-machine did not print receipt)	N						5.00	5.00
06/29	Taxi fare plus tip from 1130 Connecticut Ave, NW to Union Train Station, Wash, DC	Y						13.00	13.00

Expense Account

Exp Acct# 164599

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/29/10 TO 06/29/10

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	339.00	0.00	0.00	0.00	18.00	357.00
Less Paid by PA.....	339.00	0.00	0.00	0.00	0.00	339.00
Paid by Employee.....	0.00	0.00	0.00	0.00	18.00	18.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 18.00
Amount to be Returned..... 0.00

Account Code					Amount
1000	X	556001	085G01	G01996206	18.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Anne Marie C Mulligan Date: _____ Submitted: 07/02/10

Approver's Signature: Original Signed By Aaron P Blanco Date: 07/02/10 Emp# P20058 Title: Chf Fincl Ofcr

Accountant's Approval: Original Stamped By Robert A Marengo Date: 07/07/10

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/29/10 TO 06/29/10

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/29/10 for 339.00; Rail Travel Expense

02 Attach Ticket Stub

Expense Account

Exp Acct# 164188

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 05/02/10 TO 05/08/10

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

MAY 14 PM1:50

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Purpose: To meet with London insurance carriers to discuss Property Damage and Loss of Revenue insurance program and Master CIP

Purpose Dates: From 05/02/10 to 05/08/10

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/02	Air travel Round Trip from Newark, NJ to London England	Y	*	949.50					949.50
05/03	Gratuity to driver (Cab service provided by broker in London) 15.00 POUNDS @ .6556/US$	N						22.88	22.88
05/04	Lunch - Harrods Ltd Purpose: To discuss upcoming meetings 28.50 POUNDS @ .639/US$	Y			44.60				44.60
	Guests								
	Veronica M Biddle, Emp# P43618								
05/08	Nightly Lodging (including tax) Single Rate 5 Nights(s)@175.08 Grange City Hotel 875.40 POUNDS @ .66/US$	Y					1,326.36		1,326.36
05/08	Internet Charges 4.00 POUNDS @ .66/US$	Y						6.06	6.06
05/08	Gratuity -- Housekeeping 10.00 POUNDS @ .681/US$	N						14.68	14.68
05/08	Gratuity to Driver (Car Service provided by broker) 15.00 POUNDS @ .681/US$	N						22.03	22.03

Expense Account

Exp Acct# 164188

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 05/02/10 TO 05/08/10

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
05/08	Lunch - EAT The Real Food Company Purpose: To discuss meetings 10.78 POUNDS @ .681/US$		Y		15.83				15.83

Guests

Veronica M Biddle, Emp# P43618

Expense Account

Exp Acct# 164188

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 05/02/10 TO 05/08/10

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	949.50	60.43	0.00	1,326.36	65.65	2,401.94
Less Paid by PA.....	949.50	0.00	0.00	0.00	0.00	949.50
Paid by Employee.....	0.00	60.43	0.00	1,326.36	65.65	1,452.44
Less Cash Advance on						

Amount to be Reimbursed..... 1,452.44
Amount to be Returned..... 0.00

Account Code					Amount
1000	X	556001	085G01	G01899164	1,452.44

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 5/12/10 Submitted: 5/14/10

Approver's Signature Date: 5/14/10 Emp# 20058 Title: CFO

Accountant's Approval Date:

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 164148

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 05/02/10 to 05/08/10

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012

Org: 085
Dir/Comm: Y

Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London insurance carriers to discuss Property Damage and Loss of Revenue insurance program and Master CIP

Purpose Dates: 05/02/10 to 05/08/10
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,000	Meals	1,000
Auto	100	Registration	0
Bus	0	Lodging	2,800
Rail	0	Other	100
Travel Sub-Total	2,100	Other Sub-Total	3,900
		Total Exp	6,000

MAY 14 PM1:56

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 4/26/10 Submitted: 4/28/10

Approver's Signature: Date: 4/27/10 Emp# 20058 Title: CFO

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: March 4, 2010 2:10 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	JNPQAY	**Agent ID: PG**
Trip ID	11188689002 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003	Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	3/4/2010
Ticket Number	7743873910	Invoice	0005542
Check Digit	0	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	534.00
Ticket Tax Fare	380.50
Total (USD) Ticket Amount	914.50

Airfare charged to American Express

Billing Account: AX XXXXXXXXXXX1002

Total 914.50

+ Sun May 2, 2010

+ 35.00 Hm

$949.50 fee

Travel Details

Saturday April 17, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 18, 2010		
Arrival Terminal	TERMINAL 3		
Seat	44G		
Class	Economy		

+ Sat May 8, 2010

Travel Details

Sunday April 25, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 45 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	54K		
Class	Economy		

+ See attached invoice
date changed due to
Volcanic ash in

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Sunday August 15, 2010

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
A9T92N	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: April 23, 2010 9:42 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator JNPQAY

Trip ID 11188689002
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003

Agent ID: PG
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Ticket Number	Ticketless	Invoice	0020025
		Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	0.00
Ticket Tax Fare	0.00
Total (USD) Ticket Amount	0.00

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 0.00

Travel Details

Sunday May 2, 2010

VIRGIN ATLANTICTICKETLESS-A

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		

Departure Terminal	TERMINAL B
Arriving on	May 3, 2010
Arrival Terminal	TERMINAL 3
Seat	60C
Class	Economy

AISLE SEAT 60C

Travel Details

Saturday May 8, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	4:20 PM		
Arriving	7:00 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	60A
Class	Economy

WINDOW SEAT 60A

Travel Details

Sunday August 15, 2010

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
A9T92N	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
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WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
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DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
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AND ONLY VALID ON THE SAME CARRIERS.
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ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

Transaction Details
Prepared for
ANNE MARIE MULLIGAN
Account Number
XXXX-XXXXXX-21003

AMP Gold Card / April 17, 2010 to May 11, 2010

1 - 20 of 20 Transactions

Date		Foreign Spend	Description	Amount $
05/08/2010	Sat	*	GRANGE CITY HOTEL, LONDON EC3N	1,332.91
05/08/2010	Sat	*	WORLD DUTY FREE-HEATHROW-TERMINAL 3 UK	101.71
05/07/2010	Fri		CONSUMERREPORTS.ORG 800-333-0663	5.95
05/04/2010	Tue	*	HARRODS LIMITED. LONDON UK	44.61
05/03/2010	Mon	*	BOOTS THE CHEMIST, LONDON SE10	46.03
05/03/2010	Mon		WHOTELS NEW YORK WHONEW YORK	381.03

Exemption (1)

1 - 20 of 20 Transactions

Closing Date: May 17, 2010

* Foreign Currency conversion rate is base rate plus 2.7% (for transactions processed prior to 01/11/09, conversion rate is base rate plus 2%).
See legal disclosures for details.

Transaction Date:	05/08/2010 Sat
Transaction Description:	GRANGE CITY HOTEL, LONDON EC3N UNITED KINGDOM
Amount $:	1,332.91
Foreign Spend Amount :	879.40 UNITED KINGDOM POUND STERLING
Doing Business As:	GRANGE CITY HOTEL
Merchant Address:	8-10 COOPER'S ROW LONDON EC3N 2BQ UNITED KINGDOM
Reference Number:	320101300161542666
Category:	Travel - Lodging

Transaction Date:	05/04/2010 Tue
Transaction Description:	HARRODS LIMITED. LONDON UK UNITED KINGDOM
Amount $:	44.61
Foreign Spend Amount :	28.50 UNITED KINGDOM POUND STERLING
Doing Business As:	HARRODS LIMITED.
Merchant Address:	FAO MR COLIN POINTER POS CONTROL GRANT WAY ISLEWORTH LONDON TW7 5QD UNITED KINGDOM
Reference Number:	320101250103615863
Category:	Merchandise & Supplies - Department Stores

GRANGE CITY HOTEL

Ms Sara Cox

Exemption (1)

Invoice No: CTN104198

Room No: 336
Arrival Date: 03-May-2010
Departure Date: 08-May-2010

Ref: G141038143/1
Your Ref:

Guest Name : Ms Anne Marie Mulligan

Date	Description	Credits	Net	Vat	Gross
03-May-10	Accommodation		149.00	26.08	175.08
04-May-10	Accommodation		149.00	26.08	175.08
05-May-10	Accommodation		149.00	26.08	175.08
06-May-10	Accommodation		149.00	26.08	175.08
07-May-10	Accommodation		149.00	26.08	175.08
07-May-10	Internet Charges		3.40	0.60	4.00

	Net	VAT	Total
VAT	748.43	130.97	879.40
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 879.40

* All the transactions charged before 31st Dec 09 will be at VAT 15.0% those after will be at 17.5%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

GRANGE CITY HOTEL
LONDON

M9420397846 TID27145908
REF :336

AMEX

**** **** ***1 003
EXP 09/11
SWIPED

COMPLETION TRANSACTION
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £879.40

Verified by Signature
THANK YOU
11:00 08/05/1

AUTH COD 38
RECEIPT E

Harrods

Shop online at harrods.com

Harrods Limited
87-135 Brompton Road
Knightsbridge
LONDON SW1X 7XL
Telephone 020 7730 1234
VAT Number: 629273423

CUSTOMER COPY

04/05/10 13:36 Assistant 102301 NT0900-005271

You have been served today by:

O Bezborodova

American Express Tendered £28.50

Card : AMERICAN EXPRESS
Number : **********1003
Merchant ID: 9425539335
Terminal ID: 21585100
Captured : SWIPED
Auth. Code : 16

Cardholder Signature Verified

Please retain for your records.

Harrods

Espresso

04/05/10 13:36 Assistant 102301 NT0900-005271

You have been served today by:

O Bezborodova

1	Diet Coke	3.7
1	Diet Coke	3.7
1	Zuppa Del Giorno	8.5
1	Zuppa Del Giorno	8.5
Gratuity		4.0
Total to Pay		£28.5

0000080005271100504125852

Service at your own discretion.
Thank you fo visit.
Please Em comments to
resta s.com

EAT.
THE REAL FOOD COMPANY

1931

Heathrow Airport T3
If you want to talk to us please call
7636 8309

TAKE AWAY
1931 SAT 8/05/10 14:10

1 Mocha	2.05
1 Mocha	2.05
1 Thai Noodle	3.69
1 WR Me chicken	2.99
Cash	20.78

Sub Ttl		10.78
VAT-TA	0.61	
Amt Paid		(10.78)

Total 10.78

Change 10.00

THANK YOU
VAT 96
Our pric same
as our h hops

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results (1 USD)

2010-04-30	April 30, Friday	0.653624 GBP
2010-05-03	May 03, Monday	0.655688 GBP
2010-05-04	May 04, Tuesday	0.659523 GBP
2010-05-05	May 05, Wednesday	0.661637 GBP
2010-05-06	May 06, Thursday	0.662332 GBP

invert target/base, 2010 graph

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historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 5 DAY: 3 YEAR: 2010

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Conversion Rate for Driver Gratuity.
5/3/10

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results (1 USD)

2010-05-05	May 05, Wednesday	0.661637 GBP
2010-05-06	May 06, Thursday	0.662332 GBP
# 2010-05-07	May 07, Friday	0.681037 GBP
2010-05-10	May 10, Monday	0.666243 GBP
2010-05-11	May 11, Tuesday	0.676957 GBP

invert target/base, 2010 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 5 DAY: 8 YEAR: 2010

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Conversion Rate for Housekeeping. Used rate closest to 5/8/10

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- Developers
- Advertising FAQ
- Terms of Service

results (1 USD)

2010-05-05	May 05, Wednesday	0.661637 GBP
2010-05-06	May 06, Thursday	0.662332 GBP
# 2010-05-07	May 07, Friday	0.681037 GBP
2010-05-10	May 10, Monday	0.666243 GBP
2010-05-11	May 11, Tuesday	0.676957 GBP

invert target/base, 2010 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 5 DAY: 8 YEAR: 2010

go

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our answers to frequently asked questions

Conversion rate for Driver Gratuity 5/8/10
Used date closest to 5/8/10.

Expense Account

Exp Acct# 161563

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 11/24/09 TO 11/24/09

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

NOV 30 PM3:27

EA Subject: NONTR
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Purpose: 25 Year Port Authority Anniversary Celebration for Paul Duncan

Purpose Dates: From 11/24/09 to 11/24/09

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
11/24	Lunch - Angelo & Maxie's Restaura Purpose: 25 Year Anniversary Celebration		Y		101.93				101.93

Guests

Nick Detaranto, Emp# P45520
Paul M Duncan, Emp# P30378

Expense Account

Exp Acct# 161563

25

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 11/24/09 TO 11/24/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	101.93	0.00	0.00	0.00	101.93
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	101.93	0.00	0.00	0.00	101.93
Less Cash Advance on						

Amount to be Reimbursed..... 101.93
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	101.93

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 11/30/09 Submitted: 11/30/09

Approver's Signature A M Mulligan Date: 11/30/09 Emp# 24761 Title: Treasurer

Accountant's Approval Date:

A & M - PARK AVE

233 PARK AVENUE SOUTH
NEW YORK, NY 10003
212-220-9200

EMP: CHRIS W AMEX
Date 11/24/09 Time 13:12
Table 17

Card Holder MULLIGAN/ANNE MARIE
Card Number xxxxxxxxxx21003 09/11
Auth-Code.. 560769 Ctrl: 7009

Amount.. 85.93

Tip.... 16.00

Total.. 101.93

X_____

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

*** Customer Copy ***

Expense Account

Exp Acct# 160027

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/19/09 TO 09/27/09

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: Initials

2009 OCT -8 PM 1:38

Purpose: To meet with London, Bermudan and other European insurance underwriters re the Public Liability Insurance Program, including both Aviation and Non-Aviation markets

Purpose Dates: From 09/19/09 to 09/27/09

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability Insurance Program, including both Aviation and Non-Aviation Markets

Purpose Dates: From 09/19/09 to 09/27/09

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/19	Air travel Round Trip from Newark, NJ to London England	Y	*	916.00					916.00
09/20	Breakfast VBAR - London, Heathrow Purpose: To discuss upcoming meetings 15.95 POUNDS @ .6185/US$	Y	T		25.79				25.79
	Guests								
	Veronica M Biddle, Emp# P43618								
09/20	Taxi fare plus tip from Zurich Ariport to Sheraton Neues Schloss Hotel 70.00 SWISS FRAN @ 1.0357/US$	Y						67.59	67.59
09/21	Nightly Lodging (including tax) Single Rate 1 Nights(s)@366. Sheraton Neues Schloss Hotel	Y					363.82		363.82

Expense Account

Exp Acct# 160027

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/19/09 TO 09/27/09

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/21	Tip to Housekeeping 3.00 SWISS FRAN @ 1.0375/US$		N					2.89	2.89
09/21	Nightly Lodging (including tax) Single Rate 4 Nights(s)@228.85 Grange City Hotel 915.40 BRITISH PO @ .594/US$		Y				1,541.08		1,541.08
09/21	Tip to Housekeeping -- London 10.00 BRITISH PO @ .594/US$		N					16.84	16.84

Expense Account

Exp Acct# 160027

Expense Period: 09/19/09 TO 09/27/09

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	916.00	25.79	0.00	1,904.90	87.32	2,934.01
Less Paid by PA.....	916.00	0.00	0.00	0.00	0.00	916.00
Paid by Employee.....	0.00	25.79	0.00	1,904.90	87.32	2,018.01

Less Cash Advance on .....

Amount to be Reimbursed..... 2,018.01

Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	085G01	2,018.01

#Signature below implies approval of 8 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 10/2/09 Submitted: 10/8/09

Approver's Signature Date: 10/6/09 Emp# 20058 Title: CFO

Accountant's Approval Date: _____

Exp Acct# 160027

Expense Account

Expense Period: 09/19/09 TO 09/27/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why there is more than one lodging expense on the nights indicated.09/21 - 2

Explanation: Checked out the morning of 9/21 in Zurich then traveled on to London that same day

Item on 09/19/09 for 916.00; Air Travel Expense

01 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Passenger Rceipt and Invoice/Itinerary attached.

Item on 09/20/09 for 25.79; Meal Expense - BFST

02 Attach an actual receipt.

Explanation: Receipt attached

Item on 09/20/09 for 67.59; Other Expense

03 Attach an actual receipt.

Explanation: Receipt attached.

Item on 09/21/09 for 363.82; Lodging Expense

Exp Acct# 160027

Expense Account

Expense Period: 09/19/09 TO 09/27/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

04 Attach itemized hotel bill and/or paid receipt.

Explanation: Hotel bill attached

05 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Explanation: Trip Authorization attached.

Item on 09/21/09 for 1,541.08; Lodging Expense

06 Attach itemized hotel bill and/or paid receipt.

Explanation: Hotel bill attached.

07 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Explanation: Trip Authorization attached.

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: July 17, 2009 1:48 PM

vel Arrangements for ANNEMARIE C MULLIGAN

Agent ID: DY

Phone: .. / Fax: ..

rd Locator	HCGDTP
D	11048844797 PORT AUTHORITY PORT AUTHORITY PORT AUTHORITY

ice Details

Information

Code	125	Ticket Date	7/17/2009
Number	7691654904	Invoice	0205824
Digit	6	Electronic	Yes

Charges

Ticket Base Fare	57.00
Ticket Tax Fare	146.00
Total (USD) Ticket Amount	203.00

Information

Code	932	Ticket Date	7/17/2009
Number	7691654902	Invoice	0205822
Digit	5	Electronic	Yes

Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	300.00
Ticket Tax Fare	378.00
Total (USD) Ticket Amount	678.00

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 881.00

+ 35.00 Amex fee
916.00

TRAVEL SERVICE FEE WITH AIR/RAIL
FARES ARE SUBJECT TO CHANGE***
OTAL FARE FOR VIRGIN ATLANTIC 678.00
DAY TO PURCHASE 19JUL FOR VIRGIN ATLANTIC
DAY TO PURCHASE 19JUL FOR BRITISH
OTAL FARE FOR BRITISH 203.00
TIES FOR VIRGIN ATLANTIC
GES ANYTIME CHARGE USD 250.00
T IS NON-REFUNDABLE.
GES FOR BRITISH AIRWAYS CHARGE GBP 50.00

l Details

Saturday September 19, 2009

nformation

	VIRGIN ATLANTIC AIRWAYS 2 Newark, NJ	Estimated time Distance Meal Service Plane	7 hours 15 minutes 3,466 Miles Dinner/breakfast Airbus A340-600
on g	London Heathrow, UK 8:50 PM 9:05 AM		
e Terminal on erminal	TERMINAL B September 20, 2009 TERMINAL 3 41H Economy		

avel Details

Sunday September 20, 2009

ght Information

ine	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
ght	714	Distance	491 Miles
gin	London Heathrow, UK	Meal Service	Snack/brunch
stination	Zurich, SWITZERLAND	Plane	Airbus A319
parting	12:10 PM		
iving	2:50 PM		
parture Terminal	TERMINAL 5		
at	Unassigned		
ass	Economy		

REASSIGNED SEATING RESTRICTED TO AIRPORT CHECK IN ONLY

ravel Details

Monday September 21, 2009

ight Information

rline	BRITISH AIRWAYS	Estimated time	1 hour 45 minutes
ight	8766	Distance	473 Miles
	OPERATED BY BA CITYFLYER	Meal Service	Meals
rigin	Zurich, SWITZERLAND	Plane	Avro RJ100 Reg Jet
estination	London City Arpt, UK		
eparting	4:55 PM		
rriving	5:40 PM		
eat	Unassigned		
lass	Economy		

REASSIGNED SEATING RESTRICTED TO AIRPORT CHECK IN ONLY

Travel Details

Sunday September 27, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	39H		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Friday March 26, 2010

THANK YOU FOR CALLING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412138	ANNEMARIE C MULLIGAN
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
BB66FG	VIRGIN ATLANTIC AIRWAYS
YYXW7G	BRITISH AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -

— FOR RESERVATIONS CALL 1-800-333-8844 —
FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
CAR DECLINED
HOTEL DECLINED
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED. TICKETS MAY
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Breakfast, 9/20/09
London Heathrow

VBAR
TERMINAL 5
M:9442182960
TID:24715956 523900
HANDSET:01

AMERICAN EXPRESS
Last 4 Digits: 1003
EXP 09/11
SWIPED

SALE
AMOUNT £13.95
GRATUITY £2.00
TOTAL £15.95

SIGNATURE VERIFIED
THANKYOU FOR YOUR CUSTOM

20/09/09 10:40
AUTH CODE: 91
TXN 4330

CUSTOM
PLEASE RET PT

US $ 25.79

V BAR (1789)
HEATHROW TERMINAL 5

JAREK 20/09/2009 10:37 T569KVVE2
Till No: 4
Table: 56 Covers: 2

Latte Regular	3.90
Fruit Salad & Yog	4.75
1 Breakfast Box	3.50
1 Americano - Regular	1.80
TOTAL	13.95
TO PAY	13.95

Printed By : OCTAVIA

SERVICE NOT I
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6

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Nach: H. NOUESSCHES

Betrag CHF: 60 SFR + Tip

MwSt-Nr. 360 295

Datum: 20-9-09

Unterschrift:

US $ 67.59

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results (1 USD)

2009-09-17	September 17, Thursday	1.03229 CHF
2009-09-18	September 18, Friday	1.02999 CHF
# 2009-09-21	September 21, Monday	1.03575 CHF
2009-09-22	September 22, Tuesday	1.02497 CHF

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 20 YEAR: 2009

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results (1 USD)

	2009-09-17	September 17, Thursday	0.605288 GBP
	2009-09-18	September 18, Friday	0.612241 GBP
#	2009-09-21	September 21, Monday	0.618502 GBP
	2009-09-22	September 22, Tuesday	0.612111 GBP
	2009-09-23	September 23, Wednesday	0.608402 GBP

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 9 DAY: 20 YEAR: 2009

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Conversion Rate for Breakfast.
Used date closest to 9/20/09

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results (1 USD)

2009-09-17	September 17, Thursday	1.03229 CHF
2009-09-18	September 18, Friday	1.02999 CHF
* 2009-09-21	September 21, Monday	1.03575 CHF
2009-09-22	September 22, Tuesday	1.02497 CHF
2009-09-23	September 23, Wednesday	1.023 CHF

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 20 YEAR: 2009

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* Conversion Rate for Taxi fare. Used date closest to 9/20/09

GRANGE CITY HOTEL

Ms Anne Marie Mulligan

Exemption (1)

Invoice No:	CTN0923917
Room No:	206
Arrival Date:	21-Sep-2009
Departure Date:	25-Sep-2009
Ref:	CRS0948852/500
Your Ref:	119644712

Guest Name : Ms Anne Marie Mulligan

Date	Description	Credits	Net	Vat	Gross
21-Sep-09	Accommodation		199.00	29.85	228.85
22-Sep-09	Accommodation		199.00	29.85	228.85
23-Sep-09	Accommodation		199.00	29.85	228.85
24-Sep-09	Accommodation		199.00	29.85	228.85

	Net	VAT	Total
VAT	796.00	119.40	915.40
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 915.40

* All the transactions before 1st Dec 08 will be charged at VAT 17.5% those after will be at 15%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

Sheraton Neues Schloss Hotel Zürich
Stockerstrasse 17
8002 Zürich, Schweiz

Anne Marie & Veronica Mulligan & Biddle

Exemption (1)

Date	:	21.09.09
Room No.	:	402
Arrival	:	20.09.09
Departure	:	21.09.09
Page	:	1 of 1
Cashier	:	Aron Bodde
VAT	:	243 967

Sheraton Neues Schloss Hotel Zürich

INVOICE
Folio No. : 33166

Please include at time of payment: Client ID:

Date	Description	Debit CHF	Credit CHF
20.09.09	Accommodation	360.00	
20.09.09	City Tax 3.6%	5.00	
20.09.09	Donation UNICEF Charity -THANK YOU 0.0%	1.00	
21.09.09	American Express		366.00
	Total	366.00	366.00
	Balance		0.00

	Net CHF	VAT CHF	Gross CHF
VAT 0%	1.00	0.00	1.00
VAT 2.4%	0.00	0.00	0.00
VAT 3.6%	352.32	12.68	365.00
VAT 7.6% (F&B)	0.00	0.00	0.00
VAT 7.6% (Misc.)	0.00	0.00	0.00
Non Revenue			6.00

Signature:_____

Merchant ID:		Credit Card #:	XXXXXXXXXXX1003	Local Amount:	366.00 CHF
Approval Code:	5536762	Credit Card Expiry:	XX/XX		
Transaction ID:	17	Capture Method:	Swiped		
Approval Amount:	366.00				

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F +41 (0) 44 286 94 - 45
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sheraton.com/neuesschloss
Arabella Hotelbetriebe AG
V.A.T. Reg.-Nr. 243 967
Bankverbindung: UBS Bleicherweg • Kto-Nr. 82241201U • Clearing-Nr. 274 • IBAN: CH77 0027 4274 8224 1201U • SWIFT: UBSBCHZH80A

GRANGE CITY HOTEL

LONDON

M9420397846 TID27145908
REF :206

AMEX

**** **** ***1 003

EXP 09/11

SWIPED

COMPLETION TRANSACTION

CARDHOLDER COPY

PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £915.40

Verified by Signature

THANK YOU

03:39 25/09/09

AUTH CODE: 21

RECEIPT 0790

US $1541.08

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results (1 USD)

2009-09-21	September 21, Monday	0.618502 GBP
2009-09-22	September 22, Tuesday	0.612111 GBP
2009-09-23	September 23, Wednesday	0.608402 GBP
* 2009-09-24	September 24, Thursday	0.616637 GBP
2009-09-25	September 25, Friday	0.626278 GBP

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 9 DAY: 24 YEAR: 2009

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* Housekeeping conversion Rate.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 160018

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/19/09 to 09/27/09

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012

Org: 085
Dir/Comm: Y

Account Code: 1000 X 556001 085G01

Spouse/Guest: N
International: Y
Blanket Trip: Y
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: N
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London, Bermudan and other European insurance underwriters re the Public Liability Insurance Program, including both Aviation and Non-Aviation markets

Purpose Dates: 09/19/09 to 09/27/09
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability Insurance Program, including both Aviation and Non-Aviation Markets

Purpose Dates: 09/19/09 to 09/27/09
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	2,000	Other Sub-Total	2,500
		Total Exp	4,500

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 160018

Employee Number: P24761
Name: Anne Marie C Mulligan

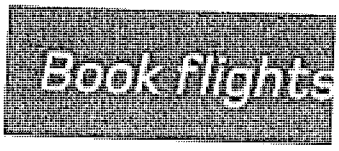
Trip Period from: 09/19/09 to 09/27/09

Employee's Signature: Yvonne Bradley / A M Mulligan

Date: 7/16/09 Submitted: 7/17/09

Approver's Signature:

Date 7/17/09 Emp# 20058 Title: CFO



The fare you selected is no longer available but the next available fare is shown below. The price shown is for online purchase and may not be available through other channels.

The Flying Club miles you will earn have changed. Please see the new mileage amount below.

Passengers	Fare	Taxes, fees, & Surcharges	Fare Including Taxes, Fees & surcharges	Sub-total
1 Adult	USD 300.00 each	USD 378.03 each	USD 678.03 each	USD 678.03

Total Fare

USD 678.03

including taxes, fees & surcharges

Currency Calculator

This booking earns 3,458 Flying Club miles and 4 tier point(s)

Please note child and infant fares do not earn Flying Club miles, unless the child passenger is linked to a Flying Club Gold family account. This is not applicable to our codeshare flights.

FLIGHT ITINERARY

Outward
New York – London

		Flight No	Class
20:50 New York (Newark Liberty) Sat **19 SEP**	**09:05** London (Heathrow) Sun **20 SEP**	VS002	X

Duration: 7hrs, 15mins

Outward Fare Conditions Summary

Changes Any time charge usd 250.00. **Cancellations** Any time ticket is non-refundable. Waived for illness or death of passenger or family member.No more to display **Min stay** Return travel from last stopover must commence no earlier than the first sun after departure from fare origin.No more to display **Max stay** Travel from last stopover must commence no later than 12 months after departure from fare origin.No more to display

Further conditions apply

Please note. If the fare conditions differ for your outbound and inbound flights, the most restrictive condition applies.

Fare not guaranteed until payment is made and accepted.
Passenger name changes are not permitted.
If the fare permits date changes, additional charges may be incurred depending on seasonality.
Cancellation or change fees are charged per person.
Administration fees may apply in the event of cancellation.

Retur
London – New Yo

		Flight No	Class
20:25 London (Heathrow) Sun **27 SEP**	**23:05** New York (Newark Liberty) Sun **27 SEP**	VS017	X

Duration: 7hrs, 40mins

Return Fare Conditions Summary

Changes Any time charge usd 250.00. **Cancellations** Any time ticket is non-refundable. Waived for illness or death of passenger or family member.No more to display **Min stay** Return travel from last stopover must commence no earlier than the first sun after departure from fare origin.No more to display **Max stay** Travel from last stopover must commence no later than 12 months after departure from fare origin.No more to display

Further conditions apply

Please note. If the fare conditions differ for your outbound and inbound flights, the most restrictive condition applies.

Fare not guaranteed until payment is made and accepted.
Passenger name changes are not permitted.
If the fare permits date changes, additional charges may be incurred depending on seasonality.
Cancellation or change fees are charged per person.
Administration fees may apply in the event of cancellation.

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Upgrade the whole trip to Premium Economy for **USD 749.93**

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Your price quote

Your shopping basket

Flight: Departing Newark (New York), 19 Sep 2009

Total price (US Dollars, USD, $)	**$ 758.03**

Got a promotion code?

Check your flight itinerary details

Outbound - Saturday 19 Sep, 2009

21:05 19 Sep	09:10 20 Sep	Newark (New York)	Heathrow (London)	BA0188 British Airways	World Traveller	

Inbound - Sunday 27 Sep, 2009

19:30 27 Sep	22:35 27 Sep	Heathrow (London)	Newark (New York)	BA0187 British Airways	World Traveller	

$ 758.03

Currency calculator

Email flight details

Change flights

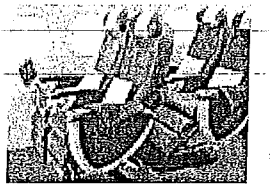
Price breakdown

If you find exactly the same flight cheaper on another US website, we'll refund the difference.
BA Price Promise

Passenger	Price	Taxes, fees, charges and surcharges* per person	Inclusive total
1 Adult	$ 380.00	$ 378.03	$ 758.03

* The price of your ticket includes a security, insurance and fuel surcharge per flight levied by the carrier

More details



Upgrade outbound from $263* Click here

Upgrade inbound from $409* Click here

Upgrade return from $672* Click here

*prices per person

About your flights

Flight	Fare conditions	Additional features
Newark (New York) to Heathrow (London)	**Changes** Time/date changes permitted at any time before each flight departure for a change fee of $ 250 or an upgrade fee of $ 250 plus any difference in fare. Changes subject to	• Operated by British Airways 31in seat pitch (78cm), lumbar support and adjustable headrest • Non-stop entertainment: blockbuster movies,

Transaction Details
Prepared for
ANNE MARIE MULLIGAN
Account Number
XXXX-XXXXXX-21003

Preferred Rewards Gold Card / September 16, 2009 to September 30, 2009

1 - 8 of 8 Transactions

Date		Foreign Spend	Description	Amount $ US
09/27/2009	Sun	*	GOLDEN TULIP	28.61
09/25/2009	Fri	*	GRANGE CITY HOTEL, LONDON EC3N	1,540.25
09/23/2009	Wed	*	BOOTS THE CHEMIST, LONDON EC3M	35.76
09/23/2009	Wed	*	SUPERDRUG FENCHURCH ST STATION, LONDON LON	11.58
09/21/2009	Mon	*	ARABELLA SHERATON, ZUERICH	363.88
09/20/2009	Sun	*	V BAR T5, HOUNSLOW	26.83
09/19/2009	Sat		PHONE PAYMENT RECEIVED-THANK YOU	-1,022.63
09/19/2009	Sat		VAA EWR 0075 NEWARK	660.00

1 - 8 of 8 Transactions

Closing Date: Oct 15, 2009

Foreign Currency conversion rate is base rate plus 2.7% (for transactions processed prior to 01/11/09, conversion rate is base rate plus 2%).
See legal disclosures for details.

Expense Account

Exp Acct# 160455

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 08/26/09 TO 08/26/09

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: Y
TDO: N Outside TDO: N

Purpose: 25-Year Port Authority Anniversary Celebration for John Regan

Purpose Dates: From 08/26/09 to 08/26/09

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
08/26	Lunch - Union Square Cafe Purpose: 25-year anniversary lunch		Y		150.00				150.00

Guests

Michael S Percival, Emp# P36014
John J Regan Jr, Emp# P29974

Expense Account

Exp Acct# 160455

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 08/26/09 TO 08/26/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	150.00	0.00	0.00	0.00	150.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	150.00	0.00	0.00	0.00	150.00
Less Cash Advance on						
Amount to be Reimbursed.....						150.00
Amount to be Returned.....						0.00

Account Code				Amount
1000	X	556001	085G01	150.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 9/3/09 Submitted: 9/3/09

Approver's Signature A M Mulligan Date: 9/3/09 Emp# 24761 Title: Treasurer

Accountant's Approval Date: _____

UNION SQUARE CAFE
21 East 16th Street New York
Telephone 212.243.4020

CHECK: 4640
TABLE: 46/1
SERVER: 131 Basha
DATE: AUG26'09 1:37PM
CARD TYPE: American Express
ACCT #: XXXXXXXXXXX1003
EXP DATE: XX/XX
AUTH CODE: 502672
RESEARCH: 000000000000
ANNE MARIE MULLIGAN

SUBTOTAL: 156.24

TIP 30.00

TOTAL $ 186.24

X
Signature

GRATUITY NOT INCLUDED

Signed Copy -- Merchant
Second Copy -- Guest

ense Account

cp Acct# 158566

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/04/09 TO 04/12/09

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

APR 21 PM 12:12

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To meet with London, Bermudan and other European insurance underwriters to discuss Public Liability and Property Damage Loss of Revenue Program

Purpose Dates: From 04/04/09 to 04/12/09

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability and Property Damage and Loss of Revenue Insurance Program

Purpose Dates: From 04/04/09 to 04/12/09

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/04	Air travel Round Trip from Newark, NJ to London England	Y	*	1,405.30					1,405.30
04/05	Air travel Round Trip from London England to Zurich Switzerland	Y	*	260.80					260.80
04/05	Taxi plus tip from Zurich Airport to Sheraton Neues Hotel 75.00 Franc @ 1.129/US$	Y						66.43	66.43
04/06	Breakfast - Sheraton Neues Hotel Purpose: To discuss meetings 35.00 Franc @ 1.105/US$	Y			31.67				31.67

Guests

Veronica M Biddle, Emp# P43618

ense Account

Exp Acct# 158566

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/04/09 TO 04/12/09

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/07	Breakfast - Sheraton Neues Hotel Purpose: Re upcoming meetings 35.00 Franc @ 1.105/US$	Y			31.67				31.67
	Guests								
	Veronica M Biddle, Emp# P43618								
04/07	Nightly Lodging (including tax) Single Rate 2 Nights(s)@365. Sheraton Neues Schloss Hotel 730.00 Franc @ 1.105/US$	Y					660.63		660.63
04/10	Nightly Lodging (including tax) Single Rate 3 Nights(s)@228.85 Grange City Hotel 686.55 POUNDS @ .66/US$	Y					1,040.23		1,040.23
04/12	Taxi plus tip from Grange City Hotel to London's Heathrow Airport 80.00 POUNDS @ .674/US$	Y						118.69	118.69

ense Account

xp Acct# 158566

Expense Period: 04/04/09 TO 04/12/09

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,666.10	63.34	0.00	1,700.86	185.12	3,615.42
Less Paid by PA.....	1,666.10	0.00	0.00	0.00	0.00	1,666.10
Paid by Employee.....	0.00	63.34	0.00	1,700.86	185.12	1,949.32
Less Cash Advance on						
Amount to be Reimbursed.....						1,949.32
Amount to be Returned.....						0.00

Account Code					Amount
1000	X	556001	085G01	G01975166	1,949.32

#Signature below implies approval of 10 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AM Mulligan Date: 4/16/09 Submitted: 4/20/09

Approver's Signature: _____ Date: 4/16/09 Emp# 20058 Title: CFO

Accountant's Approval: _____ Date: _____

The P Authority of NY & NJ
Business Tri nd Reservations Authorization Tr Auth# 157715

Employee Number: P24761 Trip Period from: 04/04/09 to 04/12/09
Name: Anne Marie C Mulligan

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	N
Blanket Trip:	Y	Type:	
Outside TDO:	N		

Purpose: To meet with London, Bermudan and other European insurance underwriters to discuss Public Liability and Property Damage Loss of Revenue Program

Purpose Dates: 04/04/09 to 04/12/09
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability and Property Damage and Loss of Revenue Insurance Program

Purpose Dates: 04/04/09 to 04/12/09
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	2,500
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature x Veronica Biddle 2/26/09 x AM Mulligan Date: 2/26/09 Submitted: 3/3/09

The P Authority of NY & NJ
Business Tri ıd Reservations Authorization Tr ıuth# 157715

Trip Period from: 04/04/09 to 04/12/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Approver's Signature Date: 2/27/09 Emp# 20058 Title: CFO

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: February 27, 2009 03:50 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	NLQTLD
Trip ID	11427245393 PORT AUTHORITY PORT AUTHORITY PORT AUTHORITY

Agent ID : EH

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	2/27/09
Ticket Number	7409008510	Invoice	0167950
Check Digit	5	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	903.00
Ticket Tax Fare	467.30
Total (USD) Ticket Amount	1,370.30

Airfare charged to American Express

Billing Account: AX XXXXXXXXXXX1002

Total 1,370.30

+ 35.00 Am fe

1405.30

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday April 4, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	8:50 PM		
Arriving	9:05 AM		

Departure Terminal	TERMINAL B
Arriving on	April 05, 2009
Arrival Terminal	TERMINAL 3
Seat	21C
Class	Premium — Last

Travel Details

Sunday April 12, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	21C
Class	Premium

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Friday October 9, 2009

THANK YOU FOR CALLING AMERICAN EXP

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
CKHKS5	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -

---- FOR RESERVATIONS CALL 1-800-333-8844 ----
FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 3, 2009 03:57 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator NLQTLD

Trip ID 11427245393
PORT AUTHORITY
PORT AUTHORITY
PORT AUTHORITY

Agent ID : EH

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	125	Ticket Date	3/3/09
Ticket Number	7409834543	Invoice	0168869
Check Digit	2	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	88.00
Ticket Tax Fare	137.80
Total (USD) Ticket Amount	225.80

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 225.80

+ 35.00 Am
260.80 f

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday April 4, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	8:50 PM		
Arriving	9:05 AM		

Departure Terminal	TERMINAL B
Arriving on	April 05, 2009
Arrival Terminal	TERMINAL 3
Seat	21C
Class	Premium Last

Travel Details

Sunday April 5, 2009

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	714	Distance	491 Miles
Origin	London Heathrow, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Airbus a319
Departing	12:10 PM		
Arriving	2:50 PM		

Departure Terminal	TERMINAL 5
Seat	Unassigned
Class	Economy

Travel Details

Tuesday April 7, 2009

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 45 minutes
Flight	8766	Distance	473 Miles
	OPERATED BY BA CITYFLYER		
Origin	Zurich, SWITZERLAND	Meal Service	Meals
Destination	London City Arpt, UK	Plane	Avro rj100 reg jet
Departing	4:55 PM		
Arriving	5:40 PM		
Seat	Unassigned		
Class	Economy		

Travel Details

Sunday April 12, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	21C		
Class	Premium		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Friday October 9, 2009

THANK YOU FOR CALLING AMERICAN EXP

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412138	ANNEMARIE C MULLIGAN
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
2YJW3U	BRITISH AIRWAYS
CKHKS5	VIRGIN ATLANTIC AIRWAYS

Additional Messages

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FEE FOR THE FOLLOWING SERVICE -

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FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
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FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
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CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

GRANGE CITY HOTEL

Ms Ruth Trotman

Exemption (1)

Invoice No: CTN091055

Room No: 516
Arrival Date: 07-Apr-2009
Departure Date: 10-Apr-2009

Ref: G14095280/1
Your Ref:

Guest Name : Ms Anne Marie Mulligan

Date	Description	Credits	Net	Vat	Gross
07-Apr-09	Accommodation		199.00	29.85	228.85
08-Apr-09	Accommodation		199.00	29.85	228.85
09-Apr-09	Accommodation		199.00	29.85	228.85

	Net	VAT	Total
VAT	597.00	89.55	686.55
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 686.55

* All the transactions before 1st Dec 08 will be charged at VAT 17.5% those after will be at 15%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

GRANGE CITY HOTEL
8-10 COOPERS ROW
LONDON
M9420397846TID36982490
ROOM NO:516

AMEX
**** **** ***1 003
EXP 09/11
SWIPED
ANNE MARIE MULLIGAN

COMPLETION TRANSACTION

CUSTOMER COPY
AMOUNT £686.55
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
04:46 10/04/09
AUTH CODE: 1

Pro Taxi AG
Werftstrasse 55
8302 Kloten
MWST Nr. 243 230

protaxi

Tel. 044 800 80 40
Fax 044 800 80 49

Nr. 29301

Auftraggeber:

Taxi-Quittung/Rechnung

Datum 5. 4. 09 Zeit

Von Fl. ZH – Kloten

nach ZH – City

Chauffeur D. I.

Bemerkungen –

Betrag (inkl. MWST)
Fr. 65.00
+ 10.00 tip

Unterschrift

Kloten, den

LICENSED LONDON
TAXI **RECEIPT** ©

BE SURE BE SAFE

AMOUNT £ 70.00
+ Tip 10.00

Thank you
for your custom

ALWAYS USE A *licensed* TAXI CAB

Sheraton Neues Schloss Hotel Zürich

Stockerstrasse 47
8002 Zurich, Schweiz

Anne Marie & Veronica Mulligan & Biddle

Exemption (1)

Date	:	07.04.09
Room No.	:	414
Arrival	:	05.04.09
Departure	:	07.04.09
Page	:	1 of 2
Cashier	:	Robert Steinmueller
VAT	:	243 967

Sheraton Neues Schloss Hotel Zürich

INVOICE
Folio No. : 29903

Please include at time of payment: Client ID:

Date	Description	Debit CHF	Credit CHF
05.04.09	Accommodation	360.00	
05.04.09	City Tax 3.6%	5.00	
06.04.09	Breakfast	35.00	
	#414 : CHECK #7890		
06.04.09	Accommodation	360.00	
06.04.09	City Tax 3.6%	5.00	
07.04.09	Breakfast	35.00	
	#414 : CHECK #7899		
07.04.09	American Express		800.00
	Total	800.00	800.00
	Balance		0.00

	Net EUR	VAT EUR	Gross EUR
VAT 0%	0.00	0.00	0.00
VAT 2.4%	0.00	0.00	0.00
VAT 3.6%	714.29	25.71	740.00
VAT 7.6% (F&B)	55.76	4.24	60.00
VAT 7.6% (Misc.)	0.00	0.00	0.00
Non Revenue			10.00

T +41 (0)44 28694 00
F +41 (0)44 28694 45
sheraton.neueesschloss.zuerich@arabellastarwood.com
sheraton.com/neueesschloss

Arabella Hotelbetriebe AG
MwSt. Nr. 243 967

Sheraton Neues Schloss Hotel Zürich

Brachenstrasse 17
8152 Glattbrugg, Schweiz

Anne Marie & Veronica Mulligan & Biddle

Date	:	07.04.09
Room No.	:	414
Arrival	:	05.04.09
Departure	:	07.04.09
Page	:	2 of 2
Cashier	:	Robert Steinmueller
VAT	:	243 967

Exemption (1)

Sheraton Neues Schloss Hotel Zürich

INVOICE
Folio No. : 29903

Please include at time of payment: Client ID:

Date	Description	Debit CHF	Credit CHF

Signature:_____

Merchant ID:		Credit Card #:	XXXXXXXXXXX1003	Local Amount:	800.00 CHF
Approval Code:	4971694	Credit Card Expiry:	XX/XX		
Transaction ID:	88	Capture Method:	Swiped		
Approval Amount:	800.00				

T +41 (0)44 28694 00
F +41 (0)44 28694 45
sheraton.neuesschloss.zuerich@arabellastarwood.com
sheraton.com/neuesschloss

Arabella Hotelbetriebe AG
MwSt.-Nr. 243 967

PERSONAL CARDS

CARD ACTIVITY For ANNE MARIE MULLIGAN

Preferred Rewards Gold Card - 21003

Closing Date: Apr 16, 2009

Card: Preferred Rewards Gold Card 21003

Time Period: Recent Activity Mar 17, 2009 to Present

Display: All Transactions

View Your Billing Statement

Print Options

Download Card Activity

Go Paperless

Learn About Your Online Features

Additional Search Options

Search Transactions: VIEW RESULTS

See More Options (Options currently set: None)

TRANSACTION DETAIL

LIST VIEW GRAPH VIEW

Personalize your Transactions with Tags!

Activity for ANNE MARIE MULLIGAN -21003

Apply/Remove Tags See how it works

Show or Hide all details

First | Previous Displaying 1-26 of 26 Transactions Next | Last

Date	Description	Foreign Spend	Amount	
04/12/2009	WORLD DUTY FREE-HEATHROW-TERMINAL 3 UK	47.50 **UNITED KINGDOM POUND STERLING	71.55	
04/10/2009	GRANGE CITY HOTEL, LONDON EC3N	686.55 **UNITED KINGDOM POUND STERLING	1,040.26	÷ = 0.660
04/10/2009	ROCCO RESTAURANT	63.50 **UNITED KINGDOM POUND STERLING	96.22	
04/09/2009	BOOTS THE CHEMIST, LONDON EC4R	31.74 **UNITED KINGDOM POUND STERLING	48.09	
04/08/2009	BOOTS THE CHEMIST, LONDON EC3N	37.70 **UNITED KINGDOM POUND STERLING	57.11	
04/07/2009	ARABELLA SHERATON, ZUERICH	800.00 **SWISS	724.24	÷ = 1.105

FRANC

Exemption (1)

** Foreign Currency conversion rate is base rate plus 2.7%. See legal disclosures for details.

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results (1 USD)

2009-04-02	April 02, Thursday	1.13949 CHF
2009-04-03	April 03, Friday	1.1349 CHF
* 2009-04-06	April 06, Monday	1.12974 CHF
2009-04-07	April 07, Tuesday	1.1444 CHF
2009-04-08	April 08, Wednesday	1.14655 CHF

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 4 DAY: 5 YEAR: 2009

go

* Conversion Rate for Taxi fare. Used date closest to 4/5/09

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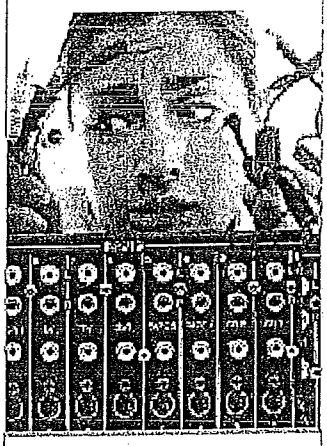

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results (1 USD)

2009-04-09	April 09, Thursday	0.681383 GBP
2009-04-13	April 13, Monday	0.674435 GBP
2009-04-14	April 14, Tuesday	0.671513 GBP

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 4 DAY: 12 YEAR: 2009

go

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* Conversion Rate for Taxi fare. Used date closest to 4/12/09

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Job Title: Customer Support Professional Job Number: 09003TJ J...
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Replenishment...
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Princeton, NJ

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Expense Account

Exp Acct# 153444

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/13/08 TO 09/21/08

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

2008 OCT -3 AM 9:45

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits
Initials

Purpose: To meet with London Insurance Underwriters re Public Liability-Marketing Program

Purpose Dates: From 09/13/08 to 09/21/08

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss and German insurance carriers re Public Liability-Marketing Program

Purpose Dates: From 09/18/08 to 09/21/08

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/13	Air travel Round Trip from Newark, NJ to London England	Y	*	1,656.90					1,656.90
09/14	Phone call home -- V. Biddle. 19.44 Pounds @ .536/US$	Y						36.27	36.27
09/14	Lunch - PizzaExpress Purpose: Lunch 24.65 Pounds @ .549/US$	Y			44.90				44.90
	Guests								
	Veronica M Biddle, Emp# P43618								
	James A Keane, Emp# P23439								
9/15	Breakfast - Grange City Hotel Purpose: Breakfast 16.25 Pounds @ .536/US$	Y			30.32				30.32
	Guests								

xpense Account

Exp Acct# 153444

ıber: P24761
Anne Marie C Mulligan

Expense Period: 09/13/08 TO 09/21/08

Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
Phone call home -- A.M. Mulligan. 16.54 Pounds @ .536/US$		Y					30.86	30.86
Phone call home -- V. Biddle to check on young child. 26.00 Pounds @ .536/US$		Y					48.51	48.51
Breakfast - Grange City Hotel Purpose: Breakfast 13.75 Pounds @ .536/US$		Y		25.65				25.65
Guests								
Veronica M Biddle, Emp# P43618								
Phone call home -- V. Biddle call home. 34.76 Pounds @ .536/US$		Y					64.85	64.85
Breakfast - Grange City Hotel Purpose: Breakfast 16.00 Pounds @ .536/US$		Y		29.85				29.85
Guests								
Veronica M Biddle, Emp# P43618								
Business phone call re Financial Markets and VSOs to Mike Percival Empl# 36014 3.00 Pounds @ .536/US$		Y					5.60	5.60
Business phone call re Financial Markets and VSOs to Mike Percival Empl#36014 30.74 Pounds @ .536/US$		Y					57.35	57.35
Business phone call re Financial Markets and VSOs to Darrell Buchbinder Empl#25559 52.90 Pounds @ .536/US$		Y					98.69	98.69
Business phone call re AIG to Marcus Baker, Managing Director, MARSH, London, England. 1.00 Pounds @ .536/US$		Y					1.87	1.87
Phone call home -- V. Biddle. 24.94 Pounds @ .536/US$		Y					46.53	46.53
Air travel Round Trip from London City England to Zurich Switzerland		Y *	549.50					549.50
Nightly Lodging		Y				1,271.49		1,271.49

xpense Account

Exp Acct# 153444

24761

Expense Period: 09/13/08 TO 09/21/08

Anne Marie C Mulligan

Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
Breakfast - Sheraton Neues Schosss Purpose: Breakfast 25.00 Swiss Fran @ 1.083/US$	Y			23.08				23.08
uests								
eronica M Biddle, Emp# P43618								
Gratuity -- Housekeeping 3.00 Pounds @ .5498/US$	N						14.55	14.55
Nightly Lodging (including tax) Single Rate 1 Nights(s)@365. Sheraton Neues Schloss Hotel 365.00 Swiss Fran @ 1.083/US$	Y					337.03		337.03
Gratuity -- Housekeeping 1.00 Swiss Fran @ 1.1107/US$	N						1.80	1.80

Exp Acct# 153444

Expense Account

Expense Period: 09/13/08 TO 09/21/08

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	2,206.40	153.80	0.00	1,608.52	406.88	4,375.60
Less Paid by PA.....	2,206.40	0.00	0.00	0.00	0.00	2,206.40
Paid by Employee.....	0.00	153.80	0.00	1,608.52	406.88	2,169.20
Less Cash Advance on						
						2,169.20
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						

Account Code	Amount
1000 X 556001 085G01	2,169.20

#Signature below implies approval of 19 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan — Date: 9/25/08 Submitted: 10/2/08

Approver's Signature: [signature] — Date: 9/30/08 Emp# 20058 Title: CFO

Accountant's Approval: _____ Date: _____

:pense Account Exp Acct# 153444

P24761 Expense Period: 09/13/08 TO 09/21/08
Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

plain why trip extension was not mentioned on the Trip Authorization.

planation: Extension granted after TA was approved.

plain why the trip was extended.

planation: No additional charge if flight is on Friday or over the
ekend.

tach original Trip Authorization.

planation: Original Trip Authorization attached

:ach written approval by Chief of Staff

planation: Approval attached.

m on 09/13/08 for 1,656.90; Air Travel Expense

ach Passenger Receipt and Invoice/Itinerary.

lanation: Itinerary attached.

~~m on 09/14/08 for 36.27; Other Expense~~

ach an actual receipt.

lanation: See Grange City hotel bill

xpense Account

Exp Acct# 153444

Expense Period: 09/13/08 TO 09/21/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 09/14/08 for 44.90; Meal Expense - LUN

05 Attach an actual receipt.

Explanation: Receipt attached

Item on 09/15/08 for 30.32; Meal Expense - BFST

06 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/15/08 for 30.86; Other Expense

07 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/15/08 for 48.51; Other Expense

08 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/16/08 for 25.65; Meal Expense - BFST

09 Attach an actual receipt.

pense Account

Exp Acct# 153444

Employee Number: P24761

Name: Anne Marie C Mulligan

Expense Period: 09/13/08 TO 09/21/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 09/16/08 for 64.85; Other Expense

10 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/17/08 for 29.85; Meal Expense - BFST

11 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/17/08 for 57.35; Other Expense - Business

12 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/17/08 for 98.69; Other Expense - Business

13 Attach an actual receipt.

Explanation: See Grange City Hotel bill

Item on 09/17/08 for 46.53; Other Expense

14 Attach an actual receipt.

Explanation: See Grange City Hotel bill

xpense Account

Exp Acct# 153444

Employee Number: P24761

Name: Anne Marie C Mulligan

Expense Period: 09/13/08 TO 09/21/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 09/18/08 for 549.50; Air Travel Expense

15 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Itinerary attached

Item on 09/18/08 for 1,271.49; Lodging Expense

16 Attach itemized hotel bill and/or paid receipt.

Explanation: Grane City Hotel bill attached

Item on 09/19/08 for 337.03; Lodging Expense

17 Attach itemized hotel bill and/or paid receipt.

Explanation: Sheraton Neues Schloss Hotel bill attached.

AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: July 3, 2008 01:28 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator NJBPCM
Trip ID 11423180822
PORT AUTHORITY

Agent ID : LJ
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/3/08
Ticket Number	7358637770	Invoice	0090465
Check Digit	5	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	1,026.00
Ticket Tax Fare	595.90
Total (USD) Ticket Amount	1,621.90

Airfare charged to American Express

Total 1,621.90
+ 35.00 fee
1656.90

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 07MAR08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday September 13, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 55 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	9:10 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 14, 2008		
Arrival Terminal	TERMINAL 3		
Seat	20H		
Class	Premium		

PREMIUM ECONOMY CONFIRMED

Travel Details

Sunday September 21, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack

Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	22C		
Class	Premium		

PREMIUM ECONOMY CONFIRMED

Travel Details

Friday March 20, 2009

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
FETW6Y	VIRGIN ATLANTIC AIRWAYS

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DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

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THE PRICE OF THIS ITINERARY NONREFUNDABLE 1439.50

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AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: July 18, 2008 05:35 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator NJBPCM
Trip ID 11423180822
PORT AUTHORITY

Agent ID : LJ
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	7/18/08
Ticket Number	7362030119	Invoice	0095644
Check Digit	1	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	335.00
Ticket Tax Fare	179.40
Total (USD) Ticket Amount	514.40

Airfare charged to American Express

Total 514.40
+ 35.00
549.40

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PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday September 13, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 55 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	9:10 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 14, 2008		
Arrival Terminal	TERMINAL 3		
Seat	20H		
Class	Premium		

PREMIUM ECONOMY CONFIRMED

Travel Details

Thursday September 18, 2008

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	451	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES		

Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro rj100 reg jet
Departing	8:25 AM		
Arriving	11:10 AM		
Seat	Unassigned		
Class	Economy		

SEAT 6B

Travel Details

Sunday September 21, 2008

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Meals
Destination	London Heathrow, UK	Plane	Airbus a320
Departing	3:40 PM		
Arriving	4:25 PM		
Arrival Terminal	TERMINAL 2		
Seat	Unassigned		
Class	Business		

SEAT 3C

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	22C		
Class	Premium		

PREMIUM ECONOMY CONFIRMED

Travel Details

Friday March 20, 2009

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
SWISS INTERNATIONAL AIR	999900502907250	ANNEMARIE C MULLIGAN
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
FETW6Y	VIRGIN ATLANTIC AIRWAYS
SNAMZH	SWISS INTERNATIONAL AIR

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PHOTO I.D. FOR DOMESTIC TRAVEL

ITINERARY AND FARE RECAPPED WITH MARY ANN /RUTH
THE PRICE OF THIS ITINERARY NONREFUNDABLE 1439.50
S2....SEAT 6B
S3....SEAT 3C

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The Port Authority of NY & NJ
Business Travel and Reservations Authorization

Auth# 153334

Trip Period from: 09/13/08 to 09/21/08

Employee Number: P24761
Name: Anne Marie C Mulligan

085
2008 OCT 23 AM 9:45

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01 G01899802
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org:
Dir/Comm:
Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London Insurance Underwriters re Public Liability-Marketing Program

Purpose Dates: 09/13/08 to 09/21/08
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss and German insurance carriers re Public Liability-Marketing Program

Purpose Dates: 09/18/08 to 09/21/08
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	2,500
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: VBiddle AMMulligan Date: 7/2/08 Submitted: 7/8/08

The P Authority of NY & NJ
Business Tri nd Reservations Authorization Tr Auth# 153334

Trip Period from: 09/13/08 to 09/21/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Approver's Signature _____ Date: 7/7/08 Emp# 20058 Title: CFO

The P Authority of NY & NJ
Business Tri nd Reservations Authorization Tr Auth# 153334

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/13/08 to 09/21/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Cards

Close Window

Print Window

CARD ACTIVITY For ANNE MARIE MULLIGAN

Preferred Rewards Gold Card [redacted] | Recent Activity - Sep 15, 2008 to Present | All Transactions |

TRANSACTION DETAIL

Activity for ANNE MARIE MULLIGAN-21003

⊞ Show or ⊟ Hide all details

Displaying 1-6 of 6 Transactions

Date	Description	Foreign Spend		Amount
09/19/2008	⊞ ARABELLA SHERATON, ZUERICH	**SWISS FRANC 390.00 **SWISS FRANC	÷	360.05 = 1.083
09/18/2008	⊞ GRANGE CITY HOTEL, LONDON EC3N	**SWISS FRANC 936.84 **UNITED KINGDOM POUND STERLING	÷	1,746.83 = 0.536
✓ 09/14/2008	⊞ PIZZA EXPRESS SHAD THAMES LONDON SE1	**UNITED KINGDOM POUND STERLING 24.65 **UNITED KINGDOM POUND STERLING	÷	44.93 = 0.549

**Foreign Currency conversion rate is base rate plus 2%.

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results (1 USD)

2008-09-15	September 15, Monday	0.559378 GBP
2008-09-16	September 16, Tuesday	0.561735 GBP
2008-09-17	September 17, Wednesday	0.558815 GBP
2008-09-18	September 18, Thursday	0.549874 GBP
2008-09-19	September 19, Friday	0.546538 GBP

invert target/base, 2008 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 9 DAY: 18 YEAR: 2008

go

* Housekeeping - Conversion Rate

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results (1 USD)

2008-09-16	September 16, Tuesday	1.1199 CHF
2008-09-17	September 17, Wednesday	1.1208 CHF
2008-09-18	September 18, Thursday	1.0988 CHF
2008-09-19	September 19, Friday	1.1107 CHF
2008-09-22	September 22, Monday	1.0834 CHF

invert target/base, 2008 graph

historic lookup

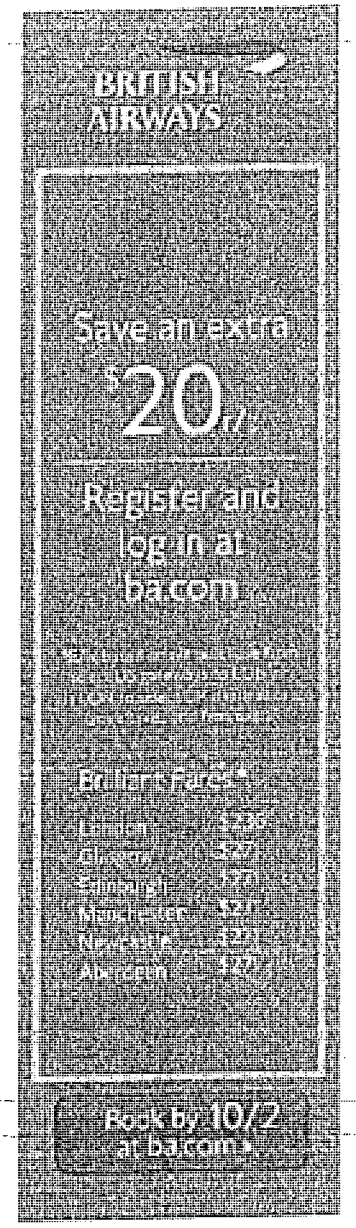
BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 19 YEAR: 2008

go

Housekeeping - Conversion Rate



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GRANGE CITY HOTEL

Ms Jenny Treversh

Exemption (1)

Invoice No: CTN0825888

Room No: 526
Arrival Date: 14-Sep-2008
Departure Date: 18-Sep-2008

Ref: G140827284/1
Your Ref:

Guest Name : Miss Veronica Biddle

Date	Description	Credits	Net	Vat	Gross
14-Sep-08	Accommodation		145.00	25.38	170.38 ✓
14-Sep-08	Telephone - 0018625201466 : 22:58:00 VB - Call Home		16.54	2.90	19.44 ✓
15-Sep-08	Room Service Charge - Room Service		2.13	0.37	2.50 ✓
15-Sep-08	Room Service Drinks - Room Service } Breakfast - Amm. VB		10.00	1.75	11.75 ✓
15-Sep-08	Sundries - Tips - Room Service		1.70	0.30	2.00 ✓
15-Sep-08	Accommodation		145.00	25.38	170.38 ✓
15-Sep-08	Telephone - 0019739842567 : 22:46:00 Amm - call Home		14.08	2.46	16.54 ✓
15-Sep-08	Telephone - 0018625201466 : 22:55:00 VB - Call Home		22.13	3.87	26.00 ✓
16-Sep-08	Room Service Charge - Room Service		3.40	0.60	4.00 ✓
16-Sep-08	Room Service Drinks - Room Service } Breakfast - Amm. VB		6.60	1.15	7.75 ✓
16-Sep-08	Sundries - Tips - Room Service		1.70	0.30	2.00 ✓
16-Sep-08	Accommodation		145.00	25.38	170.38 ✓
16-Sep-08	Mini Bar - Tonic water – detailed Below		1.83	0.32	2.15 ✓
16-Sep-08	Telephone - 0018625201466 : 23:02:00 VB - Call home		29.58	5.18	34.76 ✓
17-Sep-08	Room Service Charge - Room Service		2.13	0.37	2.50 ✓
17-Sep-08	Room Service Drinks - Room Service } Breakfast - Amm. VB		9.79	1.71	11.50 ✓
17-Sep-08	Sundries - Tips - Room Service		1.70	0.30	2.00 ✓
17-Sep-08	Accommodation		145.00	25.38	170.38 ✓
17-Sep-08	Mini Bar - Tonic water	2.15	0.00	0.00	0.00 ✓
17-Sep-08	Telephone - 0012124355822 : 18:38:00 } Amm. calls to Mr. Percival		2.55	0.45	3.00 ✓
17-Sep-08	Telephone - 0012124355822 : 18:39:00 }		26.16	4.58	30.74 ✓
17-Sep-08	Telephone - 0012124353515 : 18:54:00 Amm - call to D. Buckbinder		45.02	7.88	52.90 ✓
17-Sep-08	Telephone - 08002795088 : 22:37:00 Amm - call to March		0.85	0.15	1.00 ✓
17-Sep-08	Telephone - 0018625201466 : 22:49:00 VB - Call home.		21.23	3.71	24.94 ✓

GRANGE CITY HOTEL

Ms Jenny Treversh

Exemption (1)

Invoice No: CTN0825888

Room No: 526
Arrival Date: 14-Sep-2008
Departure Date: 18-Sep-2008

Ref: G140827284/1
Your Ref:

Guest Name : Miss Veronica Biddle

Date	Description	Credits	Net	Vat	Gross
			Net	VAT	Total
		VAT@17.5%	797.31	139.53	936.84
		Service Non VAT	0.00	0.00	0.00
		Received			2.15
				Total	£ 936.84

GRANGE CITY HOTEL
8-10 COOPERS ROW
LONDON
M9420397846TID36652994
ROOM NO:00
AMEX
**** **** ***1 003
EXP 09/11
SWIPED
ANNE MARIE MULLIGAN

COMPLETION TRANSACTION

CUSTOMER COPY
AMOUNT £936.84
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
06:45 18/09/08
AUTH CODE: 14

I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

Sheraton Neues Schloss Hotel Zürich

Stockerstrasse 17
8002 Zürich, Schweiz

Anne Marie & Veronica Mulligan & Biddle

Exemption (1)

Date	:	19.09.08
Room No.	:	407
Arrival	:	18.09.08
Departure	:	19.09.08
Page	:	1 von 2
Cashier	:	Anja Boerner
VAT	:	243 967

RECHNUNG

Sheraton Neues Schloss Hotel Zürich

Folio No. : 23928

Bitte bei Zahlung angeben. Kundennr.:

Date	Description	Debit CHF	Credit CHF
18.09.08	Accommodation	360.00	
18.09.08	City Tax 3.6%	5.00	
19.09.08	Breakfast #407 : CHECK #7946	17.00	
19.09.08	Room Service Breakfast Beverage 7.6% #407 : CHECK #7947	8.00	
19.09.08	American Express		390.00
	Total	390.00	390.00
	Saldo / Balance		0.00

Breakfast - Anne M.

	Net CHF	MWSt CHF	Brutto CHF
VAT 0%	0.00	0.00	0.00
VAT 2.4%	0.00	0.00	0.00
VAT 3.6%	357.14	12.86	370.00
VAT 7.6% (F&B)	18.59	1.41	20
VAT 7.6% (Misc.)	0.00	0.00	0.00
Durchl. Posten			5.00

T +41 (0)44 28694 00
F +41 (0)44 28694 45
sheraton.neuesschloss.zuerich@arabellastarwood.com
sheraton.com/neuesschloss

Sheraton Neues Schloss Hotel Zürich

Stockerstrasse 17
8002 Zürich, Schweiz

Anne Marie & Veronica Mulligan & Biddle

Exemption (1)

Date	:	19.09.08
Room No.	:	407
Arrival	:	18.09.08
Departure	:	19.09.08
Page	:	2 von 2
Cashier	:	Anja Boerner
VAT	:	243 967

RECHNUNG

Sheraton Neues Schloss Hotel Zürich

Folio No. : 23928

Bitte bei Zahlung angeben. Kundennr.:

Date	Description	Debit CHF	Credit CHF

Unterschrift:_____

Vertragsnummer:		Kreditkarten Nr.:	XXXXXXXXXXXX1003	Betrag:	390.00 CHF
Transaktions Nr.:	4012774	Verfallsdatum:	XX/XX		
Genehmigungscode:	75	Einzugsmethode:	Swiped		
Genehmigungsbetrag:	390.00				

T +41 (0)44 28694 00
F +41 (0)44 28694 45
sheraton.neuesschloss.zuerich@arabellastarwood.com
sheraton.com/neuesschloss

Passenger Name
MULLIGAN/ANNEMARI

From
NEWARK
TERMINAL: B

To
LONDON
TERMINAL: 3

932 73586377705

Flight	Class	Date	Time
2	W	13SEP	2110

FFP No.
00643326079

Gate	Boarding Time	Seat
55	2020.	20H

ECONOMY

Boarding Pass

NAME
MULLIGAN/ANNEMARIEC

FQTV LH-XXXXXXXXXXXX250

FROM LONDON LCY

TO ZURICH

CARRIER	FLIGHT	CLASS	DATE	TIME
LX	451	Y	18SEP	0825

GATE	BOARDING TIME	SEAT	SMOKE
	0800	21B	NO

PCS WT
PLD 0071 VJ LCY

ETKT 7247362030119-1

BUSINESS

Boarding Pass

NAME
MULLIGAN/ANNEMARIEC

FQTV LH-XXXXXXXXXXXX250

FROM ZURICH

TO LONDON LHR

CARRIER	FLIGHT	CLASS	DATE	TIME
LX	324	C	21SEP	1540

GATE	BOARDING TIME	SEAT	SMOKE
	1520	3C	NO

PCS WT
PLD 0132 MR ZRH

ETKT 7247362030119-2

PizzaExpress 1821
Shad Thames

M:9421931825
TID:24711004 S9316
Waiter ID:14
HANDSET:01

AMERICAN EXPRESS
Last 4 Digits: 1003
EXP 09/11
SWIPED

SALE	
AMOUNT	£21.15
GRATUITY	£3.50
TOTAL	£24.65

SIGNATURE VERIFIED
THANK YOU! GRAZIE!

14/09/08 16:50
AUTH CODE:0000
TXN 1184
DIAG 828282

CUSTOMER COPY

Expense Account

Exp Acct# 150610

Expense Period: 06/..../08 TO 06/22/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

2008 JUN 30 PM 12:07

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Purpose: To meet with London Insurance Underwriters re Contractors' Insurance Program(CIP) and Owners' Controlled Insurance Program (OCIP)for the WTC Redevelopment

Purpose Dates: From 06/14/08 to 06/22/08

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
									1,469.50
06/14	Air travel Round Trip from Newark, NJ to London England	Y	*	1,469.50					
								42.06	42.06
06/15	Phone call home -- V. Biddle 20.90 Pounds @ .4969/US$	Y							
									36.22
06/16	Breakfast - Grange City Hotel Purpose: Room Service 18.00 Pounds @ .4969/US$	Y			36.22				
	Guests								
	Veronica M Biddle, Emp# P43618								
								2.01	2.01
06/16	Breakfast tip 1.00 Pounds @ .4969/US$	Y							
								6.04	6.04
06/16	Phone call home -- A.M. Mulligan 3.00 Pounds @ .4969/US$	Y							
								58.36	58.36
06/16	Phone call home -- V. Biddle 29.00 Pounds @ .4969/US$	Y							
								42.46	42.46
06/18	Phone call home -- V. Biddle 21.10 Pounds @ .4969/US$	Y							

Expense Account

Exp Acct# 150610

Expense Period: 06/ /08 TO 06/22/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Date	Description	Rec	Pay	Travel	Meal	Regist	Lodging	Other	Total
06/18	Lunch - Hennessey's London NW1 Purpose: Prep for meetings 29.64 Pounds @ .5003/US$		Y		59.24				59.24
	Guests Veronica M Biddle, Emp# P43618 James A Keane, Emp# P23439								
06/18	Phone call home -- V. Biddle 15.66 Pounds @ .4969/US$		Y	(young child @ home)				31.52	31.52
06/18	Phone call home -- A.M. Mulligan 3.20 Pounds @ .4969/US$		Y					6.44	6.44
06/18	Phone call home -- V. Biddle 23.94 Pounds @ .4969/US$		Y	(young child @ home)				48.18	48.18
06/18	Nightly Lodging (including tax) Single Rate 4 Nights(s)@209.15 Grange City Hotel 836.60 Pounds @ .4969/US$		Y				1,683.64		1,683.64
06/18	Gratuity -- Housekeeping 8.00 Pounds @ .5109/US$		N					15.66	15.66

Exp Acct# 150610

xpense Account

Expense Period: 06/14/08 TO 06/22/08

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,469.50	95.46	0.00	1,683.64	252.73	3,501.33
Less Paid by PA.....	1,469.50	0.00	0.00	0.00	0.00	1,469.50
Paid by Employee.....	0.00	95.46	0.00	1,683.64	252.73	2,031.83
Less Cash Advance on						
Amount to be Reimbursed.....						2,031.83
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	2,031.83

#Signature below implies approval of 10 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AMMulligan Date: 6/24/08 Submitted: 6/30/08

Approver's Signature Date: 6/30/08 Emp# 20058 Title: CFO

Accountant's Approval Date:

Expense Account

Exp Acct# 150610

Employee Number: P24761

Expense Period: 06/17/08 TO 06/22/08

Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Trip Authorization attached

Item on 06/14/08 for 1,469.50; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Itinerary attached

Item on 06/15/08 for 42.06; Other Expense

03 Attach an actual receipt.

Explanation: See hotel bill

Item on 06/16/08 for 36.22; Meal Expense - BFST

04 Attach an actual receipt.

Explanation: See hotel bill

Item on 06/16/08 for 58.36; Other Expense

pense Account

Exp Acct# 150610

Employee Number: P24761

Expense Period: 06/14/08 TO 06/22/08

Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Explanation: See hotel bill

Item on 06/18/08 for 42.46; Other Expense

06 Attach an actual receipt.

Explanation: See hotel bill

Item on 06/18/08 for 59.24; Meal Expense - LUN

07 Attach an actual receipt.

Explanation: Receipt attached.

Item on 06/18/08 for 31.52; Other Expense

08 Attach an actual receipt.

Explanation: See hotel bill.

Item on 06/18/08 for 48.18; Other Expense

09 Attach an actual receipt.

Explanation: See hotel bill

pense Account

Exp Acct# 150610

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/14/08 TO 06/22/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 06/18/08 for 1,683.64; Lodging Expense

10 Attach itemized hotel bill and/or paid receipt.

Explanation: Hotel bill attached.

The Port Authority of NY & NJ
Business Tr and Reservations Authorization T Auth# 150490

Employee Number: P24761 Trip Period from: 06/14/08 to 06/22/08
Name: Anne Marie C Mulligan

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: Y
2008 JUN 30 PM 12:07

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London Insurance Underwriters re Contractors' Insurance Program(CIP) and Owners' Controlled Insurance Program (OCIP)for the WTC Redevelopment

Purpose Dates: 06/14/08 to 06/22/08
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,878	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	2,878	Other Sub-Total	2,500
		Total Exp	5,378

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 3/13/08 Submitted: 3/13/08

Approver's Signature: Date 3/13/08 Emp# 20058 Title: CFO

The P Authority of NY & NJ
Business Tri_ and Reservations Authorization Tr Auth# 150490

Trip Period from: 06/14/08 to 06/22/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Cards

Close Window

Print Window

CARD ACTIVITY For ANNE MARIE MULLIGAN

Preferred Rewards Gold Card - 21003 | Recent Activity - Jun 16, 2008 to Present | All Transactions |

TRANSACTION DETAIL

Activity for ANNE MARIE MULLIGAN-21003

⊞ Show or ⊟ Hide all details

Displaying 1-9 of 9 Transactions

Date	Description	Foreign Spend		Amount	
06/19/2008	⊞ GRANGE CITY HOTEL, LONDON EC3N	972.40 **UNITED KINGDOM POUND STERLING	÷	1,956.86	= 149
06/18/2008	⊞ HENNESSEY'S, LONDON NW1	29.64 **UNITED KINGDOM POUND STERLING	1/2	59.24	= 1500
06/17/2008	⊞ ALL BAR ONE, LONDON EC3R	28.75 **UNITED KINGDOM POUND STERLING		57.78	
06/16/2008	⊞ BOOTS THE CHEMIST, LONDON EC3N	37.41 **UNITED KINGDOM POUND STERLING		75.14	

**Foreign Currency conversion rate is base rate plus 2%. See legal disclosures for details.

Close Window

AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: March 13, 2008 02:48 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	EWRCJJ	Agent ID : 71	
Trip ID	10901550143 PORT AUTHORITY	Phone: .. / Fax: ..	

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	3/13/08
Ticket Number	7120554445	Invoice	0044335
Check Digit	1	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	986.00
Ticket Tax Fare	453.50
Total (USD) Ticket Amount	1,439.50
+	30.00
	1469.50
Airfare charged to American Express	
Total	1,439.50

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 07MAR08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday June 14, 2008

VALID US PASSPORT REQUIRED FOR THIS ITINERARY.

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 55 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:10 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	June 15, 2008		
Arrival Terminal	TERMINAL 3		
Seat	~~36A~~ ~~20A~~ ~~20D~~ 22C		
Class	Premium		

Travel Details

Sunday June 22, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles

Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	~~20~~ 22A
Class	Premium

Travel Details

Wednesday December 31, 2008

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
BKCWRH	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

ITINERARY AND FARE RECAPPED WITH MARY ANN /RUTH
THE PRICE OF THIS ITINERARY NONREFUNDABLE 1439.50

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

GRANGE CITY HOTEL

Mrs Anne Marie Mulligan

Invoice No: CTN0812172

Room No: 631
Arrival Date: 15-Jun-2008
Departure Date: 19-Jun-2008

Ref: G140813622/1
Your Ref:

Date	Description	Credits	Net	Vat	Gross
15-Jun-08	Accommodation		178.00	31.15	209.15
15-Jun-08	Telephone - 0019737384077 : 22:16:00 VB		17.79	3.11	20.90
16-Jun-08	Room Service Charge - Room Service } Break fast - Amm, VB		2.13	0.37	2.50
16-Jun-08	Room Service Drinks - Room Service }		13.19	2.31	15.50
16-Jun-08	Sundries - Tips - Room Service }		0.85	0.15	1.00
16-Jun-08	Accommodation		178.00	31.15	209.15
16-Jun-08	Telephone - 0019084516174 : 23:25:00 Amm		2.55	0.45	3.00
16-Jun-08	Telephone - 0018625201466 : 23:31:00 VB		24.68	4.32	29.00
17-Jun-08	Accommodation		178.00	31.15	209.15
18-Jun-08	Telephone - 0019737384077 : 23:49:00 VB		17.96	3.14	21.10
18-Jun-08	Accommodation		178.00	31.15	209.15
18-Jun-08	Telephone - 0017328428603 : 22:51:00 VB		13.33	2.33	15.66
18-Jun-08	Telephone - 0019084516174 : 23:12:00 Amm		2.72	0.48	3.20
18-Jun-08	Telephone - 0018625201466 : 22:59:00 VB		20.37	3.57	23.94

	Net	VAT	Total
VAT@17.5%	827.57	144.83	972.40
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 972.40

GRANGE CITY HOTEL
8-10 COOPERS ROW
LONDON
M9420397846TID36652994
ROOM NO:631

AMEX
**** **** ***1 003

Hennessy's

36 Jewry St London EC3 N2ET
VAT Registered .. 787941563

Reservations 0207 2655191

Date ... 18/06/08

Drinks 26,95

Food .....

Service 10% .. 2,69

Total..... £ 29,64

Thank you for you're custom please call again.

hennessysgourmet@hotmail.com
www.hennessyscatering.co.uk

CUSTOMER COPY **
HENNESSY'S
36 JEWRY STREET
EC3N 2E

M9420526972 T17925730
18-06-08 14:44
AMEX
**********1003
09/11 (S) R4479
TOTAL SALE
£29.64

29.64 + 5003 = £59.24

Please debit my account
with the total amount.
SIGNATURE VERIFIED
AUTH CODE: 46
PL[illegible]
TH[illegible]

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results (1 USD)

2008-06-13	June 13, Friday	0.512926 GBP
2008-06-16	June 16, Monday	0.509243 GBP
2008-06-17	June 17, Tuesday	0.511666 GBP
* 2008-06-18	June 18, Wednesday	0.510986 GBP
2008-06-19	June 19, Thursday	0.506868 GBP

invert target/base, 2008 graph

historic lookup

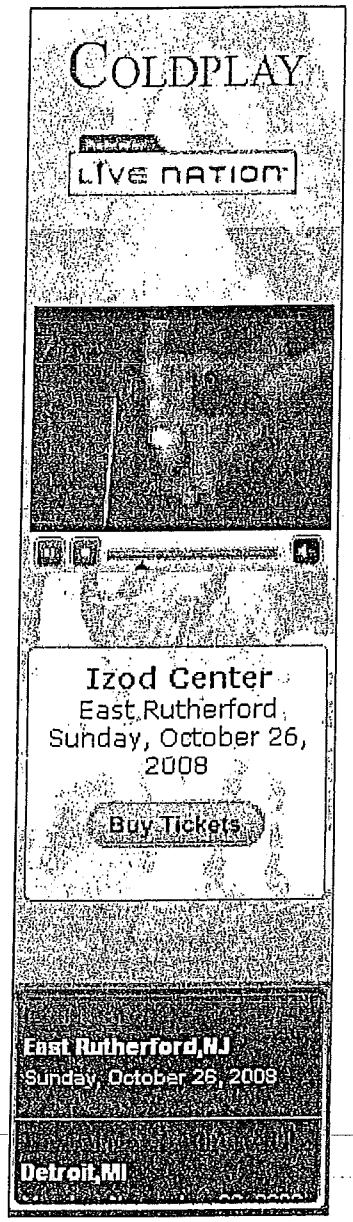
BASE: American Dollar

TARGET: British Pound

MONTH: 6 DAY: 16 YEAR: 2008

go

* Housekeeping Conversion Rate.



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Expense Account

Exp Acct# 150802

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/03/08 TO 06/03/08

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 06/03/08 to 06/03/08

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/03	Air travel Round Trip from Metropark, NJ to Washington, DC	Y	*	372.00					372.00
06/03	Taxi fare plus tip from Union Train Station, Washington, DC to HSBC's offices-1130 Connecticut Avenue, N.W.	Y						15.00	15.00
06/03	Parking -- Metro Park Train Station (No receipt available - payment machine did not print receipt)	N						5.00	5.00

Expense Account Exp Acct# 150802

Employee Number: P24761 Expense Period: 06/03/08 TO 06/03/08
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	372.00	0.00	0.00	0.00	20.00	392.00
Less Paid by PA.....	372.00	0.00	0.00	0.00	0.00	372.00
Paid by Employee.....	0.00	0.00	0.00	0.00	20.00	20.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 20.00
Amount to be Returned..... 0.00

Account Code					Amount
1000	X	556001	085G01	G01969000	20.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Anne Marie C Mulligan Date: _____ Submitted: 06/09/08

Approver's Signature: Original Signed By Aaron P Blanco Date: 06/06/08 Emp# P20058 Title: Chf Fincl Ofcr

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 06/11/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/03/08 TO 06/03/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/03/08 for 372.00; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

"pense Account

Exp Acct# 150454

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 05/05/08 TO 05/06/08

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org:
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2008 MAY 15 PM 1:19

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To attend meetings with insurance underwriters re:Property Damage Insurance Program

Purpose Dates: From 05/05/08 to 05/06/08

Business Destination: Hamilton Bermuda
Ticket Destination : Hamilton Bermuda

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/05	Air travel Round Trip from Newark Int'L Airport, NJ to Bermuda Bermuda	Y	*	345.10					345.10
05/05	Taxi fare plus tip from airport to Fairmont Hamilton hotel	Y						48.00	48.00
05/05	Nightly Lodging (including tax) Single Rate 1 Nights(s)@579.16 Fairmont Hamilton Princess	Y					579.16		579.16
05/05	Hotel room gratuity -- automatically put on hotel bill	Y						20.40	20.40
05/06	Phone call home -- V. Biddle, Empl# 43618	Y						12.23	12.23

Expense Account

Exp Acct# 150454

Expense Period: 05/[illegible]/08 TO 05/06/08

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	345.10	0.00	0.00	579.16	80.63	1,004.89
Less Paid by PA.....	345.10	0.00	0.00	0.00	0.00	345.10
Paid by Employee.....	0.00	0.00	0.00	579.16	80.63	659.79
Less Cash Advance on						
Amount to be Reimbursed.....						659.79
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	659.79

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature (pw) AM Mulligan Date: 5/13/08 Submitted: 5/15/08

Approver's Signature [illegible] Date: 5/14/08 Emp# 20058 Title: CFO

Accountant's Approval _____ Date: _____

Expense Account

Exp Acct# 150454

Employee Number: P24761

Expense Period: 05/[illegible]/08 TO 05/06/08

Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 05/05/08 for 345.10; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Item on 05/05/08 for 48.00; Other Expense

03 Attach an actual receipt.

Item on 05/05/08 for 579.16; Lodging Expense

04 Attach itemized hotel bill and/or paid receipt.

The P[illegible] Authority of NY & NJ
Business Tri[illegible]nd Reservations Authorization

Tr[illegible] Auth# 150355

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 05/05/08 to 05/06/08

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: 2008 MAY 15 PM 1:19

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To attend meetings with insurance underwriters re:Property Damage Insurance Program

Purpose Dates: 05/05/08 to 05/06/08
Business Destination: Hamilton Bermuda
Ticket Destination: Hamilton Bermuda

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	800	Meals	200
Auto	0	Registration	0
Bus	0	Lodging	600
Rail	0	Other	100
Travel Sub-Total	800	Other Sub-Total	900
		Total Exp	1,700

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / AM Mulligan Date: 3/6/08 Submitted: 3/7/08

Approver's Signature: Date: 3/7/08 Emp# 20058 Title: CFO

The P Authority of NY & NJ
Business Tri nd Reservations Authorization Tr Auth# 150355

Employee Number: P24761 Trip Period from: 05/05/08 to 05/06/08
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: March 5, 2008 11:14 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator	HSPPWT	Agent ID : 95	
Trip ID	11076154221 PORT AUTHORITY	Phone: .. / Fax: ..	

Invoice Details

Ticket Information

Airline Code	005	Ticket Date	3/5/08
Ticket Number	7118105888	Invoice	0040323
Check Digit	4	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	232.00
Ticket Tax Fare	83.10
Total (USD) Ticket Amount	315.10

Airfare charged to American Express

Total	315.10
+ Amex Service fee	30.00
	345.10

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 05MAR08.
****

PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Monday May 5, 2008

INFORMATION/CITIZENS OF THE UNITEDSTATES MUST CARRY A VALID PASSPORT.

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 11 minutes
Flight	1657	Distance	779 Miles
Origin	Newark, NJ	Meal Service	Snack/brunch
Destination	Bermuda, BERMUDA	Plane	Boeing 737-800
Departing	11:55 AM		
Arriving	3:06 PM		
Departure Terminal	TERMINAL C		
Seat	20C		
Class	Coach		

Hotel Information

Hotel	FAIRMONT HOTELS 2 FAIRMONT HAMILTON PRINCESS		
Hotel Address	76 PITTSBAY ROAD HAMILTON BM	Phone Number	E 1-441-295-3000
		Fax Number	1-441-296-7171
Confirmation Number	42929817-		
Check in Date	5/5/08		

Check out Date	5/6/08
Hotel Rate	522.00 USD per night Late Arrival Guarantee - Credit Card
Special Info	RQ 2 QUENN BEDS NON SMOKING

CANCEL BEFORE 06 PM DAY ARRIVAL

Corporate Discount - CP10001018

Travel Details

Tuesday May 6, 2008

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 33 minutes
Flight	1660	Distance	779 Miles
Origin	Bermuda, BERMUDA	Meal Service	No Meal Service
Destination	Newark, NJ	Plane	Boeing 737-800
Departing	4:05 PM		
Arriving	5:38 PM		

Arrival Terminal	TERMINAL C
Seat	20C
Class	Coach

Travel Details

Sunday November 30, 2008

THIS TICKET IS NON REFUNDABLE AND MUST BE CANCELLED PRIOR TO FLIGHT DEPARTURE OR YOU WILL LOSE TICKET VALUE.

THANK YOU FOR CHOOSING AMERICAN EXPRESS TRAVEL HAVE A SAFE TRIP.

Loyalty Programs

Vendor	Account	Traveler
CONTINENTAL AIR	FF306861	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
CCTM5S	CONTINENTAL AIR

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
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THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

CURRENT AIRFARE.....315.10 NON REFUNDABLE.
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Continental Airlines

Verify

Name: MULLIGAN/ANNEMARIEC
Date: MON 05 MAY 2008 33
ss: FF306861 603477
5S 779 Miles
CO 1657 W

C84 Seat: 20C

Continental Airlines

Name: MULLIGAN/ANNEMARIEC
Date: MON 05 MAY 2008 33
OnePass: FF306861
Mileage: 779 Miles
Flight: CO 1657 W

Gate: C84 Seat: 20C

Depart: Newark-Liberty Intl 11:55 AM
Arrive: Bermuda 3:06 PM
Board Time: 11:20 AM

eTicket 00571181058884

eTicket Boarding Pass

Continental Airlines

Name: MULLIGAN/ANNEMARIEC
Date: TUE 06 MAY 2008 22
OnePass: FF306861
Mileage: 779 Miles
Flight: CO 1660 W

Gate: C3 Seat: 20C

Depart: Bermuda 4:05 PM
Arrive: Newark-Liberty Intl 5:38 PM
Board Time: 3:30 PM

eTicket 00571181058884

Boarding Pass

NOTES

Bermuda

RECEIPT

DATE May 5, 08 NO. 399210

RECEIVED FROM

ADDRESS

FOR TAXI - FARE $ 40.00
+ 8.00 TIP
48.00

cell 441-734-9717
714 85

BY Ed Oliver SR

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

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THE Fairmont
HAMILTON PRINCESS

P.O. Box HM 837
HAMILTON, BERMUDA HM CX
T (441) 295-3000 F (441) 295-1914

Room	:	0462
Folio #	:	149018
Cashier #	:	290
Page #	:	1 of 1

American Express
Ms Annemarie C Mulligan

BM

Arrival	:	05-05-08
Departure	:	05-06-08

Date	Description	Additional Information	Charges	Credits
05-05-08	Room Gratuities	#462 :	20.40	
05-05-08	Room Charge		522.00	
05-05-08	Room Government Tax		37.85	
05-05-08	Resort Levy		18.00	
05-05-08	Room Government Tax		1.31	
05-06-08	Long Distance	08:24 #7462 : 18625201466 [00:05:00]	12.23	
05-06-08	American Express	XXXXXXXXXXX1003 XX/XX		611.79
		Total	**611.79**	**611.79**
		Balance Due	**0.00**	

Guest signature X_____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

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, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month. (19.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have requested delivery of The New York Times. If refused, a credit will be applied to my account of $.25 (Mon-Sat) and $1.25 (Sun)

Thank you for choosing to stay with Fairmont Hotels & Resorts

PERSONAL CARDS

CARD ACTIVITY For ANNE MARIE MULLIGAN

Preferred Rewards Gold Card - 21003

Closing Date: May 15, 2008

Card: Preferred Rewards Gold Card 21003

Time Period: Recent Activity Apr 16, 2008 to Present

Display: All Transactions

Additional Search Options

Search Transactions: VIEW RESULTS

See More Options (Options currently set: None)

View Your Billing Statement

Print Options

Download Card Activity

Go Paperless

Learn About Your Online Features

TRANSACTION DETAIL

LIST VIEW | GRAPH VIEW

Activity for ANNE MARIE MULLIGAN -21003

Show or Hide all details

First | Previous Displaying 1-17 of 17 Transactions Next | Last

Date	Description	Amount
05/07/2008	FAIRMONT HAMILTON PRHAMILTON BM	611.79
05/06/2008	[illegible]	
05/03/2008		
05/02/2008		
05/01/2008		
04/29/2008		
04/20/2008		
04/20/2008		
04/20/2008		
04/20/2008		
04/20/2008		
04/20/2008		
04/18/2008		
04/18/2008		
04/18/2008		
04/16/2008		

Exemption (1)

Exemption (1)

About American Express | Careers @ American Express | Affiliate Program | Fraud Protection Center | /
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American Express Web Site Rules and Regulations.

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/ 08 TO 04/13/08

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N
Outside TDO: N

2008 APR 23 PM 2:09

EA Subject: TRIP

EA Type:

Pre-approval obtained to exceed meal limits: Initials

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance program

Sponsor:

Purpose Dates: From 04/05/08 to 04/13/08

Purpose: To meet with London and other European Insurance underwriters to discuss Property Damage and Loss of Revenue Insurance program

Purpose Dates: From 04/05/08 to 04/13/08

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/05	Air travel Round Trip from Newark, NJ to London, Heathrow England	Y	*	1,189.90					1,189.90
04/06	Taxi from London's Heathrow Airport to Grange City Hotel 80.00 Pounds @ .5013/US$	Y						159.59	159.59
04/06	Phone call home -- V. Biddle 18.46 Pounds @ .4959/US$	Y						37.23	37.23
04/06	Lunch - Wagama Canary Wharf Purpose: Re Property Damage Program 31.30 Pounds @ .4889/US$	Y			64.02				64.02
	Guests								
	Veronica M Biddle, Emp# P43618								
	James A Keane, Emp# P23439								
04/07	Phone call home -- V. Biddle 7.74 Pounds @ .4959/US$	Y						15.61	15.61
04/08	Phone call home -- V. Biddle 3.00 Pounds @ .4959/US$	Y						6.05	6.05

Employee Number: P24761
Name: Anne Marie C Mulligan

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
04/08	Phone call home -- A. Mulligan 8.24 Pounds @ .4959/US$	Y						16.62	16.62
04/09	Air travel Round Trip from London City Airport England to Zurich Switzerland	Y	*	283.90					283.90
04/09	Phone call home -- V. Biddle 3.00 Pounds @ .4959/US$	Y						6.05	6.05
04/09	Phone call home -- V. Biddle 3.00 Pounds @ .4959/US$	Y						6.05	6.05
04/09	Phone call home -- V. Biddle 10.94 Pounds @ .4959/US$	Y						22.06	22.06
04/09	Nightly Lodging (including tax) Single Rate 3 Nights(s)@170.38 Grange City Hotel 511.14 Pounds @ .4959/US$	Y					1,030.73		1,030.73
04/09	Housekeeping tip 5.00 Pounds @ .5069/US$	N						9.86	9.86
04/09	Phone call home -- V. Biddle 1.50 Swiss Fran @ .9768/US$	Y						1.54	1.54
04/10	Phone call home -- V. Biddle 2.70 Swiss Fran @ .9768/US$	Y						2.76	2.76
04/11	Housekeeping tip 6.00 Swiss Fran @ .9984/US$	N						6.01	6.01
04/11	Nightly Lodging (including tax) Single Rate 2 Nights(s)@365. Sheraton Neus Schloss Hotel 730.00 Swiss Fran @ .9768/US$	Y					747.34		747.34

Expense Period: 04/05/08 -

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,473.80	64.02	0.00	1,778.07	289.43	3,605.32
Less Paid by PA.....	1,473.80	0.00	0.00	0.00	0.00	1,473.80
Paid by Employee.....	0.00	64.02	0.00	1,778.07	289.43	2,131.52
Less Cash Advance on						2,131.52
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						

Account Code				Amount
1000	X	556001	085G01	2,131.52

#Signature below implies approval of 11 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 4/17/08 Submitted: 4/22/08

Approver's Signature: [signature] Date: 4/24/08 Emp# 20058 Title: CFO

Accountant's Approval: _____ Date: _____

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended.

Explanation: Permission was granted for trip extension.

01 Attach written approval by Chief of Staff

Explanation: Attached.

Item on 04/05/08 for 1,189.90; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Itinerary attached.

Item on 04/06/08 for 159.59; Other Expense - Local Tra

03 Attach an actual receipt.

Explanation: Receipt attached.

Item on 04/06/08 for 37.23; Other Expense

04 Attach an actual receipt.

Explanation: See hotel bill.

Item on 04/06/08 for 64.02; Meal Expense - LUN

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Explanation: Receipt attached.

Item on 04/09/08 for 283.90; Air Travel Expense

06 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Itinerary attached.

Item on 04/09/08 for 1,030.73; Lodging Expense

07 Attach itemized hotel bill and/or paid receipt.

Explanation: Hotel bill attached.

08 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Explanation: Approved trip authorization attached.

Item on 04/11/08 for 747.34; Lodging Expense

09 Attach itemized hotel bill and/or paid receipt.

Explanation: Hotel Bill attached.

10 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Explanation: Approved Trip Authorization attached.

The P[illegible] Authority of NY & NJ
Business Tri[illegible] [illegible]d Reservations Authorization Tr[illegible] Auth# 149771

Employee Number: P24761 Trip Period from: 04/05/08 to 04/13/08
Name: Anne Marie C Mulligan

Title: Treasurer Org: 085
Telephone: 212-435-7700 Dir/Comm: Y
Address: 225PAS 12012

2008 APR 23 PM 2:10

Account Code: 1000 X 556001 085G01
Spouse/Guest: N Travel Company Used: Y
International: Y Trip Extension: Y
Blanket Trip: Y Type: OTHR
Outside TDO: N

Purpose: To meet with London and other European Insurance underwriters to discuss Property Damage and Loss of Revenue Insurance program

Purpose Dates: 04/05/08 to 04/13/08
Business Destination: London England
Ticket Destination: London England

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance program

Sponsor:

Purpose Dates: 04/09/08 to 04/13/08

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	2,500
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
150008	P43618	093	Veronica M Biddle

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 2/22/08 Submitted: 2/28/08

The P Authority of NY & NJ
Business Tri d Reservations Authorization Tr uth# 149771

Employee Number: P24761 Trip Period from: 04/05/08 to 04/13/08
Name: Anne Marie C Mulligan

Approver's Signature _____ Date: 2/25/08 Emp# 20058 Title: CFO

The P Authority of NY & NJ
Business Tri nd Reservations Authorization Tr Auth# 149771

Trip Period from: 04/05/08 to 04/13/08

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Check Approver's additional authority & confirm authority.

Explanation: Trip approved by CFO and CAO

01 Attach written approval by your Department Director for international trip.

Explanation: Written approval attached

02 Attach written approval by Chief of Staff for trip extension.

Explanation: Written approval attached

AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: February 12, 2008 11:37 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Agent ID : 95

Phone: .. / Fax: ..

Record Locator KKAKAD

Trip ID 11243408693

PORT AUTHORITY

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	2/12/08
Ticket Number	7111788936	Invoice	0029681
Check Digit	4	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	730.00
Ticket Tax Fare	429.90
Total (USD) Ticket Amount	1,159.90

Airfare charged to American Express 1,159.90

Total 30 00

30 Dollars Amex Fee

1189 9

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 11FEB08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Saturday April 5, 2008

Travel Details

**YOU ARE RESPONSIBLE TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24 HOURS

**THIS TICKET IS NON REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MOREDETAILS

INFORMATION/CITIZENS OF THE UNITEDSTATES MUST CARRY A VALID PASSPORT.

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	9:10 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 06, 2008		
Arrival Terminal	TERMINAL 3		
Seat	31A		
Class	Premium		

Sunday April 13, 2008

Travel Details

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	19K		
Class	Premium		

Travel Details

Sunday November 30, 2008

THANK YOU FOR CHOOSING AMERICAN EXPRESS TRAVEL HAVE A SAFE TRIP.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
ETR8C7	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

CURRENT AIRFARE.....1559.90 NON REFUNDABLE.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: February 26, 2008 03:43 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Agent ID : 94

Phone: .. / Fax: ..

Record Locator	LCNQCW
Trip ID	11291052336
	PORT AUTHORITY

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	2/26/08
Ticket Number	7115859983	Invoice	0036536
Check Digit	6	Electronic	Yes
Billing Code	F7C24761XXXX085G01XXX		

Charges

Ticket Base Fare	109.00
Ticket Tax Fare	144.90
Total (USD) Ticket Amount	253.90
Airfare charged to American Express	253.90
Total	30.00
+ Amex Fee	283.90

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 26FEB08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
****

Travel Details

Wednesday April 9, 2008

ELECTRONIC TICKET CONFIRMATION*KK2FZ4. FARE IS*253.90 NONREFUNDABLE

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 40 minutes
Flight	453	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES	Meal Service	Snack/brunch
Origin	London City Arpt, UK	Plane	Avro rj100 reg jet
Destination	Zurich, SWITZERLAND		
Departing	11:10 AM		
Arriving	1:50 PM		
Seat	Unassigned		
Class	Shuttle service		

AISLE SEAT 07B RESERVED

Travel Details

Sunday April 13, 2008

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
	London Heathrow, UK	Plane	Airbus a320

Departing	3:40 PM
Arriving	4:25 PM
Arrival Terminal	TERMINAL 2
Seat	Unassigned
Class	Economy

AISLE SEAT 17D RESERVED

Travel Details

Monday December 1, 2008

THANK YOU FOR USING AMERICAN EXPRESS TRAVEL SERVICES

Loyalty Programs

Vendor	Account	Traveler
SWISS INTERNATIONAL AIR	999900502907250	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
KK2FZ4	SWISS INTERNATIONAL AIR

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

---------INTERNATIONAL FLTS INFORMATION----------
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN.
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE.
INTERNATIONAL BOARDING PASSES ISSUED AT GATE CHECK.
VALID PASSPORT REQUIRED FOR YOUR DESTINATION
VALID PASSPORT AND VISA REQUIRED FOR YOUR DESTINATION
PROOF OF CITIZENSHIP REQUIRED FOR YOUR DESTINATION
****
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
****
NO HOTEL, CAR OR CAR SERVICE REQUESTED

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Boarding pass

Virgin atlantic

Name
Annemariec Mulligan

From
London - London Heathrow Airport (LHR)

To
New York - Newark Liberty International Airport (EWR)

Flight
17

Date
13/04/2008

Frequent flyer
VS00643326079

Seq No. 26

Seat
19K

Time
20:25

Class
Premium Economy

Ticket type E-ticket

WHAT NOW? WHAT HAPPENS NEXT?

Great, now that you have successfully checked-in simply go to the Bag Drop to drop your bags then head to Departures as usual. Please note the Bag Drop will close 60 minutes prior to your flight's scheduled departure time.

Passengers who have failed to drop their bags by 60 minutes prior to the scheduled departure time will not be able to travel. Consequently we recommend arrival at the Bag Drop at least 2 hours prior to your flight's scheduled departure time.

Keep your boarding pass safe and take this with a valid passport, paper ticket or e-ticket receipt and any other travel documents to the airport with you.

Please check the airport information monitors for your boarding gate. You must be at the boarding gate 45 minutes prior to your flight's scheduled departure time, as all boarding gates will close 30 minutes prior to departure.

Enjoy your trip!

ECONOMY
Boarding Pass
ETKT
NAME MULLIGAN/ANNEMARIEC
FQTV LH-XXXXXXXXXXXX250
FROM LONDON LCY
TO ZURICH

CARRIER	FLIGHT	CLASS	DATE	TIME
LX	453	Y	09APR	1110

GATE	BOARDING TIME	SEAT	SMOKE
	1045	20A	NO

is issued
the carrier.
ticket
Article 4 of
the Warsaw
Hague
tariffs,
therein
tagged to
to claim it
transfer.
ISE

Passenger Name
MULLIGAN/ANNEMARI
From
NEWARK
TERMINAL: B
To LONDON
TERMINAL: 3
932 71117889364

Flight	Class	Date	Time
2	W	05APR	2110

FFP No.
00643326079

Gate	Boarding Time	Seat
53	2015.	33A

Taxi
fr Airport to Grange

Licensed
London Taxi Receipt

START	10:49	06/04/08
END	11:40	06/04/08
Duration		51mins
Distance		20.8miles

Item	£ --
Fare	71.40
Extras	3.00
Total	74.40
Tip	+5.60
	£0.00

wagamama
canary wharf
jubilee place
45 bank street
london E14 5NY
telephone no : 020 7516 9009
date : 06-Apr-2008 16:07:01
server: elena

table no 451 grp 1

check no : 15020166
vat number : GB 681 4475 17
guests :3

1	yasai gyoza	4.50
1	still 750ml	3.40
1	neg yakitori	4.95
1	cha han	7.00
1	yasai yaki soba	6.45

Total 26.30

PAYMENTS

American Express XXXX1003	26.30
Tip.	5.00
Total Payments:	26.30
Total Tip:	5.00
Grand Total	31.30

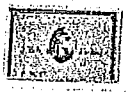
thank you
service not included

PAID

check out www.wagamama.com

Lunch

CARD ACTIVITY For ANNE MARIE MULLIGAN



Preferred Rewards Gold Card - 21003

Card: Preferred Rewards Gold Card 21003

Time Period: Recent Activity Mar 17, 2008 to Present

Display: All Transactions

Additional Search Options

Search Transactions: VIEW RESULTS

See More Options (Options currently set: None)

Closing Date: Apr 15, 2008

View Your Billing Statement

Print Options

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TRANSACTION DETAIL

LIST VIEW GRAPH VIEW

Activity for ANNE MARIE MULLIGAN -21003

Show or Hide all details

First | Previous Displaying 1-25 of 25 Transactions Next | Last

Date	Description	Foreign Spend	Amount
04/13/2008	RENAISSANCE ZÜRICH HOTEL, GLATTBRUGG	159.75 **SWISS FRANC	163.54
04/12/2008	TRE CUCINE, ZUERICH	202.30 **SWISS FRANC	208.69
04/11/2008	ARABELLA SHERATON, ZUERICH	734.20 **SWISS FRANC	751.60 = .9768
04/11/2008	SBB CFF FFS, BERN	186.00 **SWISS FRANC	191.88
04/09/2008	CONFISERIE SPRUENGLI AG, ZUERICH	32.30 **SWISS FRANC	32.73
04/09/2008	GRANGE CITY HOTEL, LONDON EC3N	565.52 **UNITED KINGDOM POUND STERLING	1,140.26 = .4959
04/07/2008	BOOTS THE CHEMIST, LONDON EC3M	36.13 **UNITED KINGDOM POUND STERLING	73.39
04/06/2008	NETFLIX CA		9.62
04/06/2008			

WAGAMAMA, LONDON E14

"UNITED KINGDOM POUND STERLING

Exemption (1)

BETTER FINANCIAL CONTROL | [illegible]

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GRANGE CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Mrs Anne Marie Mulligan

Invoice No: CTN081102

Room No: 428
Arrival Date: 06-Apr-2008
Departure Date: 09-Apr-2008

Ref: G140810392/1
Your Ref: 109723068

Date	Description	Credits	Net	Vat	Gross
✓ 06-Apr-08	Accommodation		145.00	25.38	170.38
✓ 06-Apr-08.	0019737384077 : 21:59:00 VB		15.71	2.75	18.46
✓ 07-Apr-08	Accommodation		145.00	25.38	170.38
✓ 07-Apr-08	0019737384077 : 22:06:00 VB		6.59	1.15	7.74
✓ 08-Apr-08	Accommodation		145.00	25.38	170.38
✓ 08-Apr-08	0019737384077 : 22:28:00 VB - call home		2.55	0.45	3.00
✓ 08-Apr-08	0019086886413 : 22:32:00 Brum - " "		7.01	1.23	8.24
✓ 09-Apr-08	0019737384077 : 23:18:00 VB		2.55	0.45	3.00
✓ 09-Apr-08	0018625201466 : 23:19:00 VB		2.55	0.45	3.00
✓ 09-Apr-08	0019737384077 : 23:44:00 VB		9.31	1.63	10.94

	Net	VAT	Total
VAT@17.5%	481.29	84.23	565.52
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 565.52

GRANGE CITY HOTEL
8-10 COOPERS ROW
LONDON
M9420397846TID366525
ROOM NO 428

AMEX
**** **** ***1 003
EXP 09/11
SWIPED
ANNE MARIE MULLIGAN

COMPLETION TRANSACTIO

CUSTOMER COPY
AMOUNT £565.52
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
08:25 09/04/08
AUTH CODE: 06

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

Sheraton Neues Schloss Hotel Zürich

Stockerstrasse 17
8002 Zurich, Schweiz

Anne Mulligan
Of NY & NJ
225 Park Avenue South, 12th Floor
10003 New York
United States of America

Date : 11.04.08
Room No. : 414
Arrival : 09.04.08
Departure : 11.04.08
Page : 1 von 2
Cashier : Marie Renner
VAT : 243 967

Sheraton Neues Schloss Hotel Zürich

RECHNUNG

Folio No. : 18811
Bitte bei Zahlung angeben. Kundennr.:

Date	Description	Debit CHF	Credit CHF
		1.50	
✓ 09.04.08	Telephone (IFC) 7.6% 22:08 #414 : 0019737384077 [00:03:56] √B	360.00	
✓ 09.04.08	Accommodation	5.00	
✓ 09.04.08	City Tax 3.6%	2.70	
✓ 10.04.08	Telephone (IFC) 7.6% 00:14 #414 : 0019737384077 [00:08:21] √B	360.00	
✓ 10.04.08	Accommodation	5.00	
✓ 10.04.08	City Tax 3.6%		734.20
11.04.08	American Express		734.20
	Total	734.20	734.20
	Saldo / Balance		0.00

	Net CHF	MWSt CHF	Brutto CHF
VAT 0%	0.00	0.00	0.00
VAT 2.4%	0.00	0.00	0.00
VAT 3.6%	704.63	25.37	730.00
VAT 7.6% (F&B)	0.00	0.00	0
VAT 7.6% (Misc.)	3.90	0.30	4.20
Durchl. Posten			10.00

T +41 (0)44 28694 00
F +41 (0)44 28694 45
sheraton.neuesschloss.zuerich@arabellastarwood.com
sheraton.com/neuesschloss

Arabella Hotelbetriebe AG
V.A.T. Reg.-Nr. 243 967

Sheraton Neues Schlos

Stockerstrasse 17
8002 Zurich, Schweiz

Date	:	11.04.08
Room No.	:	414
Arrival	:	09.04.08
Departure	:	11.04.08
Page	:	2 von 2
Cashier	:	Marie R
VAT	:	243 967

RECHNUNG

Folio No. : 18811

Bitte bei Zahlung angebe

Date	Description

Unterschrift:_____

Vertragsnummer:

Transaktions Nr.:	3447543
Genehmigungscode:	47
Genehmigungsbetrag:	734.20

T +41 (0)44 28694 00
F +41 (0)44 28694 45
sheraton.neuesschloss.zue
sheraton.com/neuesschlos

Arabella Hotelbetriebe AG

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results (1 USD)

2008-04-03	April 03, Thursday	0.500977 GBP	
2008-04-04	April 04, Friday	0.501329 GBP	- 4/4/08 - 4/6/08 - TAXI
2008-04-07	April 07, Monday	0.503651 GBP	
2008-04-08	April 08, Tuesday	0.507872 GBP	
2008-04-09	April 09, Wednesday	0.506945 GBP	- HOUSEKEEPING

invert target/base, 2008 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 4 DAY: 6 YEAR: 2008

go

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results (1 CHF)

2008-04-08	April 08, Tuesday	0.986193 USD
2008-04-09	April 09, Wednesday	0.998104 USD
2008-04-10	April 10, Thursday	0.994926 USD
2008-04-11	April 11, Friday	0.998403 USD
2008-04-14	April 14, Monday	1.00251 USD

Housekeeping

invert target/base, 2008 graph

historic lookup

BASE: Swiss Franc

TARGET: American Dollar

MONTH: 4 DAY: 11 YEAR: 2008

go

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Expense Account

Exp Acct# 145098

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/26/07 TO 06/27/07

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To attend the Annual Board Meeting of the PA Insurance Captive Entity

Purpose Dates: From 06/26/07 to 06/27/07

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/26	Parking to attend mtg at HSBC Corporate Headquarters		Y					15.00	15.00
06/26	Nightly Lodging (including tax) Double Rate 1 Nights(s)@310.3 Hilton Washington Embassy Row		Y				310.30		310.30
06/26	Valet Parking		Y					33.60	33.60
06/26	Housekeeping tip		N					4.00	4.00
06/26	Dinner - Tosca Restaurant Purpose: To discuss PAICE Board Meeting		Y		413.38				413.38

Guests

Elizabeth Steinman, Managing Director, HSBC Insurance Management
Jennifer Ryan, Account Manager, HSBC
Dana Sheppard, Associate Commissioner, Dept/Ins, Secur & Banking
Lee Bacchus, Associate Director, Dept/Ins, Secur & Banking
Veronica M Biddle, Emp# P43618
Jon C Huxel, Emp# P43174

06/26 PA Vehicle # 00602 N *

Expense Account

Exp Acct# 145098

Employee Number: P24761

Expense Period: 06/2[illegible]/7 TO 06/27/07

Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	413.38	0.00	310.30	52.60	776.28
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	413.38	0.00	310.30	52.60	776.28
Less Cash Advance on						

Amount to be Reimbursed..... 776.28

Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	776.28

#Signature below implies approval of 5 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 6/29/07 Submitted: 7/2/07

Approver's Signature [illegible] Date: 6-29-07 Emp# 70058 Title: C70

Accountant's Approval _____ Date: _____

Employee Number: P24761 Expense Period: 06/2[illegible]7 TO 06/27/07
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: TA attached

Item on 06/26/07 for 310.30; Lodging Expense

Provide explanation why accomodation is a double.

Explanation: Veronica Biddle Empl #43618 -- Guest

02 Attach itemized hotel bill and/or paid receipt.

Explanation: Hotel Bill attached

Item on 06/26/07 for 33.60; Other Expense

03 Attach an actual receipt.

Explanation: Receipt attached

Item on 06/26/07 for 413.38; Meal Expense - DINN

04 Attach an actual receipt.

Explanation: Receipt attached

The Port Authority of NY & NJ
Business Tri[illegible]d Reservations Authorization Tri[illegible]uth# 145089

Employee Number: P24761 Trip Period from: 06/26/07 to 06/27/07
Name: Anne Marie C Mulligan

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: Y

Travel Company Used: N
Trip Extension: N
Type:

Purpose: To attend the Annual Board Meeting of the PA Insurance Captive Entity

Purpose Dates: 06/26/07 to 06/27/07
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	700
Auto	0	Registration	0
Bus	0	Lodging	700
Rail	0	Other	150
Travel Sub-Total	0	Other Sub-Total	1,550
		Total Exp	1,550

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / AM Mulligan Date: 5/22/07 Submitted: 5/22/07

Approver's Signature: AM Mulligan Date: 5/22/07 Emp# 24761 Title: Treasurer

Hilton
Washington Embassy Row

2015 Massachusetts Ave. NW • Washington, DC 20036
Phone (202) 265-1600 • Fax (202) 328-7526
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

MULLIGAN, ANNE MARIE
225 PARK AVE S

NEW YORK, NY 10003
US

Room 832/D2E
Arrival Date 06/26/07 4:30PM
Departure Date 06/27/07 9:13AM I

Adult/Child 2/0
Room Rate 271.00 L-QO

RATE PLAN
HH#
AL:
CAR:

Folio

CONFIRMATION NUMBER : 3275222927

06/27/07 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
06/01/07	997877	DIRECT BILL-NET DIRECT 2007	($310.30)
06/26/07	1015177	GUEST ROOM	$271.00
06/26/07	1015177	ROOM TAXES	$39.30
		** BALANCE **	$0.00

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Hampton
Hilton Garden Inn
Hilton Grand Vacations Club
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ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO. 184958 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

Hilton
Washington Embassy Row

2015 Massachusetts Ave. NW • Washington, DC 20036
Phone (202) 265-1600 • Fax (202) 328-7526
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

MULLIGAN, ANNE MARIE
225 PARK AVE S

NEW YORK, NY 10003
US

Room 832/D2E
Arrival Date 06/26/07 4:30PM
Departure Date 06/27/07 9:13AM I

Adult/Child 2/0
Room Rate L-QO

RATE PLAN
HH#
AL:
CAR:

Folio

CONFIRMATION NUMBER : 3275222927

06/27/07 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
06/26/07	1014952	VALET PARKING	$30.00
06/26/07	1014952	TAXES	$3.60
06/27/07	1015356	AX *1003	($33.60)
		* * BALANCE * *	$0.00

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ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
AX *1003	06/26/07	184958 A

CARD MEMBER NAME	AUTHORIZATION	INITIAL
MULLIGAN, ANNE MARIE	163956	

ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-33.60

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

DATE_____ LOCATION # 20051 AMT PAID $ 15 -

DAILY ☐ MONTHLY ☐ ACCT#_____

PMI PARKING RECEIPT

THANK YOU FOR PARKING WITH US

PMI EMPLOYEE NUMBER

DATE TIME STAMP

****
* Customer Copy *
****

Tosca
1112 F STREET, N.W.
Washington,, DC 20006
202.367.1990

Date:	06/26/07
Time:	9:13 PM
Server:	11. TEAM#1
Order:	171087
Description:	Table 40:1
Card Type:	AMEX
Card No:	**********1003
Expires:	0907
Appr Code:	561797

Purchases: $ 353.38

Tip: $ 60

Total: $ 413.38

MULLIGAN/ANNE MARIE

I agree to pay the above total amount according to the card issuer agreement.

ense Account p Acct# 144217

Employee Number: P24761 Expense Period: 06/02/07 TO 06/10/07
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with London underwriters to discuss ongoing Contractors' Insurance Program coverage and attend annual Claims Review Committee meeting with carriers

Purpose Dates: From 06/02/07 to 06/10/07

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/02	Air travel Round Trip from Newark, NJ to London England	N	*	1,677.20					1,677.20
06/03	Refreshment - Grange City Hotel 2.50 Pounds @ .4914/US$	Y			5.09				5.09
06/04	Breakfast - Grange City Hotel Purpose: Prep. for mtgs on Liability Ins. Program Renewal 82.24 Pounds @ .4914/US$	Y			167.36				167.36
	Guests								
	Marcus Baker, , MARSH								
	Veronica M Biddle, Emp# P43618								
	James A Keane, Emp# P23439								
06/04	Phone call home (safe arrival) -- Veronica Biddle 3.00 Pounds @ .4914/US$	Y						6.11	6.11
06/05	Phone call home -- Veronica Biddle 25.14 Pounds @ .4914/US$	Y						51.16	51.16
06/05	Phone call home -- Anne Marie Mulligan 11.24 Pounds @ .4914/US$	Y						22.87	22.87
06/06	Breakfast - Grange City Hotel-AMM&VB 41.12 Pounds @ .4914/US$	Y			83.68				83.68
06/06	Gratuity -- Housekeeping 6.00 Pounds @ .502/US$	N						11.95	11.95

ense Account p Acct# 144217

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/02/07 TO 06/10/07

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/06	Nightly Lodging (including tax) Double Rate 3 Nights(s)@173.9 Grange City Hotel 521.70 Pounds @ .4914/US$		Y				1,061.66		1,061.66
06/06	Phone call home -- Veronica Biddle 13.76 Pounds @ .4914/US$		Y					28.00	28.00

pense Account

p Acct# 144217

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/02/07 TO 06/10/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,677.20	256.13	0.00	1,061.66	120.09	3,115.08
Less Paid by PA.....	1,677.20	0.00	0.00	0.00	0.00	1,677.20
Paid by Employee.....	0.00	256.13	0.00	1,061.66	120.09	1,437.88
Less Cash Advance on						

Amount to be Reimbursed..... 1,437.88
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	1,437.88

#Signature below implies approval of 11 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 6/13/07 Submitted: 6/18/07

Approver's Signature Date: 6/15/07 Emp# 70258 Title: CFO

Accountant's Approval Date:

Employee Number: P24761 Expense Period: 06/02/07 TO 06/10/07
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why more than one personal call was made in a day.06/05 - 2

Explanation: One phone call was made by Anne Marie Mulligan and the other by Veronica Biddle

Explain why the trip was extended.

Explanation: See attached approval

01 Attach original Trip Authorization.

Explanation: TA attached

02 Attach written approval by Chief of Staff

Explanation: Attached

Item on 06/02/07 for 1,677.20; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice/Itinerary attached

Item on 06/04/07 for 167.36; Meal Expense - BFST

04 Attach an actual receipt.

Explanation: Attached

Employee Number: P24761 Expense Period: 06/02/07 TO 06/10/07
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 06/05/07 for 51.16; Other Expense - Personal

05 Attach an actual receipt.

Explanation: Attached

Item on 06/06/07 for 83.68; Meal Expense - BFST

06 Attach an actual receipt.

Explanation: Attached

Item on 06/06/07 for 1,061.66; Lodging Expense

Provide explanation why accomodation is a double.

Explanation: Anne Marie Mulligan and Veronica Biddle, #43618 shared room for cost savings

07 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 06/06/07 for 28.00; Other Expense

08 Attach an actual receipt.

The P Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 144191

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 06/02/07 to 06/10/07

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	Y
Blanket Trip:	N	Type:	PERS
Outside TDO:	N		

Purpose: Meet with London underwriters to discuss ongoing Contractors' Insurance Program coverage and attend annual Claims Review Committee meeting with carriers

Purpose Dates:	06/02/07 to 06/10/07	
Business Destination:	London	England
Ticket Destination:	London	England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,295	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	500
Travel Sub-Total	3,295	Other Sub-Total	3,000
		Total Exp	6,295

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 4/5/07 Submitted: 4/6/07

Approver's Signature: Louis J. LaCapra Date: 4/6/07 Emp# 07419 Title: CAO

The P Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 144191

Trip Period from: 06/02/07 to 06/10/07

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

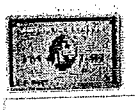
01 Attach written approval by your Department Director for international trip.

02 Attach written approval by Chief of Staff for trip extension.

PERSONAL CARDS

CARD ACTIVITY For ANNE MARIE MULLIGAN

Learn More About Your New Online Statement



Preferred Rewards Gold Card-21003

Closing Date: Jun 14, 2007

Card: Preferred Rewards Gold Card 21003

Time Period: Recent Activity May 15, 2007 to Present

Display: All Transactions

Find a Charge: (optional)

Additional Search Options

To display the selections above, click VIEW RESULTS

Learn More About Your New Online Statement

View Monthly Billing Statement

Print Options

Download Card Activity

View Year End Summary

TRANSACTION DETAIL

LIST VIEW | GRAPH VIEW

Activity for ANNE MARIE MULLIGAN -21003

Show or Hide all details

First | Previous Displaying 1-12 of 12 Transactions Next | Last

Date	Description	Foreign Spend	Amount
06/06/2007	GRANGE CITY HOTEL, LONDON EC3N	700.70 **UNITED KINGDOM POUND STERLING	1,425.64 = .4914

700.70 ÷ 1425.64 = ↑

Exemption (1)

Exemption (1)

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[redacted]

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Ms Anne Marie Mulligan

Exemption (1)

Invoice No: CTN089231

Room No: 524
Arrival Date: 03-Jun-2007
Departure Date: 06-Jun-2007

Ref: G140764744/1
Your Ref:

Date	Description	Credits	Net	Vat	Gross
03-Jun-07	Mini Bar - Coca cola		2.13	0.37	2.50
03-Jun-07	Accommodation		148.00	25.90	173.90 ✓
04-Jun-07	Buffet Breakfast		69.99	12.25	82.24 ✓
04-Jun-07	0018625201466 : 21:27:00		2.55	0.45	3.00 ✓
04-Jun-07	Accommodation		148.00	25.90	173.90 ✓
05-Jun-07	0018625201466 : 23:03:00		21.40	3.74	25.14 ✓
05-Jun-07	0019086886413 : 23:34:00		9.57	1.67	11.24 ✓
05-Jun-07	Accommodation		148.00	25.90	173.90 ✓
06-Jun-07	Buffet Breakfast		17.50	3.06	41.12 { 20.56 ✓
06-Jun-07	Buffet Breakfast		17.50	3.06	20.56 ✓
06-Jun-07	0018625201466 : 23:47:00		11.71	2.05	13.76

GRAND CITY HOTEL
8-10 COOPERS ROW
LONDON
MSR20397846TID36593618
ROOM NO:524
AMEX
[redacted]21 003
EXP 09/07
SWITCH
COMPLETION TRANSACTION
AMOUNT £700.70

	Net	VAT	Total
VAT@17.5%	596.34	104.36	700.70
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 700.70

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results (1 USD)

2007-06-04	June 04, Monday	0.501958 GBP
2007-06-05	June 05, Tuesday	0.501479 GBP
* 2007-06-06	June 06, Wednesday	0.502134 GBP
2007-06-07	June 07, Thursday	0.505102 GBP
2007-06-08	June 08, Friday	0.508725 GBP

invert target/base, 2007 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 6 DAY: 6 YEAR: 2007

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* Housekeeping - conversion rate

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AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: April 5, 2007 12:10 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator **LJQWST**
Trip ID **11302957965**
PORT AUTHORITY
PORT AUTHORITY

Agent ID : 96
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	4/4/07
Ticket Number	7035542729	Invoice	0123496
Check Digit	2	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	1,296.00
Ticket Tax Fare	351.20
Total (USD) Ticket Amount	1,647.20

Airfare charged to American Express

Total 1,647.20
+ 30.00 fee
1677.20

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 04APR07.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****

Travel Details

Saturday June 2, 2007

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:25 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	June 03, 2007		
Arrival Terminal	TERMINAL 3		
Seat	76A		
Class	Premium		

Travel Details

Sunday June 10, 2007

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack

Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:30 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	19C		
Class	Premium		

Travel Details

Saturday November 10, 2007

THANK YOU FOR CHOOSING AMERICAN EXPRESS

**THIS TICKET IS NON-REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MOREDETAILS.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
EMZ7YH	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
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CALL 800-872-3062 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

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For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Ex se Account Acct# 143635

Employee Number: P24761 Expense Period: 04/14/07 TO 04/22/07
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with London insurance underwriters to discuss Property Damage and Loss of Revenue insurance program and CIP General Liability insurance program

Purpose Dates: From 04/14/07 to 04/18/07

Business Destination: London England
Ticket Destination : London England

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance program

Purpose Dates: From 04/18/07 to 04/22/07

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/14	Air travel Round Trip from Newark Airport, NJ to London England + Zurich	Y	*	1,738.70					1,738.70
04/15	Nightly Lodging (including tax) Double Rate 3 Nights(s)@165.68 Grange City Hotel 497.04 Pounds @ .487/US$	Y					1,020.62		1,020.62
04/15	Personal phone call-safe arrival-V Biddle 12.80 Pounds @ .487/US$	Y						26.28	26.28
04/17	Personal phone call-home 23.90 Pounds @ .487/US$	Y						49.08	49.08
04/17	Personal phone call-home-no answer-V Biddle 3.00 Pounds @ .487/US$	Y						6.16	6.16
04/17	Personal phone call-home-no answer-V. Biddle 3.00 Pounds @ .487/US$	Y						6.16	6.16
04/17	Personal phone call-home-check on young child - V. Biddle 17.56 Pounds @ .487/US$	Y						36.06	36.06

E se Account Acct# 143635

Employee Number: P24761 Expense Period: 04/14/07 TO 04/22/07
Name: Anne Marie C Mulligan

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
04/17	Gratuity-housekeeping 8.00 Pounds @ .498/US$	N						16.06	16.06
04/18	Nightly Lodging (including tax) Double Rate 2 Nights(s)@350. Arabella Sheraton 700.00 Swiss Fran @ 1.18/US$	Y					593.22		593.22
04/20	Refreshment 5.00 Swiss Fran @ 1.18/US$	Y						4.24	4.24
04/20	Breakfast - Le Jardin-VB & AMM 70.00 Swiss Fran @ 1.18/US$	Y			59.32				59.32
04/20	Gratuity-housekeeping 6.00 Swiss Fran @ 1.21/US$	N						4.96	4.96

E: :se Account Acct# 143635

Employee Number: P24761 Expense Period: 04/14/07 TO 04/22/07
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,738.70	59.32	0.00	1,613.84	149.00	3,560.86
Less Paid by PA.....	1,738.70	0.00	0.00	0.00	0.00	1,738.70
Paid by Employee.....	0.00	59.32	0.00	1,613.84	149.00	1,822.16
Less Cash Advance on						
Amount to be Reimbursed.....						1,822.16
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	1,822.16

#Signature below implies approval of 14 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 4/24/07 Submitted: 4-26-07

Approver's Signature Date: 4/26/07 Emp# 20058 Title: CFO

Accountant's Approval Date:

E .se Account Acct# 143635

Employee Number: P24761 Expense Period: 04/14/07 TO 04/22/07
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why more than one personal call was made in a day.04/17 - 4

Explanation: No answer

Explain why trip extension was not mentioned on the Trip Authorization.

Explanation: See attached approval from CFO

Explain why the trip was extended.

Explanation: Personal reasons

01 Attach original Trip Authorization.

Explanation: Attached

02 Attach written approval by Chief of Staff

Explanation: Attached CFO Approval

Item on 04/14/07 for 1,738.70; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 04/15/07 for 1,020.62; Lodging Expense

E se Account Acct# 143635

Employee Number: P24761 Expense Period: 04/14/07 TO 04/22/07
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Provide explanation why accomodation is a double.

Explanation: Anne Marie Mulligan and Veronica Biddle, #43618, shared room for cost savings

04 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 04/15/07 for 26.28; Other Expense - Personal

05 Attach an actual receipt.

Explanation: Attached-see hotel bill

Item on 04/17/07 for 49.08; Other Expense - Personal

06 Attach an actual receipt.

Explanation: Attached-see hotel bill

Item on 04/17/07 for 36.06; Other Expense - Personal

07 Attach an actual receipt.

Explanation: Attached-see hotel bill

Item on 04/18/07 for 593.22; Lodging Expense

E ıse Account) Acct# 143635

Employee Number: P24761 Expense Period: 04/14/07 TO 04/22/07
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Provide explanation why accomodation is a double.

Explanation: Two employees shared room - Anne Marie Mulligan & Veronica Biddle - cost savings

08 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 04/20/07 for 59.32; Meal Expense - BFST

09 Attach an actual receipt.

Explanation: Attached-see hotel bill

Preferred Rewards Gold Card - 21003

RECENT ACTIVITY this is not a legal statement.

ANNE MARIE MULLIGAN

Closing Date: May 14, 2007

View Other Periods...

Summary

Previous Balance $	(-) Payments $	(+) New Charges/ Adjustments $	Outstanding Balance $

Full

Pay Bill

Payments

Date	Description	Amount
04/14/2007	PHONE PAYMENT RECEIVED-THANK YOU	
Total Payment Activity		

See My Payments

Transaction Detail

ANNE MARIE MULLIGAN XXXX-XXXXXX-21003

**Foreign Currency conversion rate is base rate plus 2%. See legal disclosures for details.

Show / Hide all details

Date	Description	Foreign Spending	Amount
04/20/2007	ARABELLA SHERATON, ZUERICH	775.00 **SWISS FRANC	656.50
04/18/2007	GRANGE CITY HOTEL, LONDON EC3N	557.30 **UNITED KINGDOM POUND STERLING	1,144.58
04/16/2007	BOOTS THE CHEMIST, LONDON EC3N	15.87 **UNITED KINGDOM POUND	32.28

Print Options

> Entire Page

> Individual Tra

> Paper Statem

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		STERLING	
04/16/2007	⊞ KOTO 2/ LUTETIA BRASSERIE, LONDON EC3N	42.30 **UNITED KINGDOM POUND STERLING	86.05

Exemption (1)

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria.

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GRANGE CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Miss Veronica Biddle

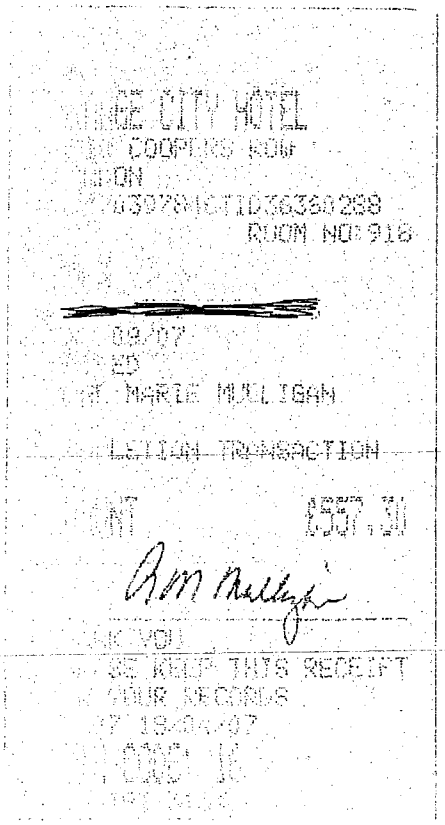
Invoice No: CTN081991

Room No: 918
Arrival Date: 15-Apr-2007
Departure Date: 18-Apr-2007

Ref: G140760552/1
Your Ref:

Date	Description	Credits	Net	Vat	Gross
15-Apr-07	Accommodation		141.00	24.68	165.68
15-Apr-07	0018625201466 : 22:45:00		10.89	1.91	12.80
16-Apr-07	Accommodation		141.00	24.68	165.68
17-Apr-07	0018625201466 : 23:50:00		20.34	3.56	23.90
17-Apr-07	Accommodation		141.00	24.68	165.68
17-Apr-07	0018625201466 : 23:04:00		2.55	0.45	3.00
17-Apr-07	0018625201466 : 23:05:00		2.55	0.45	3.00
17-Apr-07	0019737698182 : 23:22:00		14.94	2.62	17.56

	Net	VAT	Total
VAT@17.5%	474.30	83.00	557.30
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 557.30



Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

ArabellaSheraton
Neues Schloss
Zürich

Date	:	20.04.07
Room No.	:	114
Arrival	:	18.04.07
Departure	:	20.04.07
Page	:	1 von 1
Cashier ID.	:	Florian Schoenbeck

Veronica Biddle

Exemption (1)

ArabellaSheraton Neues Schloss, Zürich

INVOICE

Invoice No. : 7103

Date	Description	Debit CHF	Credit CHF
18.04.07	Accommodation	345.00	350.00
18.04.07	City Tax 3.6%	5.00	
19.04.07	Accommodation	345.00	350.00
19.04.07	City Tax 3.6%	5.00	
20.04.07	Minibar Beverage 7.6%	5.00	
20.04.07	American Express		775.00
20.04.07	Le Jardin Breakfast Food 3.6%	70.00	
	#114 : CHECK #1545		
	Total	775.00	775.00
	Balance CHF		0.00

	Net CHF	V.A.T. CHF	Gross CHF
V.A.T. 0%	0.00	0.00	0.00
V.A.T. 2.4%	0.00	0.00	0.00
V.A.T. 3.6%	743.24	26.76	770.00
V.A.T. 7.6% (F&B)	4.65	0.35	5.00
V.A.T. 7.6% (Misc.)	0.00	0.00	0.00

Non revenue 10.00

By signing I agree this bill will be charged to my credit card :_____

VU:

Terminal Id:	280000000	Credit Card #:	XXXXXXXXXXXX1003	Local Amount CHF:	775.00
Approval Code:	000016	Expiry :	XX/XX		
Approval amount:	775.00	Capture method:	Swiped	**Transaction Amount CHF**	775

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

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Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator HEIOJY
Trip ID 11052311246
PORT AUTHORITY

Agent ID : 62
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	3/8/07
Ticket Number	7823329765	Invoice	0109224
Check Digit	4	Electronic	Yes

Charges

Ticket Base Fare	85.00
Ticket Tax Fare	126.20
Total (USD) Ticket Amount	211.20

Ticket Information

Airline Code	932	Ticket Date	3/8/07
Ticket Number	7823153244	Invoice	0109221
Check Digit	1	Electronic	Yes

Charges

Ticket Base Fare	1,152.00
Ticket Tax Fare	345.50
Total (USD) Ticket Amount	1,497.50

Billing Code 1000X556001085G01

Total 1,708.70
+ 30.00 AMEX FEE
$ 1738.70

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 07MAR07.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****

Travel Details

Saturday April 14, 2007

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:25 PM		
Arriving	9:05 AM		

Departure Terminal	TERMINAL B
Arriving on	April 15, 2007
Arrival Terminal	TERMINAL 3
Seat	77H
Class	Premium economy

Travel Details

Wednesday April 18, 2007

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 35 minutes
Flight	459	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES		
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro rj100 reg jet
Departing	3:10 PM		
Arriving	5:45 PM		
Seat	Confirmed		
Class	Economy		

SEAT 5D

Travel Details

Sunday April 22, 2007

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London Heathrow, UK	Plane	Airbus a320
Departing	3:40 PM		
Arriving	4:25 PM		
Arrival Terminal	TERMINAL 2		
Seat	Confirmed		
Class	Shuttle service		

SEAT 9E

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:30 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	21C		
Class	Premium economy		

Travel Details

Monday October 22, 2007

**THANK YOU FOR CALLING AMERICAN EXPRESS **

Travel Details

Wednesday December 19, 2007

THIS TICKET IS NONREFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET

Loyalty Programs

Vendor	Account	Traveler
SWISS INTERNATIONAL AIR	999900502907250	ANNEMARIE C MULLIGAN
Vendor	**Account**	**Traveler**
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
FYYNG6	VIRGIN ATLANTIC AIRWAYS
MTS7HQ	SWISS INTERNATIONAL AIR

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-872-3062 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL
---
‡
VIRGIN FARE IS 1497.50
SWISS FARE IS 211.20
‡
PENALTY APPLIES/NONEND/VALID VS ONLY
NONREF/VALID VS ONLY
‡
HELPFUL WEBSITES --
WWW.CDC.GOV/TRAVEL/INDEX.HTM - FOR VACCINATION INFO
WWW.CIBT.COM ---------- FOR PASSPORT AND VISA INFO
---- OR CONTACT CIBT AT 800-929-2428 ----
FOR INTERNATIONAL CAR RENTAL RESERVATIONS YOU MAY
NEED A INTERNATIONAL DRIVING PERMIT-CTC WWW.CIBT.COM
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE
DIRECTLY WITH THE AIRLINE-OUTBOUND AND RETURN
PASSPORTS MUST HAVE AT LEAST 6 MONTHS VALIDITY
FROM THE RETURN DATE OF YOUR TRIP.
A VALID PASSPORT IS REQUIRED FOR YOUR DESTINATION
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
212-435-5802-SOPHIE ARIANAS
‡
SWISS FARE IS NON-REFUNDABLE-NO CHANGES PERMITTED

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

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results (1 USD)

2007-04-16	April 16, Monday	0.502336 GBP
2007-04-17	April 17, Tuesday	0.49848 GBP
2007-04-18	April 18, Wednesday	0.498977 GBP
2007-04-19	April 19, Thursday	0.499276 GBP
2007-04-20	April 20, Friday	0.498828 GBP

invert target/base, 2007 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 4 DAY: 17 YEAR: 2007

go

* Housekeeping - Conversion rate

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results (1 USD)

2007-04-17	April 17, Tuesday	1.2092 CHF
2007-04-18	April 18, Wednesday	1.2056 CHF
2007-04-19	April 19, Thursday	1.2044 CHF
2007-04-20	April 20, Friday	1.2081 CHF
2007-04-23	April 23, Monday	1.2088 CHF

invert target/base, 2007 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 4 DAY: 20 YEAR: 2007

go

*Housekeeping - conversion rate

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The Pc Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 143384

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/14/07 to 04/22/07

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: Y

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Meet with London insurance underwriters to discuss Property Damage and Loss of Revenue insurance program and CIP General Liability insurance program

Purpose Dates: 04/14/07 to 04/18/07
Business Destination: London England
Ticket Destination: London England

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance program

Purpose Dates: 04/18/07 to 04/22/07
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,418	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	500
Travel Sub-Total	3,418	Other Sub-Total	3,000
		Total Exp	6,418

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 3-20-07 Submitted: 3-20-07

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 143384

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/14/07 to 04/22/07

Approver's Signature Louis J. LaCapra

Date: 3/20/07 Emp# 07419 Title: CAO

(memo attached)

The Po. Authority of NY & NJ
Business Trip and Reservations Authorization Trip ..ath# 143384

Employee Number: P24761 Trip Period from: 04/14/07 to 04/22/07
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Expense Account

Exp Acct# 144287

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/0 / TO 04/09/07

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2007 APR 11 PM 2:21

Purpose: 25-Year Port Authority Anniversary Celebration for Roseann Mohr, Lilliane Buchanan and Sophie Arianas

Purpose Dates: From 04/09/07 to 04/09/07

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
04/09	Lunch - Giorgios of Gramercy Purpose: 25-year anniversary		Y		198.00				198.00

Guests

Lilliane Buchanan, Emp# P28320
Roseann V Mohr, Emp# P27953
Sophie Arianas, Emp# P27372
Iran H Engel, Emp# P27322

Expense Account

Exp Acct# 144287

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/0[illegible]7 TO 04/09/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	198.00	0.00	0.00	0.00	198.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	198.00	0.00	0.00	0.00	198.00
Less Cash Advance on						

Amount to be Reimbursed..... 198.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X ~~556001~~ 547001 085G01	198.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 4/10/07 Submitted: 4/10/07

Approver's Signature: M. Falcano Date: 4/10/07 Emp# ~~20058~~ 23299 Title: Acting CFO

Accountant's Approval _____ Date: _____

Employee Number: P24761 Expense Period: 04/05/07 TO 04/09/07
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 04/09/07 for 198.00; Meal Expense - LUN

01 Attach an actual receipt.

02 Attach written approval by Chief of Staff for staff on staff meal within the Port District.All meal guests on 04/09 at LUN are PA or PATH employees.

GIORGIOS OF GRAMERCY
27 EAST 21ST ST
NEW YORK, NY 10010

TERMINAL I.D.: 10158127

MERCHANT #: 6512485164100000

AMEX SEQ: 2
XXXXXXXXXXXX1003
SALE
BATCH: 000170 INV: 5
DATE: APR 09, 07 TIME: 13:59:20
AUTH NO: 585799
ORN: 0990109052013

BASE $166.00

TIP 30.00

TOTAL 196.00

FOOD/BEV 00

ANNE MARIE MULLIGAN

AM Mulligan

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Expense Account

Exp Acct# 142665

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/26/07 TO 01/26/07

2007 FEB 13 PM 2:59

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N
Outside TDO: N

Purpose: 25th Port Authority Anniversary Celebration for Iran Engel

Purpose Dates: From 01/26/07 to 01/26/07

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
01/26	Lunch - Paul & Jimmy's Purpose: PA 25th Anniversary Celebration for Iran Engel		Y		132.54				132.54

Guests

Iran H Engel, Emp# P27322
Aaron P Blanco, Emp# P20058

nse Account

p Acct# 142665

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/26/07 TO 01/26/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	132.54	0.00	0.00	0.00	132.54
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	132.54	0.00	0.00	0.00	132.54
Less Cash Advance on						

Amount to be Reimbursed..... 132.54
Amount to be Returned..... 0.00

Account Code	Amount
1000 X ~~556001~~ 547001 ~~085601~~ 038601	132.54

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AM Mulligan Date: 1/30/07 Submitted: 2/12/07

Approver's Signature: [signature] Date: 2/12/07 Emp# 07419 Title: CAO

Accountant's Approval: _____ Date: _____

Expense Account Exp Acct# 142665

Employee Number: P24761 Expense Period: 01/26/07 TO 01/26/07
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Includes expenses on behalf of Director or Commissioner at a higher level than spender. Will be reviewed at the highest Director's or Commissioner's level.

Explanation: OK

Item on 01/26/07 for 132.54; Meal Expense - LUN

01 Attach an actual receipt.

Explanation: Attached

02 Attach written approval by Chief of Staff for staff on staff meal within the Port District.All meal guests on 01/26 at LUN are PA or PATH employees.

PAUL AND JIMMYS REST
123 E 18TH STREET
NEW YORK, NY. 10003

TERMINAL I.D.: 00754200008003882944000

MERCHANT #: 8003882944

AMEX
**********1003
SALE
RECORD #: 002 INV: 000002
DATE: JAN 26, 07 TIME: 15:02

AUTH: 569413

BASE $110.54

TIP 22.00

TOTAL $132.54

ANNE MARIE MULLIGAN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

F ense Account

Exp Acct# 142550

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/ 7 TO 01/23/07

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2007 JAN 25 PM 1:29

Purpose: Discuss insurance issues related to the WTC Transportation Hub construction

Purpose Dates: From 01/23/07 to 01/23/07

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
01/23	Taxi from 225 PAS to New York Marriott Financial Center	Y						13.30	13.30
01/23	Lunch - Roy's New York (Marriott) Purpose: Discuss insurance issues re: WTC TH construction	Y			197.89				197.89

Guests

Peter Bone, Senior Vp-Underwriting, Lexington Insurance Co.
Paul Worgan, Casualty Claims Examiner, Lexington Insurance Co.
Veronica M Biddle, Emp# P43618
Jon C Huxel, Emp# P43174
James A Keane, Emp# P23439

01/23	Taxi from Neew York Marriott Financial Center to 225 PAS	Y						15.30	15.30

E' nse Account

Exp Acct# 142550

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/2 TO 01/23/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	197.89	0.00	0.00	28.60	226.49
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	197.89	0.00	0.00	28.60	226.49
Less Cash Advance on						

Amount to be Reimbursed..... 226.49
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	226.49

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 1/24/07 Submitted: 1-25-07

Approver's Signature Date: 1/24/07 Emp# 20058 Title: CFO

Accountant's Approval Date:

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/2 / TO 01/23/07

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 01/23/07 for 197.89; Meal Expense - LUN

01 Attach an actual receipt.

& & & 404 & & &
***** CREDIT CARD VOUCHER *****
****
N.Y. MARRIOTT FINANCIAL CENTER
**** ROY'S NEW YORK ****

CHECK: 4965
TABLE: 45/1
SERVER: 402 HILDA
DATE: JAN23'07 1:14PM
CARD TYPE: AMERICAN EXPRESS
ACCT #: XXXXXXXXXXX1003
EXP DATE: XX/XX
AUTH CODE: 509452
ANNE MARIE MULLIGAN

SUBTOTAL: 167.89

GRATUITY $ 30.00

TOTAL $ 197.89

SIGNATURE AMMulligan

PLEASE LEAVE SIGNED COPY

I ♡ NEW YORK
MED # 8F27
DATE: 01/23/2007
START TIME 11:42
END TIME 11:58
TRIP # 2624
RATE No. 1
MILES 3.10
FARE $ 11.30
Tip 2.00
Contact TLC Dial 3-1-1 13.30

I ♡ NEW YORK
MED # 7N27
TRIP # 1457
ST. TIME 02:00PM
END TIME 02:19PM
DATE JAN-23-07
DIST 3.56
FARE $ 13.30
to Contact TLC
Dial 3-1-1
Tip 2.00
15.30

Expense Account

Exp Acct# 142550

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/23/07 TO 01/23/07

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: NONTR
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Purpose: Discuss insurance issues related to the WTC Transportation Hub construction

Purpose Dates: From 01/23/07 to 01/23/07

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
01/23	Taxi from 225 PAS to New York Marriott Financial Center		Y					13.30	13.30
01/23	Lunch - Roy's New York (Marriott) Purpose: Discuss insurance issues re: WTC TH construction		Y		197.89				197.89
	Guests								
	Peter Bone, Senior Vp-Underwriting, Lexington Insurance Co.								
	Paul Worgan, Casualty Claims Examiner, Lexington Insurance Co.								
	Veronica M Biddle, Emp# P43618								
	Jon C Huxel, Emp# P43174								
	James A Keane, Emp# P23439								
01/23	Taxi from Neew York Marriott Financial Center to 225 PAS		Y					15.30	15.30

Expense Account

Exp Acct# 142550

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 01/23/07 TO 01/23/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	197.89	0.00	0.00	28.60	226.49
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	197.89	0.00	0.00	28.60	226.49
Less Cash Advance on	.....					

Amount to be Reimbursed..... 226.49
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	226.49

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Anne Marie C Mulligan Date: _____ Submitted: 01/25/07

Approver's Signature: Original Signed By Aaron P Blanco Date: 01/25/07 Emp# P20058 Title: Chf Fincl Ofcr

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 01/29/07

Employee Number: P24761
Name: Anne Marie C Mulligan
Expense Period: 01/23/07 TO 01/23/07

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 01/23/07 for 197.89; Meal Expense - LUN

01 Attach an actual receipt.

Expense Account

Exp Acct# 141208

Expense Period: 11/0 6 TO 11/10/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with Captive insurance regulators to discuss with the Captive Insurance Program

Purpose Dates: From 11/09/06 to 11/10/06

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
11/09	PA Vehicle # 00602	N	*						
								15.00	15.00
11/09	Parking for lunch meeting with Dept of Insurance, Securities & Banking representatives	Y							
					399.95				399.95
11/09	Lunch - DC Coast Restaurant Purpose: PA Insurance Captive Entity	Y							
	Guests								
	Mark Charron, , Deloitte Consulting								
	Ed Koral, , Deloitte Consulting								
	Elizabeth Steinman, Captive Manager, HSBC								
	Arthur D Perschetz, , Muldoon Murphy&AguggiaLLP								
	Aaron Kaslow, , Muldoon Murphy&AguggiaLLP								
	Dana Sheppard, , Dept/Ins, Secur.&Banking								
	Thomas Hampton, , Dept/Ins, Secur.&Banking								
	Veronica M Biddle, Emp# P43618								
	Jon C Huxel, Emp# P43174								
								14.00	14.00
11/09	Taxi from Westin Embassy Row hotel to Tuscana West Restaurant	Y							
							223.28		223.28
11/09	Nightly Lodging (including tax) Govt Rate 1 Nights(s)@223.28 The Westin Embassy Row	Y							
	Guests								
	Veronica M Biddle, Emp# P43618								

Expense Account

Exp Acct# 141208

Expense Period: 11/09, , TO 11/10/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
11/09	Dinner - Tuscana West Purpose: Captive Insurance		Y		98.34				98.34
	Guests								
	Veronica M Biddle, Emp# P43618								
11/09	Parking at Westin Embassy Row Hotel		N					28.00	28.00
11/10	Gas for PA vehicle (unable to use PA gas card)		Y					20.00	20.00
11/10	Gratuity-Housekeeping		N					5.00	5.00

Expense Account

Exp Acct# 141208

Expense Period: 11/09, , TO 11/10/06

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	498.29	0.00	223.28	82.00	803.57
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	498.29	0.00	223.28	82.00	803.57
Less Cash Advance on						
Amount to be Reimbursed						803.57
Amount to be Returned						0.00

Account Code	Amount
1000 X 556001 085G01	803.57

#Signature below implies approval of 5 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AM Mulligan Date: 11/16/06 Submitted: 11/17/06 pa

Approver's Signature: (pa) Date: 11/17/06 Emp# 20058 Title: CFO

Accountant's Approval: _____ Date: _____

Employee Number: P24761
Name: Anne Marie C Mulligan
Expense Period: 11/09, TO 11/10/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 11/09/06 for 399.95; Meal Expense - LUN

02 Attach an actual receipt.

Item on 11/09/06 for 223.28; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Item on 11/09/06 for 98.34; Meal Expense - DINN

04 Attach an actual receipt.

Item on 11/09/06 for 28.00; Other Expense

Expense Account

Exp Acct# 141208

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 11/09/ TO 11/10/06

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Attendees at Lunch Meeting in connection with Port Authority Insurance Captive Entity
Thursday, November 9, 2006

Port Authority of NY & NJ
Anne Marie Mulligan (Emp. # 24761)
Veronica Biddle (Emp. #43618)
Jon Huxel (Emp. #43174)

Deloitte Consulting
Mark Charron
Ed Koral

HSBC – Captive Manager
Elizabeth Steinman

Muldoon Murphy & Aguggia LLP
Arthur D. Perschetz
Aaron Kaslow

Department of Insurance, Securities and Banking
Dana Sheppard
Thomas Hampton

>>DC COAST RESTAURANT>>
1401 K STREET, NW
WASHINGTON, DC 20005

CHECK: 3381
TABLE: 11/1
SERVER: 270 MARC
DATE: NOV09'06 2:02PM
CARD TYPE: AMEX
ACCT #: XXXXXXXXXXX1003
EXP DATE: XX/XX
AUTH CODE: 503430
RESEARCH: 000000000000
ANNE MARIE MULLIGAN

SUBTOTAL: 399.95

GRATUITY: Included in total

TOTAL: _____

_____
SIGNATURE
WE APPRECIATE YOUR BUSINESS

RECEIPT For PARKING

15th Street NW
License .
1015 15th Street NW
202-

TICKET#: 202068 11/09/06 CASH $ 15.00

Pkg for Lunch & Mtg
with Dept of Ins., Securities
& Banking representatives

TAXICAB RECEIPT

Time: _____

Date: 11/9

Origin of trip: Taxi from hotel to Tuscana West

Destination: _____

Fare: 12.00 Sign: _____

+2.00 tip

14.00

Dinner - A.M. Mulligan
V. Biddle

****

DATE 11/09/06 TIME 9:33PM

MID 825560224883 4081902991

TUSCANA WEST
1350 I STREET NW
WASHINGTON, DC
(202)289-7300

****

AMEX XXXXXXXXXXXXXXX1003 S

AUTH 5867 TBL 28 CHECK 12811

PURCHASE DINNR/Dining Carlos

AMOUNT	74.85
TAX	7.49
SUBTOTAL $	82.34
TIP $	14.00
TOTAL $	96.34

CUSTOMER COPY

****

SUNOCO
MI 5.4 NJ TURNPK N.
PENNS GROVE NJ. 08069

11/10/06 16:52:05

Pump#: 11 /Full
Cashier: 50
Product:Regular

Gallons	9.809
$/Gal	$ 2.039
Fuel Sale	$ 20.00
Total Sale	$ 20.00
Tendered	$ 20.00
Change Due	$ 0.00

143637s298c11

Gas for PA vehicle

THANK YOU FOR
YOUR BUSINESS

THE WESTIN EMBASSY ROW
WASHINGTON, D.C.

2100 MASSACHUSETTS AVENUE NW, WASHINGTON, DC 20008
TEL: (202) 293-2100 FAX: (202) 293-0641

GUEST
Ms Veronica Biddle
Exemption (1)
United States

ROOM	316	
RATE	195.00	
NO. PERS.	1	
FOLIO	395693	EX-A
PAGE	1	
ARRIVE	09-NOV-06	15:22
DEPART	10-NOV-06	
PAYMENT	AX	

TRAVEL AGENT CHARGE TO
Amexone
Suite 200
240 East Morris Avenue
Salt Lake Cty, UT 84115

DATE	REFERENCE	DESCRIPTION	CHARGES & CREDITS
09-NOV-06	RT316	Room Charge Government	195.00
09-NOV-06	RT316	Room Tax	28.28
09-NOV-06	RT316	Valet Park	28.00
		Total Charges	251.28
		Total Credits	0.00
		Balance Due	251.28

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	Telephone	Other	Total	Payment
09-NOV-06	223.28	0.00	0.00	28.00	251.28	0.00
Total	223.28	0.00	0.00	28.00	251.28	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

THE WESTIN EMBASSY ROW
WASHINGTON, D.C.

Ms Veronica Biddle
FOLIO 395693 09-NOV-06

ROOM 316 DEPART AGENT

Preferred Rewards Gold Card - 21003

RECENT ACTIVITY this is not a legal statement.

ANNE MARIE MULLIGAN

Closing Date: Nov 14, 2006 View Other Periods...

Summary

Previous Balance $	(-) Payments $	(+) New Charges/ Adjustments $	Outstanding Balance $

Exemption (1)

ONLINE-ONLY STATEMENTS: EASY TO SWITCH

ENROLL TODAY

Transaction Detail

ANNE MARIE MULLIGAN **XXXX-XXXXXX-21003**

Show / Hide all details

Date	Description	Amount
11/11/2006	WESTIN HOTEL EMBASSYWASHINGTON DC	251.28
11/09/2006	TUSCANA WEST WASHINGTON DC	98.34
11/09/2006	DC COAST RESTAURANT WASHINGTON DC	399.95

Exemption (1)

Exemption (1)

My O

Americ
Travel
You now hav
way to receiv
minute speci
using RSS.

Travel
stress
Enjoy added
mind when y
Travel Insura
products fro
Express

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria.

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AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: October 13, 2006 09:59 AM

Travel Arrangements for VERONICA M BIDDLE

Record Locator CKSCUG
Trip ID 10760509448

PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : JM
4315 South 2700 West - UMC 02 01 75 - Salt Lake City, UT 84184-3900

Invoice Details

Invoices

0035968

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 09OCT06.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Thursday November 9, 2006

Hotel Information

Hotel	WESTIN THE WESTIN EMBASSY ROW DC		
Hotel Address	2100 MASSACHUSETTS AVE NW WASHINGTON DC 20008	Phone Number Fax Number	202-293-2100 202-293-0641
Confirmation Number	C061304746--A		
Check in Date	11/9/06		
Check out Date	11/10/06		
Hotel Rate	195.00 USD per night Late Arrival Guarantee - Credit Card		
Special Info	NEED 2 DOUBLE BEDS		

CANCEL 01 DAYS BEFORE ARRIVAL

Additional Messages

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-872-3057 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9FVA

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

For Itinerary changes, please contact your travel office via telephone.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

The Port Authority of NY & NJ
Business Trip Reservations Authorization Trip Batch# 141139

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 11/09/06 to 11/10/06

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	N	Trip Extension:	N
Blanket Trip:	N	Type:	
Outside TDO:	N		

Purpose: Meet with Captive insurance regulators to discuss with the Captive Insurance Program

Purpose Dates: 11/09/06 to 11/10/06
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	300
Auto	0	Registration	0
Bus	0	Lodging	225
Rail	0	Other	50
Travel Sub-Total	0	Other Sub-Total	575
		Total Exp	575

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 10/17/06 Submitted: 10/17/06

Approver's Signature AM Mulligan Date: 10/17/06 Emp# 24761 Title: Treasurer

'ense Account

'p Acct# 140449

Expense Period: 09/16/06 TO 09/24/06

Employee Number: P24761
Name: Anne Marie C Mulligan

PORT AUTHORITY OF NY & NJ

2006 OCT -3 PM 2:32

UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N
Outside TDO: N

Purpose: Meet with London insurance underwriters to discuss Public Liability insurance placement

Purpose Dates: From 09/16/06 to 09/21/06

Business Destination: London England
Ticket Destination : London England

Purpose: Meet with Zurich insurance underwriters to discuss Public Liability insurance placement

Purpose Dates: From 09/21/06 to 09/22/06

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/16	Air travel Round Trip from London England to Zurich Switzerland	Y	*	460.50					460.50
09/16	Air travel Round Trip from Newark, NJ to London England	Y	*	1,262.10					1,262.10
09/17	Nightly Lodging (including tax) Double Rate 4 Nights(s)@160.98 Grange City Hotel 643.92 pounds @ .5159/US$	Y					1,248.15		1,248.15
09/17	Personal phone call home - Veronica Biddle call home - safe arrival 10.54 pounds @ .5159/US$	Y						20.43	20.43
09/17	Refreshment 2.50 pounds @ .5159/US$	Y						4.85	4.85
09/17	Personal phone call - Anne Marie Mulligan - call home safe arrival 9.20 pounds @ .5159/US$	Y						17.83	17.83
		Y			14.05				14.05

nse Account) Acct# 140449

Expense Period: 09/16/06 TO 09/24/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/18	Refreshment 2.50 pounds @ .5159/US$		Y					4.85	4.85
09/18	Refreshment 2.50 pounds @ .5159/US$		Y					4.85	4.85
09/18	Refreshment 2.50 pounds @ .5159/US$		Y					4.85	4.85
09/18	Refreshment 2.50 pounds @ .5159/US$		Y					4.85	4.85
09/18	Personal phone call-- Veronica Biddle - call home 12.44 pounds @ .5159/US$		Y					24.11	24.11
09/19	Breakfast - Room Service-AMM and VB 29.00 pounds @ .5159/US$		Y		56.21				56.21
09/19	Personal phone call-- Veronica Biddle - call home 3.00 pounds @ .5159/US$		Y					5.82	5.82
09/20	Breakfast - Room Service--AMM and VB 10.00 pounds @ .5159/US$		Y		19.38				19.38
09/20	Personal phone call-- Veronica Biddle - call home 4.14 pounds @ .5159/US$		Y					8.02	8.02
09/20	Gratuity - Housekeeping 10.00 pounds @ .5292/US$		N					18.90	18.90
09/21	Taxi from Zurich Airport to Ascot Hotel 62.60 swiss fran @ 1.2519/US$		Y					50.00	50.00

ense Account

p Acct# 140449

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 09/16/06 TO 09/24/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,722.60	89.64	0.00	1,248.15	169.36	3,229.75
Less Paid by PA.....	1,722.60	0.00	0.00	0.00	0.00	1,722.60
Paid by Employee.....	0.00	89.64	0.00	1,248.15	169.36	1,507.15
Less Cash Advance on						
Amount to be Reimbursed.....						1,507.15
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	1,507.15

#Signature below implies approval of 10 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 9/29/06 Submitted: _____

Approver's Signature _____ Date: _____ Emp# 20058 Title: CFO

Accountant's Approval _____ Date: 10/3/06

Employee Number: P24761
Name: Anne Marie C Mulligan
Expense Period: 09/16/06 TO 09/24/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why more than one personal call was made in a day.09/17 - 2

Explanation: One call made by Anne Marie Mulligan to her home and the other call made by Veronica Biddle to her home.

Explain why the trip was extended.

Explanation: Vacation

01 Attach original Trip Authorization.

Explanation: Attached

02 Attach written approval by Chief of Staff

Explanation: Attached

Item on 09/16/06 for 460.50; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 09/16/06 for 1,262.10; Air Travel Expense

04 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

E

Employee Number: P24761
Name: Anne Marie C Mulli

De

(Place the number preceding

Item on 09/17/06 for 1,248.15;

Provide explanation why accomod

Explanation: Attached

05 Attach itemized hotel bill and/

Explanation: Attached

Item on 09/19/06 for 56.21; Mea

06 Attach an actual receipt.

Explanation: Attached

Item on 09/21/06 for 50.00; Oth

07 Attach an actual receipt.

Explanation: Attached

E ıse Account Acct# 140449

Employee Number: P24761 Expense Period: 09/16/06 TO 09/24/06
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 09/17/06 for 1,248.15; Lodging Expense

Provide explanation why accomodation is a double.

Explanation: Attached

05 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 09/19/06 for 56.21; Meal Expense - BFST

06 Attach an actual receipt.

Explanation: Attached

Item on 09/21/06 for 50.00; Other Expense

07 Attach an actual receipt.

Explanation: Attached

The Po[illegible] uthority of NY & NJ
Business Trip and Reservations Authorization Trip [illegible]uth# 140248

Employee Number: P24761 Trip Period from: 09/16/06 to 09/24/06
Name: Anne Marie C Mulligan

PORT AUTHORITY
2006 OCT -3 085 PM 2:33
UNIT

Title:	Treasurer	Org:	
Telephone:	212-435-7700	Dir/Comm:	
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	Y
Blanket Trip:	N	Type:	PERS
Outside TDO:	N		

Purpose: Meet with London insurance underwriters to dicuss Public Liability insurance placement

Purpose Dates: 09/16/06 to 09/21/06
Business Destination: London England
Ticket Destination: London England

Purpose: Meet with Zurich insurance underwriters to discuss Public Liabiity insurance placement

Sponsor: Same

Purpose Dates: 09/21/06 to 09/22/06
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,725
Rail	0	Other	500
Travel Sub-Total	3,500	Other Sub-Total	4,225
		Total Exp	7,725

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 9-1-06 Submitted: 9-1-06

The Por uthority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 140248

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/16/06 to 09/24/06

Approver's Signature: See memo attached Date: _____ Emp# _____ Title: _____

The Por(ıthority of NY & NJ
Business Trip and Reservations Authorization

Trip Auch# 140248

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/16/06 to 09/24/06

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why trip end date is 2 or more days after event end date.The last purpose end date is 2 days earlier than the trip's end date.

Explanation: See attached memo for personal trip extension.

01 Attach written approval by your Department Director for international trip.

02 Attach written approval by Chief of Staff for trip extension.

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 28, 2006 02:22 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator KJMQFL
Trip ID 11242296913

PORT AUTHORITY
225 PARK AVE SOUTH 12TH FLR
NEW YORK NY 10003

Agent ID : EB
4315 South 2700 West - UMC 02 01 75 - Salt Lake City, UT 84184-3900

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	8/28/06
Ticket Number	7780156008	Invoice	0027450
Check Digit	0	Electronic	No

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	316.00
Ticket Tax Fare	114.50
Total (USD) Ticket Amount	430.50

Airfare charged to American Express

Total 430.50

Amex fee 30.00
(Zurich) $460.50

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 14AUG06
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****

Travel Details

Saturday September 16, 2006

ELECTRONIC TICKET CONFIRMATION*WDQ47N. FARE IS*1232.10 NONREFUNABLE

+30.00 (Amex fee)
1262.10 (London)

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:45 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 17, 2006		
Arrival Terminal	TERMINAL 3		
Seat	74A		
Class	Premium		

Travel Details

Thursday September 21, 2006

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	451	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LIN		
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro rj100 reg jet
Departing	8:25 AM		
Arriving	11:10 AM		
Seat	Confirmed		
Class	Economy		

Travel Details

Sunday September 24, 2006

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London Heathrow, UK	Plane	Airbus a320
Departing	3:40 PM		
Arriving	4:25 PM		
Arrival Terminal	TERMINAL 2		
Seat	Confirmed		
Class	Economy		

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-300
Departing	8:30 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	21A		
Class	Premium		

Travel Details

Thursday June 21, 2007

THANK YOU FOR USING AMERICAN EXPRESS TRAVEL SERVICES

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
RGCJ8D	SWISS INTERNATIONAL AIR
WDQ47N	VIRGIN ATLANTIC AIRWAYS

Additional Messages

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CALL 800-872-3057 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9FVA
****
****
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PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

---------INTERNATIONAL FLTS INFORMATION----------
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN.
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE.
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
VALID PASSPORT REQUIRED FOR YOUR DESTINATION
****
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
****
NO HOTEL, CAR OR CAR SERVICE REQUESTED
****

For Itinerary changes, please contact your travel office via telephone.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

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**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM I4AUGØ6
*****************************************
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
*****************************************

21 SEP Ø6  -  THURSDAY
   AIR   SWISS                  FLT:451     ECONOMY          SNACK
         OPERATED BY /SWISS EUROPEAN AIR LINES
         LV LONDON CITY ARPT                 825A             EQP: AVRO
                                                              Ø1HR 45MIN
         AR ZURICH                           1110A            NON-STOP
                                                              REF: RGCJ8D

MULLIGAN/ANNEMARIE  AMERICAN EXPRESS     8Ø19453486                KJMQFL  2
```

24 SEP Ø6 - SUNDAY

AIR	SWISS	FLT:324	ECONOMY	SNACK
	LV ZURICH		34ØP	EQP: A32Ø
				Ø1HR 45MIN
	AR LONDON HEATHROW		425P	NON-STOP
	ARRIVE: TERMINAL 2			REF: RGCJ8D

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MULLIGAN/ANNEMARIE AMERICAN EXPRESS 8Ø19453486 KJMQFL 3

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Ms Anne Marie Mulligan

Exemption (1)

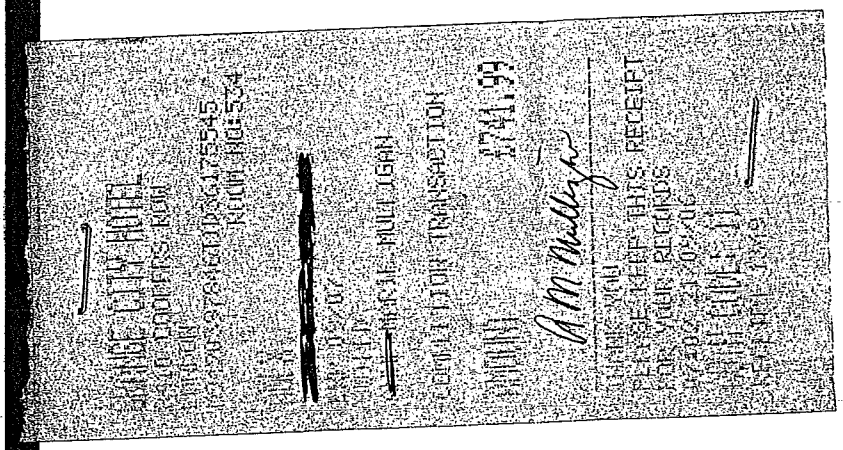
Invoice No: CT0725399

Room No: 534
Arrival Date: 17-Sep-2006
Departure Date: 21-Sep-2006

Ref: G140630747/1
Your Ref:

Date	Description	Charges	Credits
17-Sep-06	Accommodation	160.98	0.00
17-Sep-06	Mini Bar - Still water	2.50	0.00
17-Sep-06	0019732751887 : 22:25:00 VB - call home - safe arrival	10.54	0.00
17-Sep-06	0019086886413 : 22:36:00 Amm - " " " "	9.20	0.00
18-Sep-06	Room Service Charge - Room Service	2.50	0.00
18-Sep-06	Room Service Drinks - Room Service } Breakfast - VB, Amm	2.75 } 7.25	0.00
18-Sep-06	Sundries - Room Service	2.00	0.00
18-Sep-06	Accommodation	160.98	0.00
18-Sep-06	Mini Bar - Still water	2.50	0.00
18-Sep-06	Mini Bar - Still water	2.50	0.00
18-Sep-06	Mini Bar - Still water	2.50	0.00
18-Sep-06	Mini Bar - Still water	2.50	0.00
18-Sep-06	Mini Bar - Still water	12.44	0.00
18-Sep-06	0019732751887 : 22:54:00 VB - Call home	25.00	0.00
19-Sep-06	Continental Breakfast - Room Service } Breakfast - VB, Amm	4.00 } 29.00	0.00
19-Sep-06	Room Service Charge - Room Service	160.98	0.00
19-Sep-06	Accommodation	3.00	0.00
19-Sep-06	0019732751887 : 22:39:00 VB - Call home	2.50	0.00
20-Sep-06	Room Service Charge - Room Service	5.50 } 10.00	0.00
20-Sep-06	Room Service Drinks - Room Service } Breakfast - VB, Amm	2.00	0.00
20-Sep-06	Sundries - Room Service	160.98	0.00
20-Sep-06	Accommodation	4.14	0.00
20-Sep-06	0019732751887 : 22:53:00 VB - Call home		

	Net	VAT	Total
VAT@17.5%	631.48	110.51	741.99
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 741.99



Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature : A M Mulligan

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RECENT ACTIVITY this is not a legal statement.

ANNE MARIE MULLIGAN

Closing Date: Oct 13, 2006 View Other Periods...

Summary

Previous Balance $	(-) Payments $	(+) New Charges/ Adjustments $	Outstanding Balance $

STILL STORING

WE HAVE STATEME
TO OCTOBER 2004 A

GET ONLINE TIME

Exemption (1)

Show / Hide all details

Date	Description	Foreign Spending	Amount
09/21/2006	GRANGE CITY HOTEL, LONDON EC3N	741.99 **UNITED KINGDOM POUND STERLING	1,438.20
741.99 ÷ 1438.20 = .5159			
09/22/2006	ZOODIAC GMBH, ZUERICH	34.50 **SWISS FRANC	28.26
Activity for ANNE MARIE MULLIGAN		New Charges :	1,466.46

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9/20- * Gratuity- House-Keeping Exchange Rate

results (1 USD)

2006-09-18	September 18, Monday	0.53268 GBP
2006-09-19	September 19, Tuesday	0.531124 GBP
2006-09-20	September 20, Wednesday	0.529269 GBP
2006-09-21	September 21, Thursday	0.527148 GBP
2006-09-22	September 22, Friday	0.525984 GBP

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 9 DAY: 20 YEAR: 2006

go

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SHERMAN'S TOP 25
This Week's Deals:

$103+ RT
Fall US AIR sale

$247+
Air & 3 nts in VEGAS this fall

$169+
CRUISE CLEARANCE to top ports

$104+ RT
LAST-MINUTE air to US cities

$588+
Air & 4 nts in ITALY, more Europe!

$489+
5-day CANCUN w/air, hotel

$499+ OW
BIZ CLASS air to LONDON

$401+
Last-minute NYC air & hotel trips

$576+
7-nt BARBADOS w/air

MORE

Amm. VB

Taxi Halter Nr. 2883 MWST-Nr. 459 082

Zitrans GmbH

Taxi from airport to Hotel Ascot Zurich

Quittung für Taxifahrt

von .....

nach ..... + 7 CHF Tip

Taxe CHF 55,60 inkl. 7.6 % MWST (Swiss Francs)

Datum 21/9/06

FZ Züri-Nr. 770 Unterschrift .....

Sie sind gefahren mit einem Fahrzeug der Genossenschaft

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- Advertising FAQ
- Advertise here
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9/21- Taxi from Zurich Airport to Ascot Hotel- Exchange Rate

results (1 USD)

2006-09-18	September 18, Monday	1.2541 CHF
2006-09-19	September 19, Tuesday	1.2512 CHF
2006-09-20	September 20, Wednesday	1.2498 CHF
* 2006-09-21	September 21, Thursday	1.2519 CHF
2006-09-22	September 22, Friday	1.2349 CHF

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 21 YEAR: 2006

go

Allstate

With New Car Replacement, what's totaled is new again.

NEW CAR TOTALED? YOU CAN GET A CHECK FOR A TOTALLY NEW CAR.

> SEE HOW

RESTART

Ex se Account

Acct# 139985

Expense Period: 08/19/06 TO 08/23/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with insurance underwriters to discuss insurance for the WTC Redevelopment

Purpose Dates: From 08/19/06 to 08/23/06

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
									1,469.10
08/19	Air travel Round Trip from Newark Airport, NJ to London England		Y *	1,469.10					
							963.26		963.26
08/20	Nightly Lodging (including tax) Single Rate 3 Nights(s)@165.68 Grange City Hotel 497.04 pounds @ .516/US$		Y						
								5.81	5.81
08/20	Personal phone call to home - safe arrival 3.00 pounds @ .516/US$		Y						
								4.84	4.84
08/20	Refreshment 2.50 pounds @ .516/US$		Y						
								5.81	5.81
08/21	Personal phone call - home 3.00 pounds @ .516/US$		N						
								28.45	28.45
08/21	Taxi from hotel for Dinner Meeting w/ Aon 15.00 pounds @ .5272/US$		Y						
								15.14	15.14
08/23	Gratuity - housekeeping 8.00 pounds @ .5283/US$		N						
								2.42	2.42
08/23	Snack 1.25 pounds @ .516/US$		Y						
								4.84	4.84
08/23	Snack 2.50 pounds @ .516/US$		Y						

Ex e Account F Acct# 139985

Expense Period: 08/19/06 TO 08/23/06

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,469.10	0.00	0.00	963.26	~~67.31~~ 62.47	2,499.67
Less Paid by PA.....	1,469.10	0.00	0.00	0.00	0.00	1,469.10
Paid by Employee.....	0.00	0.00	0.00	963.26	~~67.31~~ 62.47	1,030.57
Less Cash Advance on						1,030.57
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						

2494.83 LG

$1,025.13 LG

$1,025.13 LG

Account Code	Amount
1000 X 556001 085G01	1,030.57 $1,025.13 LG

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 9-1-06 Submitted: 9-6-06 pa

Approver's Signature: Date: 9/1/06 Emp# 20058 Title: CFO

Accountant's Approval: Date:

Ex e Account Acct# 139985

Expense Period: 08/19/06 TO 08/23/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 08/19/06 for 1,469.10; Air Travel Expense

01 Attach Passenger Receipt and Invoice/Itinerary.

Item on 08/20/06 for 963.26; Lodging Expense

02 Attach itemized hotel bill and/or paid receipt.

03 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Item on 08/21/06 for 28.45; Other Expense - Local Tra

04 Attach an actual receipt.

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: July 28, 2006 03:09 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator GXFIGG
Trip ID 11023609904

PORT AUTHORITY
PORT AUTHORITY

Agent ID : K1
4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/28/06
Ticket Number	7774380807	Invoice	0022747
Check Digit	1	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	1,158.00
Ticket Tax Fare	281.10
Total (USD) Ticket Amount	1,439.10

Airfare charged to American Express

Total 1439.10

Amex fee 30.00
1469.10

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 28JUL06
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday August 19, 2006

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:45 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	August 20, 2006		
Arrival Terminal	TERMINAL 3		
Seat	77C		
Class	Premium		

Travel Details

Wednesday August 23, 2006

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Boeing 747-400
Departing	4:00 PM		
Arriving	6:40 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	73C		
Class	Premium		

Travel Details

Sunday June 10, 2007

THANK YOU FOR CHOOSING AMERICAN EXPRESS

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Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
U1KZFY	VIRGIN ATLANTIC AIRWAYS

Additional Messages

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-872-3057 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9FVA
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YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
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FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE
DIRECTLY WITH THE AIRLINE
**OUTBOUND FLIGHTS AND RETURN FLIGHTS.....
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
A VALID PASSPORT IS REQUIRED FOR YOUR DESTINATION
.
PASSPORT MUST HAVE AT LEAST 6 MONTHS VALIDITY
****FARE IS 1439.10 NONFUNDALBE BOOKED BY SOPHIE ARIANAS

For Itinerary changes, please contact your travel office via telephone.

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For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

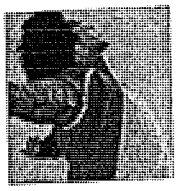
PERSONAL CARDS

Preferred Rewards Gold Card - 21003

RECENT ACTIVITY this is not a legal statement.

ANNE MARIE MULLIGAN

Closing Date: Sep 14, 2006 View Other Periods...



Summary

Exemption (1)

Transaction Detail

ANNE MARIE MULLIGAN XXXX-XXXXXX-21003

**Foreign Currency conversion rate is base rate plus 2%. See legal disclosures for details.

[+] Show / [-] Hide all details

Date	Description	Foreign Spending	Amount
08/23/2006	[+] GRANGE CITY HOTEL, LONDON EC3N	506.79 **UNITED KINGDOM POUND STERLING	982.16
08/23/2006	[+] WORLD DUTY FREE-HEATHROW-TERMINAL 3 UK	32.50 **UNITED KINGDOM POUND STERLING	62.99
08/23/2006	[+] HRP TOWER OF LONDON	30.00 **UNITED	58.14

506.79 ÷ 982.16 = .5160

08/20/2006	⊞ BOOTS THE CHEMIST, LONDON WC2N	KINGDOM POUND STERLING 30.70 **UNITED KINGDOM POUND STERLING	59.50	

Ameri
Travel
Book now a
double poin

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getaway wit
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GRANGE CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Ms Anne Marie Mulligan

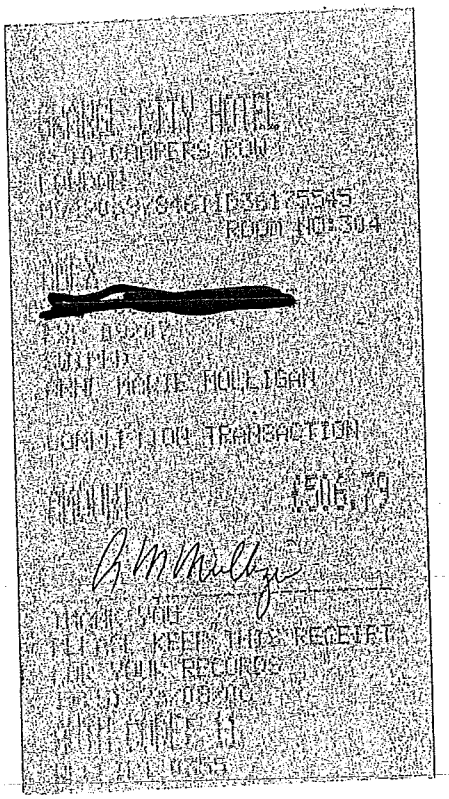
Invoice No: CT0721392

Room No: 304
Arrival Date: 20-Aug-2006
Departure Date: 23-Aug-2006

Ref: G140627592/1
Your Ref:

Date	Description	Charges	Credits
20-Aug-06	Mini Bar - Still water	2.50	0.00
20-Aug-06	Accommodation	165.68	0.00
20-Aug-06	0019086886413 : 21:15:00 Telephone Call - home	3.00	0.00
21-Aug-06	Accommodation	165.68	0.00
21-Aug-06	Mini Bar - Still water	0.00	2.50
21-Aug-06	0019086886413 : 23:01:00 Telephone Call - home	3.00	0.00
22-Aug-06	Accommodation	165.68	0.00
23-Aug-06	Mini Bar - Dry salted pean	1.25	0.00
23-Aug-06	Mini Bar - Pringles	2.50	0.00

	Net	VAT	Total
VAT@17.5%	431.31	75.48	506.79
Service Non VAT	0.00	0.00	0.00
Received			2.50
		Total	£ 506.79



Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL email: city@grangehotels.com Internet: http://www.grangehotels.com

Globalgrange Limited: 58 Rochester Row, London SW1P 1JU. VAT Registration No. 714256451. Registered in England No. 1503192

Dial·a·Cab

OWNER DRIVERS RADIO TAXI SERVICE LIMITED

Thank you for using Dial-a-Cab

020 7253 5000

PICK UP FROM	DAY	MONTH	YEAR
TRIP ENDED			

CHARGES	AMOUNT
METER	
EXTRAS	
TOTAL CHARGES	
SIGNATURE	

WHY NOT OPEN A CREDIT ACCOUNT

For details: phone 020 7251 0581
or write to: Dial-a-Cab
Brunswick House, 3-11 Brunswick Place, London N1 6DX.

Receipt for a taxi journey, but not necessarily one undertaken by a driver on behalf of Dial-a-Cab.

8/21/06

Taxi

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Free Premium & Custom Charts Free Real-Time Charting
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Excellent Rates for Your Currency 30 years of Banking Experience
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Taxi exchange rate

Housekeeping gratuity - exchange rate

results (1 USD)

2006-08-21	August 21, Monday	0.527204 GBP
2006-08-22	August 22, Tuesday	0.529633 GBP
2006-08-23	August 23, Wednesday	0.52829 GBP
2006-08-24	August 24, Thursday	0.529549 GBP
2006-08-25	August 25, Friday	0.529549 GBP

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

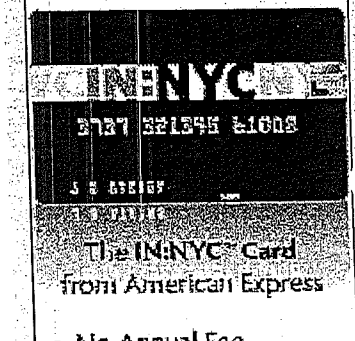
MONTH: 8 DAY: 23 YEAR: 2006

go

get the most out of new york

+

get a $50 gift certificate
(5,000 bonus points)
w/ first purchase



The IN:NYC Card from American Express

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- Special Savings on Tuesdays
- Dining, Spa, & Entertainment Rewards

APPLY NOW

... of NY & NJ
...thorization Trip ... h# 139982
...om: 08/19/06 to 08/23/06

The Port Authority of NY & NJ
Business Trip ...in Reservations Authorization

...yee Number: P24761
Anne Marie C Mulligan Trip h# 139982
Trip Period from: 08/19/06 to 08/23/06

: Treasurer
...one: 212-435-7700
...s: 225PAS 12012
: Code: 1000 X 556001 085G01
Guest: N
...tional: Y
Trip: Y
TDO: N

Org:
Dir/Comm: 085
Y

Travel Company Used:
Trip Extension: Y
Type: N

Meet with insurance underwriters to discuss insurance for the WTC Redevelopment

...es: 08/19/06 to 08/23/06
...stination: London
...ination: London England
England

ESTIMATED TRIP EXPENSES

	Amount	Other	Amount
	2,880	Meals	1,000
	0	Registration	0
	0	Lodging	1,824
	0	Other	400
...b-Total	2,880	Other Sub-Total	3,224
		Total Exp	6,104

MULTIPLE EMPLOYEE LISTING

Employee ID	Org	Employee Name
P43618	093	Veronica M Biddle

...plies approval of 1 flag(s) listed on attached sheet(s).

...m with incorrect or false information, receipts or documentation is grounds ...ion including dismissal. Please be accurate.

...Mulligan Date: 7-28-06 Submitted: 7-28-06

...LaCapra Date: 7-28-06 Emp# 07419 Title: CAO

E/ nse Account

Exp Acct# 139532

Expense Period: 06/27/ TO 06/27/06

Employee Number: P24761
Name: Anne Marie C Mulligan

PORT AUTHORITY

2006 JUN 29 PM 2:19

UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N
Outside TDO: N

Purpose: Luncheon celebration for Thomas Howard's 25th Port Authority Anniversary

Purpose Dates: From 06/27/06 to 06/27/06

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
06/27	Lunch - Giorgios of Gramercy Purpose: PA 25th Anniversary Celebration for Tom Howard		Y		147.50				147.50

Guests

Veronica M Biddle, Emp# P43618
Thomas F Howard, Emp# P27031

Ex se Account

F Acct# 139532

Expense Period: 06/27/ TO 06/27/06

Employee Number: P24761
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	147.50	0.00	0.00	0.00	147.50
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	147.50	0.00	0.00	0.00	147.50
Less Cash Advance on						
Amount to be Reimbursed						147.50
Amount to be Returned						0.00

Account Code	Amount
1000 X 556001 085G01	147.50

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 6/28/06 Submitted: 6/29/06

Approver's Signature: A M Mulligan Date: 6/28/06 Emp# 24761 Title: Treasurer

Accountant's Approval: _____ Date: _____

Approver's Signature: _____ Date: 6/28/06 Emp# 20058 Title: CFO

Ex ıse Account

F Acct# 139532

Expense Period: 06/27/ TO 06/27/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 06/27/06 for 147.50; Meal Expense - LUN

01 Attach an actual receipt.

02 Attach written approval by Chief of Staff for staff on staff meal within the Port District.All meal guests on 06/27 at LUN are PA or PATH employees.

GIORGIOS OF GRAMERCY
27 EAST 21ST ST
NEW YORK, NY 10010

TERMINAL I.D.: 10160527

MERCHANT #: 6124616410000

AMEX SW: 2
XXXXXXXXXXX1003
SALE
BATCH: 200427 INV: 17
DATE: JUN 27, 06 TIME: 13:57:20
AUTH NO: 5453832
ARN: 17001908F9ALE

BASE $123.50

TIP 24.00

TOTAL 147.50

FOOD/BEV 00

ANNE MARIE MULLIGAN

A M Mulligan

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Expense Account

Exp Acct# 138425

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/03 TO 06/12/06

PORT AUTHORITY

2006 JUN 22 PM 2:21

UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with insurance underwriters to discuss Contractor's Insurance Program

Purpose Dates: From 06/03/06 to 06/12/06

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/03	Air travel Round Trip from Newark, NJ to London England	Y	*	1,243.20					1,243.20
06/04	Personal phone call-safe arrival 12.00 pounds @ .5292/US$	Y						22.68	22.68
06/04	Dinner - Maxwells Purpose: Discuss Contractors' Insurance Program 55.65 pounds @ .5198/US$	Y			107.06				107.06
	Guests								
	Veronica M Biddle, Emp# P43618								
06/05	Breakfast - CoffeeA Purpose: Discuss Contractors' Insurance Program 12.90 pounds @ .5323/US$	Y			24.23				24.23
	Guests								
	Veronica M Biddle, Emp# P43618								
06/08	Personal phone call 3.00 pounds @ .5192/US$	Y						5.78	5.78
06/09	Nightly Lodging (including tax) Single Rate 5 Nights(s)@160.98 Grange City Hotel 804.90 pounds @ .5292/US$	Y					1,520.98		1,520.98
06/09	Gratuity-housekeeping 10.00 pounds @ .5323/US$	N						18.79	18.79

Expense Account

Exp Acct# 138425

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/03 TO 06/12/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,243.20	131.29	0.00	1,520.98	47.25	2,942.72
Less Paid by PA.....	1,243.20	0.00	0.00	0.00	0.00	1,243.20
Paid by Employee.....	0.00	131.29	0.00	1,520.98	47.25	1,699.52
Less Cash Advance on						

Amount to be Reimbursed..... 1,699.52
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	1,699.52

#Signature below implies approval of 6 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 6-20-06 Submitted: 6/22/06

Approver's Signature Date: 6/20/06 Emp# 20058 Title: CFO

Accountant's Approval Date:

Employee Number: P24761
Name: Anne Marie C Mulligan
Expense Period: 06/0[illegible] TO 06/12/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended.

Explanation: Vacation

01 Attach original Trip Authorization.

Explanation: Attached

02 Attach written approval by Chief of Staff

Explanation: Attached

Item on 06/03/06 for 1,243.20; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 06/04/06 for 107.06; Meal Expense - DINN

04 Attach an actual receipt.

Explanation: Attached

Item on 06/09/06 for 1,520.98; Lodging Expense

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/03, TO 06/12/06

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Expense Account

Exp Acct# 138425

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 06/03, TO 06/12/06

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Preferred Rewards Gold Card - 21003

VIEW
- Summary of Accounts
- Account Services
- Recent Activity
- Online Statement
- Year-End Summary

MANAGE
- Pay Bill
- Recent Payments
- Edit Bank Account
- Download to Quicken or Money
- Pay Over Time

RECENT ACTIVITY this is not a legal statement.

ANNE MARIE MULLIGAN

Closing Date: Jun 14, 2006

View Other Periods...

Print Options
> Entire Page
> Individual Tran
> Paper Stateme

Summary

Like viewing y statement onli

Experience the and convenien online-only stat

Membership Re
Points Balance
See Your Re

Exemption (1)

Dispute a Ch
Check Dispute

Show / Hide all details

Date	Description	Foreign Spending	Amount
06/09/2006	GRANGE CITY HOTEL, LONDON EC3N	819.90 **UNITED KINGDOM POUND STERLING	1,549.37
06/07/2006	BOOTS THE CHEMIST, LONDON EC2M	20.96 **UNITED KINGDOM POUND STERLING	39.87

819.90 ÷ 1549.37 = .5292

My Rewa

Enterprise $300 Certificat Redeem for 30 points

AXP Financial Advisors $350 Financial

06/07/2006	⊞ THE WINE LIBRARY LIMITED, LONDON EC3N	21.49 **UNITED KINGDOM POUND STERLING	40.88	Advisors Certi Redeem for 30 points
06/05/2006	⊞ THE ROYAL COLLECTION WINDSOR BERKSHIRE	15.85 **UNITED KINGDOM POUND STERLING	30.53	
06/05/2006	⊞ LONDON WLOO SST	13.10 **UNITED KINGDOM POUND STERLING	25.23	
06/05/2006	⊞ LONDON WLOO SST	13.10 **UNITED KINGDOM POUND STERLING	25.23	
06/05/2006	⊞ TFL (MFM) - TOWER HILL	10.80 **UNITED KINGDOM POUND STERLING	20.80	
06/05/2006	⊞ TGI FRIDAYS HAYMARKET	21.80 **UNITED KINGDOM POUND STERLING	41.99	
06/04/2006	⊞ MAXWELLS,COVENT GARDEN,LONDON	55.65 **UNITED KINGDOM POUND STERLING	107.07	55.65 ÷ 107.07 = .5198

Exemption (1)

Exemption (1)

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same

MAXWELLS
8/9 JAMES STREET
LONDON
M9421076357 TID26055473
AMEX
**** **** ***1 003
EXP 09/07
SWIPED

SALE
CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT	£45.65
GRATUITY	£10.00
TOTAL	£55.65

Verified by Signature
THANK YOU
19:53 04/06/06
AUTH CODE: 31
RECEIPT 0571

CHECK REPRINT # 1

MAXWELLS
BAR & GRILL
8/9 JAMES STREET COVENT GARDEN WC2
020 7836 0303
SERVICE NOT INCLUDED
Except 5 or more

CHK# 127 T/O 57
RHIAN PM # 62
04/06/2006 17:13 COVERS 2 CASHIER 1

1 CHIC FAJITA	13.85
1 VEGE FAJITA	11.85
1 LARGE STILL	3.95
1 BTL MONTEPULCI	16.00
SUBTOTAL:	45.65
H#127 T#0300	
TOTAL	45.65

****
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ALL DAY EVERY MONDAY
****
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CUSTOM
VAT # 320 275 594

COFFEA
21 THAMES STREET
WINDSOR SL4 1PR

2 x 3.95	
T'A TOASTED PANINI	7.90
2 x 1.00	
T'A MINERAL WATER	2.00
2 x 1.50	
T'A FUDGE	3.00
Sub Total	12.90
Cash	12.90

1:54 PM 05/06/2006 CLERK 3

RECEIPT

THANK YOU FOR
VISITING US
PLEASE CALL AGAIN

VAT NO:843 700 931

5323

GRANGE CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Ms Anne-Marie Mulligan

Invoice No: CT0710025

Room No: 309
Arrival Date: 04-Jun-2006
Departure Date: 09-Jun-2006

Ref: G14063359/7
Your Ref:

Date	Description	Charges	Credits
04-Jun-06	Accommodation	160.98	0.00
04-Jun-06	0019734453026 : 23:01:00	12.00	0.00
05-Jun-06	Accommodation	160.98	0.00
06-Jun-06	Accommodation	160.98	0.00
07-Jun-06	Accommodation	160.98	0.00
08-Jun-06	Accommodation	160.98	0.00
08-Jun-06	0019734453026 : 21:50:00	3.00	0.00

	Net	VAT	Total
VAT@17.5%	697.79	122.11	819.90
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 819.90

GRANGE CITY HOTEL
8-10 COOPERS ROW
LONDON
MP420397/46TID26373970
ROOM NO:309
AMEX
[redacted]
EXP 09/07
SWIPED
ANNE MARIE MULLIGAN
COMPLETION TRANSACTION
AMOUNT £819.90
A M Mulligan
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
03:55 09/06/06
AUTH CODE: 67
RECEIPT 7711

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL email: city@grangehotels.com Internet: http://www.grangehotels.com

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: April 7, 2006 01:54 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator BSOESS
Trip ID 10713296108

PORT AUTHORITY
PORT AUTHORITY

Agent ID : JT
4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 03APR06.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.

Travel Details

Saturday June 3, 2006

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	7 hours 10 minutes
Flight	188	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Meals
Destination	London Heathrow, UK	Plane	Boeing 767
Departing	9:05 PM		
Arriving	9:15 AM		
Departure Terminal	TERMINAL B		
Arriving on	June 04, 2006		
Arrival Terminal	TERMINAL 4		
Seat	13A		
Class	Wrld trav plus		

Travel Details

Monday June 12, 2006

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	7 hours 45 minutes
Flight	189	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Meals
Destination	Newark, NJ	Plane	Boeing 777
Departing	2:35 PM		
Arriving	5:20 PM		
Departure Terminal	TERMINAL 4		
Arrival Terminal	TERMINAL B		
Seat	25B		
Class	Wrld trav plus		

Travel Details

Friday February 16, 2007

THIS TICKET IS NON-REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MORE DETAILS

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
ZUBKJH	BRITISH AIRWAYS

Additional Messages

FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 888-266-6489 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL 313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-F7C0
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM
****
FARES ARE NOT GUARANTEED UNTIL TICKET IS ISSUED.
****
YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE AND RETURN IT. YOUR RESPONSE IS VERY
IMPORTANT TO AMERICAN EXPRESS ONE. THANK YOU FOR
YOUR TIME.Ø
****
PLEASE CALL 800-291-2039 FOR RESERVATIONS.
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
THIS TICKET IS NON REFUNDABLE/CHANGES SUBJECT TO FEE.
NO CAR HAS BEEN REQUESTED.
NO HOTEL HAS BEEN REQUESTED.

For Itinerary changes, please contact your travel office via telephone.

The Port Authority of NY & NJ
Business Trip Reservations Authorization Tri ith# 138307

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 06/03/06 to 06/12/06

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	Y
Blanket Trip:	N	Type:	PERS
Outside TDO:	N		

Purpose: Meet with insurance underwriters to discuss Contractor's Insurance Program

Purpose Dates: 06/03/06 to 06/12/06
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,500	Meals	1,000
Auto	20	Registration	0
Bus	0	Lodging	2,400
Rail	0	Other	500
Travel Sub-Total	2,520	Other Sub-Total	3,900
		Total Exp	6,420

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AMMulligan Date: 4/7/06 Submitted: 4/7/06

Approver's Signature See memo attached Date: _____ Emp# 07419 Title: CAO

The Por' Authority of NY & NJ
Business Trip Reservations Authorization Tri th# 138307

Employee Number: P24761 Trip Period from: 06/03/06 to 06/12/06
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

02 Attach written approval by Chief of Staff for trip extension.

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results (1 USD)

2006-06-02	June 02, Friday	0.531434 GBP
2006-06-05	June 05, Monday	0.532311 GBP *
2006-06-06	June 06, Tuesday	0.537403 GBP
2006-06-07	June 07, Wednesday	0.538068 GBP
2006-06-08	June 08, Thursday	0.542741 GBP

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 6 DAY: 5 YEAR: 2006

go

AMERITRADE

* 6/5 - Breakfast
* 6/9 - Housekeeping gratuity

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Expense Account

Exp Acct# 138728

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 05/03 TO 05/06/06

PORT AUTHORITY OF NY & NJ
2006 MAY 12 PM 1:56
ACCTS PAYABLE UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To meet with International Insurance Underwriters

Purpose Dates: From 05/03/06 to 05/06/06

Business Destination: Hamilton Bermuda
Ticket Destination : Hamilton Bermuda

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/03	Air travel Round Trip from Newark Airport, NJ to Hamilton Bermuda	Y	*	789.30					789.30
05/03	Taxi from Airport to Waterloo House (receipt attached)	Y						40.00	40.00
05/03	Lunch - Waterloo House on arrival Purpose: Discuss upcoming meetings	Y			49.45				49.45
	Guests								
	Veronica M Biddle, Emp# P43618								
05/03	Nightly Lodging (including tax) Double Rate 3 Nights(s)@469. Waterloo House	Y					1,407.00		1,407.00
05/04	Housekeeping Gratuity	N						5.00	5.00
05/04	Breakfast (included in Room Charge) Gratuity	N						5.00	5.00
05/04	Taxi to dinner meeting with Marsh & Underwriter from hotel to restaurant	Y						11.75	11.75
05/04	Return Taxi (lost receipt) from restaurant to hotel	N						11.75	11.75
05/05	Housekeeping Gratuity	N						5.00	5.00

Expense Account

Exp Acct# 138728

Employee Number: P24761

Expense Period: 05/03 TO 05/06/06

Name: Anne Marie C Mulligan

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
05/05	Dinner - Pickeled Onion Restaurant Purpose: Discuss upcoming meetings		Y		29.90				29.90
	Guests								
	Veronica M Biddle, Emp# P43618								
05/05	Breakfast (included in Room Charge) Gratuity		N					5.00	5.00
05/06	Housekeeping Gratuity		N					5.00	5.00
05/06	Breakfast (included in Room Charge) Gratuity		N					5.00	5.00
05/06	Lunch - Fairmont HamiltonPrincess Purpose: Discuss outcome of meetings		Y		50.00				50.00
	Guests								
	Veronica M Biddle, Emp# P43618								
05/06	Taxi from Waterloo House Hotel to Airport		Y					40.00	40.00

Ex se Account P Acct# 138728

Employee Number: P24761 Expense Period: 05/03/06 TO 05/06/06
Name: Anne Marie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	789.30	129.35	0.00	1,407.00	133.50	2,459.15
Less Paid by PA.....	789.30	0.00	0.00	0.00	0.00	789.30
Paid by Employee.....	0.00	129.35	0.00	1,407.00	133.50	1,669.85
Less Cash Advance on						
Amount to be Reimbursed.....						1,669.85
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	1,669.85

#Signature below implies approval of 9 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 5/10/06 Submitted: 5-11-06

Approver's Signature Date: 5/11/06 Emp# 20058 Title: CFO

Accountant's Approval _____ Date: _____

Employee Number: P24761
Name: Anne Marie C Mulligan
Expense Period: 05/03 TO 05/06/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Attached

Item on 05/03/06 for 789.30; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 05/03/06 for 40.00; Other Expense - Local Tra

03 Attach an actual receipt.

Explanation: Attached

Item on 05/03/06 for 49.45; Meal Expense - LUN

04 Attach an actual receipt.

Explanation: Attached

Item on 05/03/06 for 1,407.00; Lodging Expense

Employee Number: P24761 Expense Period: 05/03 TO 05/06/06
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Provide explanation why accomodation is a double.

Explanation: Due to shortage of hotel room availability, Anne Marie Mulligan and Veronica Biddle shared a room.

05 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 05/05/06 for 29.90; Meal Expense - DINN

06 Attach an actual receipt.

Explanation: Attached

Item on 05/06/06 for 50.00; Meal Expense - LUN

07 Attach an actual receipt.

Explanation: Attached

Item on 05/06/06 for 40.00; Other Expense - Local Tra

08 Attach an actual receipt.

Explanation: Attached

The Port Authority of NY & NJ
Business Trip Reservations Authorization Trip Search# 138671

Employee Number: P24761 Trip Period from: 05/03/06 to 05/06/06
Name: Anne Marie C Mulligan

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	N
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	N
Blanket Trip:	N	Type:	
Outside TDO:	N		

Purpose: To meet with International Insurance Underwriters

Sponsor:

Purpose Dates: 05/03/06 to 05/06/06

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	900	Meals	200
Auto	0	Registration	0
Bus	0	Lodging	400
Rail	0	Other	0
Travel Sub-Total	900	Other Sub-Total	600
		Total Exp	1,500

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: _____ Submitted: 4/24/06

Approver's Signature A M Mulligan Date: 4/24/06 Emp# 24761 Title: Treasurer

Can BEAM use L. LaCapra's emp # 07419

The Port Authority of NY & NJ
Business Trip Reservations Authorization Trip h# 138671

Employee Number: P24761 Trip Period from: 05/03/06 to 05/06/06
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Explanation: Letter is attached.

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: April 21, 2006 02:41 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator BEFSIG
Trip ID 10689379352

PORT AUTHORITY
PORT AUTHORITY

Agent ID : DF
4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

Invoice Details

Ticket Information

Airline Code	005	Ticket Date	4/21/06
Ticket Number	1374237717	Invoice	0008129
Check Digit	5	Electronic	Yes

* **Billing Code** 1000X556001085G01

Charges

Ticket Base Fare	678.00
Ticket Tax Fare	81.30
Total (USD) Ticket Amount	759.30

Airfare charged to American Express

Total 759.30

Amex fee +30.00
789.30

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 21APR06.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.

Travel Details

Wednesday May 3, 2006

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 14 minutes
Flight	1653	Distance	779 Miles
Origin	Newark, NJ	Meal Service	Snack/brunch
Destination	Bermuda, BERMUDA	Plane	Boeing 737-700
Departing	8:05 AM		
Arriving	11:19 AM		
Departure Terminal	TERMINAL C		
Seat	19E		
Class	Coach		

Travel Details

Saturday May 6, 2006

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 34 minutes
Flight	1660	Distance	779 Miles
Origin	Bermuda, BERMUDA	Meal Service	No Meal Service

* This has been ticketed.

Destination	Newark, NJ	Plane	Boeing 737-700
Departing	4:00 PM		
Arriving	5:34 PM		
Arrival Terminal	TERMINAL C		
Seat	20E		
Class	Coach		

Travel Details

Sunday January 21, 2007

THIS TICKET IS NON-REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MORE DETAILS

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
WNGSLT	CONTINENTAL AIR

Additional Messages

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FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130.
TRAVEL AGENT DIANE / TRAVEL BOOKED BY VERONICA
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
NO CAR HAS BEEN REQUESTED.
NO HOTEL HAS BEEN REQUESTED.
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 888-266-6489 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL 313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-F7C0
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM
****
FARES ARE NOT GUARANTEED UNTIL TICKET IS ISSUED.
****
YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE AND RETURN IT. YOUR RESPONSE IS VERY
IMPORTANT TO AMERICAN EXPRESS ONE. THANK YOU FOR
YOUR TIME.Ø
****

For Itinerary changes, please contact your travel office via telephone.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

CUSTOMER COPY

WATERLOO HOUSE

TERMINAL BERMUDA (441)295-4480
MERCHANT 10025115
9360104773

AMEX 1
[redacted]1003* EXP. DATE

SALE INVOICE NO. 07/09
000510 247530
MAY 06, 06 10:[illegible] CODE
1260191302068 123367

TOTAL $816.45
LODGING 00

A

PART RECEIPT

PURCHASER SIGN HERE
X G M Mulligan

Cardholder acknowledges receipt of goods and/or service in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

816.45
+ 640.—
1456.45 2
Lodge: 1407.— 2
) work 49.45 2

Preferred Rewards Gold Card - 21003

RECENT ACTIVITY this is not a legal statement.

ANNE MARIE MULLIGAN

Closing Date: May 14, 2006

View Other Periods...

Summary

Exemption (1)

Still getting yo statements in mail?

Switch to recei online and we'll the records for

**Foreign Currency conversion rate is base rate plus 2%. See legal disclosures for details.

⊞ Show / ⊟ Hide all details

Date	Description	Foreign Spending	Amount
04/13/2006	⊞ W H SMITH LTD HEATHROW TERMINAL 1 7977	10.15 **UNITED KINGDOM POUND	18.38
04/21/2006	⊞ WATERLOO HOUSE PEMBROKE BERMUDA		640.00
04/15/2006	⊞ HOTEL EDEN	167.00	210.61

	ROMA	**EUROPEAN UNION EURO	
04/15/2006	⊞ HOTEL EDEN ROMA	20.00 **EUROPEAN UNION EURO	25.22
04/26/2006	⊞ EXPEDIA E-PACKAGES 800-397-3342 WA		404.90
04/26/2006	⊞ ALITALIA LINES AERES ATLANTA GA		214.03
04/26/2006	⊞ ALITALIA LINES AERES ATLANTA GA		214.03
04/28/2006	⊞ BAGGAGE INSURANCE PREMIUM		5.75
04/28/2006	⊞ BAGGAGE INSURANCE PREMIUM		5.75
04/28/2006	⊞ AIRFLIGHT INSURANCE PREMIUM		8.99
04/28/2006	⊞ AIRFLIGHT INSURANCE PREMIUM		8.99

Exemption (1)

*	05/06/2006	⊞ WATERLOO HOUSE PEMBROKE BERMUDA	816.45 A
*	05/05/2006	⊞ THE PCKLD ONION BAR & RST HAMILTON BERMU	29.90

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FAX: (441) 295-2585
www.waterloohouse.com

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1-800-468-4100
Email: reservations@waterloohouse.bm

MULLIGAN, ANN MARIE

ARRIVE: MAY 03/06
DEPART: MAY 06/06
ROOM: 214
PLAN/MEALS: RACK /C
#GUESTS: 02/00

RES#: 00002-111-06 WATERLOO HOUSE PAGE: 1

MAY	3	ADVANCE DEPOSIT	GACASH	640.00-	
MAY	3	LUNCH/WATERLOO	09020	37.00	Lunch
MAY	3	LUNCHEON SERVICE	09020	5.55	
MAY	3	BAR/LUNCH/WATERLOO	27790	6.00	49.45
MAY	3	LUNCH BAR SERVICE	27790	.90	
MAY	3	ROOM CHARGE	RM# 214	400.00	
MAY	3	ROOM SERVICE CHARGE	RM# 214	40.00	$469.00
MAY	3	ROOM TAX	RM# 214	29.00	
MAY	4	ROOM CHARGE	RM# 214	400.00	
MAY	4	ROOM SERVICE CHARGE	RM# 214	40.00	$469.00
MAY	4	ROOM TAX	RM# 214	29.00	
MAY	5	ROOM CHARGE	RM# 214	400.00	
MAY	5	ROOM SERVICE CHARGE	RM# 214	40.00	$469.00
MAY	5	ROOM TAX	RM# 214	29.00	

** BALANCE DUE ** 816.45

RECEIPT DATE 5/3/06 NO. 2466

RENT MUST BE PAID IN ADVANCE

RECEIVED OF Thirty five $ 35

FOR RENT OF Taxi + 5 Tip

ALWAYS SAVE YOUR RECEIPTS

HOW PAID		
CASH		
CHECK		
MONEY ORDER		

FROM Water Loo House

TO Airport

BY [illegible]

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ENJOY BERMUDA

CAB # T1791
DATE: 05/04/2006
START TIME 22:22
END TIME 22:30
TRIP # 3273
RATE No. 1
MILES 2.72
FARE $ 9.75
Tip 2.00

FOR COMPLAINTS
call 292-1271
ext.115 11.15

RECEIPT DATE 5/6/06 NO. 2479

RENT MUST BE PAID IN ADVANCE

RECEIVED OF Thirty five $ 35

FOR RENT OF Taxi Gratuity 5 40

ALWAYS SAVE YOUR RECEIPTS

HOW PAID		
CASH		
CHECK		
MONEY ORDER		

FROM WATER LOO House

TO Airport

BY [illegible]

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THE FAIRMONT HAMILTON PRINCESS
HERITAGE COURT RESTAURANT
PITTS BAY ROAD
HAMILTON, BERMUDA
TEL 441-295-3000
"THANK YOU"

CHECK: 5674
TABLE: 16/1
SERVER: 4009 KUMAR
DATE: 06MAY'06 1:54PM
CARD TYPE: AMEX
ACCT #: XXXXXXXXXXX1003
EXP DATE: XX/XX
AUTH CODE: 565586
ANNE MARIE MULLIGAN

TOTAL: 42.55

TOTAL 7.45
5 0.00

AMMulligan
SIGNATURE

A M Mulligan
PRINT NAME

CUSTOMER COPY

PICKLED ONION REST.
PO BOX HM 712.HMCX HAM.
BERMUDA (441) 295-2263
MERCHANT 10138590
936182289

AMEX 9
[redacted]21003 EXP. DATE

SALE INVOICE NO. 07/09
001918 290058
MAY 05, 06 21: AUTH CODE
1250191 1DR94 525387

BASE $26.00
TIP $3.90

TOTAL $29.90
RESTAURANT 00

ANNO MARIE MULLIGAN
AMMulligan

Ex se Account Ex Acct# 138812

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/20/06 TO 04/20/06

PORT AUTHORITY OF NY & NJ
2006 MAY -4 PM 1:31
UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Lunch mtg w/ Aon to discuss upcoming Contractor Insurance Program marketing trip & Claim Review Committee mtg in London during June & miscellaneous issues on WTC Transportation Hub insurance program

Purpose Dates: From 04/20/06 to 04/20/06

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
04/20	Lunch - Paul & Jimmy's Restaurant Purpose: Discuss CIP marketing trip and CRC mtg. in London		Y		170.40				170.40

Guests

James Hayes, Vice President, Aon
Adrian Rabinowitz, Claims Manager, Aon
Veronica M Biddle, Emp# P43618

E: se Account E: Acct# 138812

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/20/06 TO 04/20/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	170.40	0.00	0.00	0.00	170.40
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	170.40	0.00	0.00	0.00	170.40
Less Cash Advance on						

Amount to be Reimbursed..... 170.40
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	170.40

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AMMulligan Date: 5/1/06 Submitted: 5/3/06

Approver's Signature Date: 5/3/06 Emp# 20058 Title: CFO

Accountant's Approval Date:

Ex se Account Ex cctH 1388L2

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/20/06 TO 04/20/06

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 04/20/06 for 170.40; Meal Expense - LUN

01 Attach an actual receipt.

PAUL AND JIMMYS REST
123 E 18TH STREET
NEW YORK, NY. 10003

TERMINAL I.D.: 00754200030003882944 00

MERCHANT #: 8003882941

AMEX
**********1003
SALE
RECORD #: 010 INV: 000010
DATE: APR 20, 06 TIME: 14:59

AUTH: 500806

BASE $147.40
TIP 23.00
TOTAL 170.40

ANNE MARIE MULLIGAN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

E ıse Account ı Acct# 138830

Employee Number: P24761 Expense Period: 04/08/06 TO 04/16/06
Name: Anne Marie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

PORT AUTHORITY
2006 MAY -9 PM 1:13
UNIT

Purpose: Meet with insurance underwriters to discuss Property Damage and Loss of Revenue Insurance Program

Purpose Dates: From 04/08/06 to 04/16/06

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/08	Air travel Round Trip from Newark Airport, NJ to London England	Y	*	921.20					921.20
04/09	Nightly Lodging (including tax) Govt Rate 4 Nights(s)@160.98 Grange City Hotel 643.92 pounds @ .5577/US$	Y					1,154.60		1,154.60
04/10	Breakfast - Grange City Hotel 19.50 pounds @ .5577/US$	Y			34.97				34.97
04/11	Breakfast - Grange City Hotel 19.50 pounds @ .5577/US$	Y			34.97				34.97
04/11	Personal phone call to home (safe arrival) 25.70 pounds @ .5577/US$	Y						46.08	46.08
04/11	Phone call to Marsh office 1.00 pounds @ .5577/US$	Y						1.79	1.79
04/12	Gratuity to Maid 5.00 pounds @ .5712/US$	N						8.75	8.75
04/16	Taxi from City Grange to Heathrow Airport for A.M. Mulligan, J. Keane, V. Biddle (Cost 60 pounds, tip 5 pounds) 65.00 pounds @ .5712/US$	N						113.80 25-	113.80 25-

ense Account

p Acct# 138830

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/08/06 TO 04/16/06

	Travel	Meal	Regist	Lodging	Other	Total
					81.62	2227.36
Total Expense.....	921.20	69.94	0.00	1,154.60	170.42	2,316.16
Less Paid by PA.....	921.20	0.00	0.00	0.00	0.00	921.20
Paid by Employee.....	0.00	69.94	0.00	1,154.60	170.42	1,394.96 1306.16
Less Cash Advance on					81.62	
Amount to be Reimbursed.....						1,394.96 1306.16
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	1,394.96
	1306.16

#Signature below implies approval of 9 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 5-2-06 Submitted: 5-8-06

Approver's Signature Date: 5/8/06 Emp# 20058 Title: CFO

Accountant's Approval _____ Date: _____

E ıse Account ı Acct# 138830

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 04/08/06 TO 04/16/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended.

Explanation: Vacation

01 Attach written approval by Chief of Staff

Explanation: Attached

Item on 04/08/06 for 921.20; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 04/09/06 for 1,154.60; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

04 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Explanation: Attached

Item on 04/10/06 for 34.97; Meal Expense - BFST

E: se Account

Acct# 138830

Expense Period: 04/08/06 TO 04/16/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Explanation: Attached

Item on 04/11/06 for 34.97; Meal Expense - BFST

06 Attach an actual receipt.

Explanation: Attached

Item on 04/11/06 for 46.08; Other Expense - Personal

07 Attach an actual receipt.

Explanation: Attached

Item on 04/12/06 for 113.80; Other Expense - Local Tra

08 Attach an actual receipt.

American Express®
Preferred Rewards Gold

50,247
Membership Rewards® Points Available
at 03/31/06, when charges due are paid in full and all accounts are in good standing.

Prepared For
ANNE MARIE MULLIGAN

Account Number
[redacted]

Closing Date
04/14/06

Please Pay By
05/09/06

Please refer to page 2 for important information regarding your account

For assistance or questions about your account, contact us at **www.americanexpress.com** or call Customer Service at **1-800-297-7378**.

Activity

* Indicates posting date

** Foreign Currency conversion rate is base rate plus 2%. See page 2 for details.

Amount $

Exemption (1)

Due in Full Activity for ANNE MARIE MULLIGAN

Card XXXX-XXXXX9-21003

		Foreign Spending	Amount $
03/15/06*	TRANSACTION PROCESSED BY AMERICAN EXPRESS AIRFLIGHT INSURANCE PREMIUM TKT NO. 01251301073905		-8.99
03/15/06*	TRANSACTION PROCESSED BY AMERICAN EXPRESS AIRFLIGHT INSURANCE PREMIUM TKT NO. 01251301073906		8.99
03/15/06*	TRANSACTION PROCESSED BY AMERICAN EXPRESS BAGGAGE INSURANCE PREMIUM TKT NO. 01251301073905		5.75
03/15/06*	TRANSACTION PROCESSED BY AMERICAN EXPRESS BAGGAGE INSURANCE PREMIUM TKT NO. 01251301073906		5.75
			33.84

Exemption (1)

Continued on Page 3

↓ Please fold on the perforation below, detach and return with your payment ↓

Due in Full continued

** Foreign Currency conversion rate
is base rate plus 2%. See page 2 for details.

		Foreign Spending	Amount $
03/20/06	ZOLA RESTAURANT WASHINGTON DC		65.45
	RESTAURANT FOOD AND BEV		
	FOOD/BEV 54.45		
	TIP 11.00		
			111.20

Exemption (1)

04/12/06	TFL (MFM) - TOWER HILL GOODS/SERVICES	9.80 **Pounds Sterling	17.57
04/13/06	GRANGE CITY HOTEL, LONDON EC3N GOODS/SERVICES 709.62 ÷ 1272.28 = .5577	709.62 **Pounds Sterling	1,272.28

Total Due in Full Activity

Please detach here

Account Number
[redacted]

Travel Insurance Premium Refund Form

If you have been charged an insurance premium for one of the reasons listed on the back of this form, please 1) provide the information requested and 2) check the reason for your refund. Attach additional pages if necessary. Please deduct the total premium refund from your payment and return this form with payment.

In order to receive a refund you must fill out this form completely. Failure to do so may result in a delay in processing or a denial of your request. If you are claiming for an uninsured person you must indicate his/her name on the back of the form.

Vendor Name	Ticket/Rental Amount	Ticket/Rental Agreement No.	Month Billed	No. of Premiums	Program	Premium Amount	Total
"Airline"	$374.20	001643835	March	1	Airflight	$4.50	$4.50

EXAMPLE

Total No. of premiums

Use the back of this form or attach additional pages for additional premium refund requests.

Please check the reason for request to ensure a timely Refund. (See reverse side of your refund form for explanation.)

- ☐ Non-fare airline services charge (excess baggage, itinerary change, upgrade, cancellation, or any other non-air transportation charge).
- ☐ An uninsured person (someone other than yourself, your spouse, your dependent children under age 23*, or your Additional Cardmembers and their spouses or dependent children under age 23*). * For NY residents only, under age 19.
- ☐ Non-scheduled airline flight
- ☐ Uninsured car rental vehicle (e.g. cargo van or motorcycle)
- ☐ Two or more premium charges for same car rental.
- ☐ Cancelled car rental/ no show.
- ☐ Other charges unrelated to the

Total Refund Requested
$

00471 R05RNM0A 00176

GRANGE CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Ms Anne-marie Mulligan

Invoice No: CT071562

Room No: 534
Arrival Date: 09-Apr-2006
Departure Date: 13-Apr-2006

Ref: G14067500/1
Your Ref:

Date	Description	Charges	Credits
09-Apr-06	Accommodation	160.98	0.00
10-Apr-06	Buffet Breakfast	19.50	0.00
10-Apr-06	Accommodation	160.98	0.00
11-Apr-06	0019734453026 : 00:03:00 (telephone)	25.70	0.00
11-Apr-06	Buffet Breakfast	19.50	0.00
11-Apr-06	Accommodation	160.98	0.00
11-Apr-06	01344474000 : 18:40:00 (telephone)	1.00	0.00
12-Apr-06	Accommodation	160.98	0.00

	Net	VAT	Total
VAT@17.5%	603.93	105.69	709.62
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 709.62

GRANGE CITY HOTEL
8-14 COOPERS ROW
LONDON
MS[illegible]TID2637984
ROOM NO:534
ARRIV
DEPT
[redacted]
EXP 09-07
SUITED
ANNE MARIE MULLIGAN
COMPLETION TRANSACTION
AMOUNT [illegible]
A Mulligan
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
[illegible]
AUTH CODE: [illegible]
RECEIPT [illegible]

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL email: city@grangehotels.com Internet: http://www.grangehotels.com

x-rates.com

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results (1 USD)

2006-04-10	April 10, Monday	0.574548 GBP
2006-04-11	April 11, Tuesday	0.572508 GBP
2006-04-12	April 12, Wednesday	0.571167 GBP
2006-04-13	April 13, Thursday	0.570483 GBP
2006-04-14	April 14, Friday	0.571102 GBP

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 4 DAY: 12 YEAR: 2006

go

for cash reimbursement

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AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 15, 2006 08:24 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator KWSTDP
Trip ID 11264415677

PORT AUTHORITY
PORT AUTHORITY

Agent ID : LH
4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	3/14/06
Ticket Number	1366025270	Invoice	0003453
Check Digit	5	Electronic	Yes

Billing Code F7C24761XXXX085G01XXX

Charges

Ticket Base Fare	637.00
Ticket Tax Fare	254.20
Total (USD) Ticket Amount	891.20

Airfare charged to American Express

Total 891.20

Amex Fee + 30.00
$921.20

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 13MAR06.

Travel Details

Saturday April 8, 2006

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:45 PM		
Arriving	9:25 AM		

Departure Terminal	TERMINAL B
Arriving on	April 09, 2006
Arrival Terminal	TERMINAL 3
Seat	76C
Class	Premium

Travel Details

Sunday April 16, 2006

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-300

Departing	8:30 PM
Arriving	11:10 PM
Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	20H
Class	Premium

**SPECIAL FARE 200.00 FEE FOR CANCELLATION BEFORE DEPARTURE. MINIMUM 200.00 FEE FOR CHANGES

Travel Details

Tuesday January 16, 2007

**THANK YOU FOR CHOOSING AMERICAN EXPRESS ONE **

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643326079	ANNEMARIE C MULLIGAN

Airline Record Locators

Airline Reference	Carrier
T4KDBB	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 888-266-6489 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL 313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-F7C0
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM
****
FARES ARE NOT GUARANTEED UNTIL TICKET IS ISSUED.
****
YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE AND RETURN IT. YOUR RESPONSE IS VERY
IMPORTANT TO AMERICAN EXPRESS ONE. THANK YOU FOR
YOUR TIME.Ø
****
PLEASE CALL 800-925-0511 FOR RESERVATIONS
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130
SPECIAL FARE..200.00 FEE FOR REFUND BEFORE DEPARTURE/MINIMUM
200.00 FEE FOR CHANGES
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE
DIRECTLY WITH THE AIRLINE
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
A VALID PASSPORT IS REQUIRED FOR YOUR DESTINATION

FARE IS 891.20 BUT NOT GUARANTEED UNTIL TICKETED.MUST TICKET
BY MARCH 17

For Itinerary changes, please contact your travel office via telephone.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

The Por uthority of NY & NJ
Business Trip Reservations Authorization Trip ch# 137999

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/08/06 to 04/16/06

PORT AUTHORITY
2006 MAY -8 PM 1:13
UNIT

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	Y
Blanket Trip:	Y	Type:	PERS
Outside TDO:	N		

Purpose: Meet with insurance underwiters to discuss Property Damage and Loss of Revenue Insurance Program

Purpose Dates:	04/08/06 to 04/16/06	
Business Destination:	London	England
Ticket Destination:	London	England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	1,985	Meals	1,000
Auto	20	Registration	0
Bus	0	Lodging	2,400
Rail	0	Other	500
Travel Sub-Total	2,005	Other Sub-Total	3,900
		Total Exp	5,905

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 3/14/06 Submitted: 3-15-06

Approver's Signature AM Mulligan Date: 3/14/06 Emp# 24761 Title: Treasurer

(on Beam - used L. LaCapra's emp# 07419)

The Po uthority of NY & NJ
Business Trip Reservations Authorization Trip th# 137999

Employee Number: P24761 Trip Period from: 04/08/06 to 04/16/06
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

02 Attach written approval by Chief of Staff for trip extension.

Exp se Account Exp Acct# 137973

Employee Number: P24761 Expense Period: 03/20/06 TO 03/20/06
Name: Anne Marie C Mulligan

PORT AUTHORITY OF NY & NJ
2006 MAR 30 PM 2:23
ACCOUNTS PAYABLE UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: TRIP
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Discuss Formation of Captive Insurance Company with Risk Finance Bureau of Washington, DC

Purpose Dates: From 03/20/06 to 03/20/06

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
03/20	Rail travel expense Round Trip From Metropark Station, NJ To Washington, DC	Y	*	354.00					354.00
03/20	Parking @ Metropark Station, NJ	Y						5.00	5.00
03/20	Taxi in Washington DC from 14th & L St. to Union Square Station	Y						7.00	7.00
03/20	Lunch - Zola Purpose: Discuss Captive Insurance	Y			64.45				64.45

Guests

Veronica M Biddle, Emp# P43618

Expense Account

Exp Acct# 137973

Employee Number: P24761
Name: Anne Marie C Mulligan

Expense Period: 03/20/ TO 03/20/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	354.00	64.45	0.00	0.00	12.00	430.45
Less Paid by PA.....	354.00	0.00	0.00	0.00	0.00	354.00
Paid by Employee.....	0.00	64.45	0.00	0.00	12.00	76.45
Less Cash Advance on						
Amount to be Reimbursed.....						76.45
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	76.45

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature A M Mulligan Date: 3/24/06 Submitted: 3/29/06

Approver's Signature Date 3/27/06 Emp# 20058 Title: CFO

Accountant's Approval _____ Date: _____

Exp se Account

Exp Acct# 137973

Expense Period: 03/20/06 TO 03/20/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Attached

Item on 03/20/06 for 354.00; Rail Travel Expense

Please explain why this rail travel is not coach class.

Explanation: Approved by CFO to minimize travel time within one day (see email attached)

02 Attach Ticket Stub

Explanation: Attached

Item on 03/20/06 for 64.45; Meal Expense - LUN

03 Attach an actual receipt.

Explanation: Attached

The Port Authority of NY & NJ
Business Trip Reservations Authorization Trip h# 137959

Trip Period from: 03/20/06 to 03/20/06

Employee Number: P24761
Name: Anne Marie C Mulligan

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: Y
Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Discuss Formation of Captive Insurance Company with Risk Finance Bureau of Washington, DC

Purpose Dates: 03/20/06 to 03/20/06
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	50
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	324	Other	0
Travel Sub-Total	324	Other Sub-Total	50
		Total Exp	374

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AMMulligan Date: 3/13/06 Submitted: 3/14/06

Approver's Signature: AMMulligan Date: 3/13/06 Emp# 24761 Title: Treasurer

-Metropark Station-

Purchase time:
Mar 20 2006 7:07am
Parking Expires:
Mar 21 7:07a

Amount paid:	$ 5.00
Space #:	2315
Receipt #:	1416
Transaction #:	6818
Machine #:	4

No Refunds
For Any Questions
Call: (732)906-1661

TAXICAB RECEIPT

Time: _____

Date: _____

Origin of trip: 14th + L Street

Destination: Union Square Station

Fare: $7.00 Sign: _____

Riders 1 AMTRAK Baggage

Name of Passenger
MULLIGAN/ANNEMARIE

From
WASHINGTON,DC

To
METROPARK,NJ

Carrier 2V Train 2122 Date 20MAR06

Accom KA Space/Car EXPRSS BSNESS

Form of Payment AP162.00AX 1002

Rail Fare $162.00 Accom Charge $.00

Fare Plans AOAE Total $162.00

Ticket Number 0791361035078 No. of 01 01

Date of Issue 20MAR06 Reservation # 227D3

PASSENGER RECEIPT

Zola
800 F Street NW
Washington, DC 20004

Date:	Mar20'06 01:26PM
Card Type:	Amex
Acct #:	XXXXXXXXXXX1003
Exp Date:	09/07
Auth Code:	566415
Check:	3535
Table:	308/1
Server:	153 Marieke

ANNE MARIE MULLIGAN

Subtotal: 54.45

Gratuity: 10.00

Total: 64.45

_____
Signature
I agree to pay above total according to my card issuer agreement.

* * * * Guest Copy * * * *

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 14, 2006 01:41 PM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator LIAVTT
Trip ID 11300530593

PORT AUTHORITY

Agent ID : LR
4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 13MAR06.
ACCOMMODATION CHARGE MAY BE FORFEITED
JOIN GUEST REWARDS AT WWW.AMTRAK.COM
A PHOTO ID IS REQUIRED FOR TRAVEL

Travel Details

Monday March 20, 2006

AMTRAKTICKETLESS-A

Rail Information

Carrier	Amtrak
Train	2107
Origin	METROPARK NJ
Destination	WASHINGTON DC
Departing	7:28 AM
Arriving	9:49 AM
Seat	Confirmed

Amtrak Information : AMTRAK 001KA BSNSS
Amtrak Locator: 0227D3

Rail Information

Carrier	Amtrak
Train	2122
Origin	WASHINGTON DC
Destination	METROPARK NJ
Departing	5:00 PM
Arriving	7:18 PM
Seat	Confirmed

Amtrak Information : AMTRAK 002KA BSNSS

Amtrak Locator: 0227D3

Travel Details

Saturday September 9, 2006

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Additional Messages

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF INVOICING YOU WILL
BE CHARGED A NON REFUNDABLE SERVICE FEE FOR THE FOLLOWING SERVICES
30.00 PER RAIL TICKET
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 888-266-6489 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL 313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-F7C0
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM
****
FARES ARE NOT GUARANTEED UNTIL TICKET IS ISSUED.
****
YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE AND RETURN IT. YOUR RESPONSE IS VERY
IMPORTANT TO AMERICAN EXPRESS ONE. THANK YOU FOR
YOUR TIME.Ø
****
PLEASE CALL 800-925-0511 FOR RESERVATIONS
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130

For Itinerary changes, please contact your travel office via telephone.

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 13, 2006 11:15 AM

Travel Arrangements for ANNEMARIE C MULLIGAN

Record Locator LIAVTT
Trip ID 11300530593

PORT AUTHORITY

Agent ID : LR
4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 13MAR06.
ACCOMMODATION CHARGE MAY BE FORFEITED
JOIN GUEST REWARDS AT WWW.AMTRAK.COM
A PHOTO ID IS REQUIRED FOR TRAVEL

Travel Details

Monday March 20, 2006

Rail Information

Carrier	Amtrak
Train	2107
Origin	METROPARK NJ
Destination	WASHINGTON DC
Departing	7:28 AM
Arriving	9:49 AM
Seat	Confirmed

Amtrak Information : AMTRAK 001KA BSNSS
Amtrak Locator: 0227D3

Rail Information

Carrier	Amtrak
Train	2122
Origin	WASHINGTON DC
Destination	METROPARK NJ
Departing	5:00 PM
Arriving	7:18 PM
Seat	Confirmed

Amtrak Information : AMTRAK 002KA BSNSS
Amtrak Locator: 0227D3

Travel Details

Saturday September 9, 2006

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Additional Messages

FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 888-266-6489 WITHIN THE US AND CANADA
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YOUR TIME.Ø
****

PLEASE CALL 800-925-0511 FOR RESERVATIONS
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130

For Itinerary changes, please contact your travel office via telephone.

Expense Account

Exp Acct# 134526

ber: P24761
Annemarie C Mulligan

Expense Period: 09/24 TO 09/29/05

Treasurer

ss: 225PAS 12012

ephone: 212-435-7700

Subject: TRIP

Type:

Org: 085
Dir/Comm: Y
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

pose: Meet with insurance underwriters to discuss Public Liability Insurance

ose Dates: From 09/24/05 to 09/29/05

ness Destination: London England
et Destination : London England

Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
Air travel Round Trip from Newark Airport, NJ to London England	Y	*	889.35					889.35
Taxi from Heathrow Airport to Grange City Hotel 65.00 pounds @ .5149/US$	Y						126.24	126.24
Nightly Lodging (including tax) Govt Rate 4 Nights(s)@158.63 Grange City Hotel 634.52 pounds @ .5544/US$	Y					1,144.52		1,144.52
Breakfast - Grange City Hotel 19.50 pounds @ .5544/US$	Y			35.17				35.17
Refreshments for Anne Marie Mulligan, Veronica Biddle, Jim Keane to work on presentation for Wednesday 25.40 pounds @ .5544/US$	Y						45.82	45.82
Breakfast - Grange City Hotel 12.50 pounds @ .5544/US$	Y			22.55				22.55
Gratuity to Maid 5.00 pounds @ .5149/US$	N						9.71	9.71

Ex ›se Account Exp Acct# 134526

Employee Number: P24761 Expense Period: 09/24/05 TO 09/29/05
Name: Annemarie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	889.35	57.72	0.00	1,144.52	181.77	2,273.36
Less Paid by PA.....	889.35	0.00	0.00	0.00	0.00	889.35
Paid by Employee.....	0.00	57.72	0.00	1,144.52	181.77	1,384.01
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,384.01
Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	085G01	1,384.01

#Signature below implies approval of 7 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 10/31/05 Submitted: 11/4/05 pa

Approver's Signature Date: 11/4/05 Emp# 20058 Title: CFO

Accountant's Approval _____ Date: _____

Employee Number: P24761
Name: Annemarie C Mulligan

Expense Period: 09/2 TO 09/29/05

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: Awaiting credit card statement

01 Attach original Trip Authorization.

Explanation: Attached

Item on 09/24/05 for 889.35; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 09/25/05 for 126.24; Other Expense - Local Tra

03 Attach an actual receipt.

Explanation: Attached

Item on 09/25/05 for 1,144.52; Lodging Expense

04 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 09/26/05 for 35.17; Meal Expense - BFST

Employee Number: P24761
Name: Annemarie C Mulligan
Expense Period: 09/24 TO 09/29/05

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Explanation: Attached

Item on 09/28/05 for 45.82; Other Expense

06 Attach an actual receipt.

Explanation: Attached

JPMorgan Chase Bank

CHASE

BRANCH/DEPARTMENT	LOCATION	
047	225 Park Av	
COUNTRY AND CURRENCY	FOREIGN AMOUNT	RA
British Pounds	155.00	1.9

TC

SOLD TO

ACCOUNT NUMBER

NAME Anne Marie Mulligan

METHOD OF PAYMENT

☐ DEBIT ACCOUNT

☐ CASH

I AGREE TO THE TERMS SPECIFIED ON THE BACK OF THIS FORM

A M Mulligan

CUSTOMER'S SIGNATURE

Exemption (1)

CUSTOMER COPY

CHASE

THE RIGHT RELATIONSHIP IS EVERYTHING ®

225 Park Ave South

New York, NY 10003-0000
(212)935-9935
09/23/05

Wat

Branch: 47-Union Square
Business Date: 09/23/05
CB ID: 08

Time: 13:05:01
Session ID: 31

Foreign Exchange	
US Dollar Amount:	301.02
Rate:	1.942056
Cash	
British Pound Amount:	155.00

Licensed Taxi Receipt

Date 9/25 Am

Thank you for banking with Chase!

CHASE Foreign C

JPMorgan Chase Bank

BRANCH/DEPARTMENT	LOCATION	DATE
047	225 Park Ave	9

COUNTRY AND CURRENCY	FOREIGN AMOUNT	RATE	
British Pounds	155.00	1.942056	$
			$
			$
		TOTAL ➤	$

SOLD TO

ACCOUNT NUMBER

NAME Anne Marie Mulligan

Exemption (1)

METHOD OF PAYMENT

☐ DEBIT ACCOUNT

☐ CASH

I AGREE TO THE TERMS SPECIFIED ON THE BACK OF THIS FORM

A M Mulligan

CUSTOMER'S SIGNATURE

$1.00 ÷ 1.942

CUSTOMER COPY

CHASE

THE RIGHT RELATIONSHIP IS EVERYTHING ®

225 Park Ave South

New York, NY 10003-0000
(212)935-9935
09/23/05

Branch: 47-Union Square
Business Date: 09/23/05
CB ID: 08

Time: 13:05:01
Session ID: 31

Foreign Exchange
US Dollar Amount: 301.02
Rate: 1.942056
Cash
British Pound Amount: 155.00

Thank you for banking with Chase!

Waterloo

Total 65.00
Tip 6.35

Licensed Taxi Receipt

Date 9/05 Amount £ 59.65 Sig

JPMorgan Chase Bank

CHASE

Foreign Currency Sold

BRANCH/DEPARTMENT	LOCATION	DATE
047	225 Park Ave	9-22-05

COUNTRY AND CURRENCY	FOREIGN AMOUNT	RATE	US DOLLAR VALUE
British Pounds	155.00	1.942056	$ 301.02
			$
			$
		TOTAL ➤	$

SOLD TO

ACCOUNT NUMBER

NAME Anne Marie Mulligan

Exemption (1)

METHOD OF PAYMENT

☐ DEBIT ACCOUNT

☐ CASH

I AGREE TO THE TERMS SPECIFIED ON THE BACK OF THIS FORM

A M Mulligan

CUSTOMER'S SIGNATURE

$1.00 ÷ 1.942056 = .5149

CHECKED BY:

APPROVED BY:

CUSTOMER COPY

CHASE

THE RIGHT RELATIONSHIP IS EVERYTHING ®

225 Park Ave South

New York, NY 10003-0000
(212)935-9935
09/23/05

Branch: 47-Union Square
Business Date: 09/23/05 Time: 13:05:01
CB ID: 08 Session ID: 31

Foreign Exchange
US Dollar
Amount: 301.02
Rate: 1.942056
Cash
British Pound
Amount: 155.00

Thank you for banking with Chase!

PLUMBERS

Waterloo?

Think YELLOW PAGES

Total 65.00 (Pound)
Tip 6.35

Licensed Taxi Receipt

Date 9/25 Amount £ 59.65 Signed

Gold Card
Statement of Account

Earn points on all of your purchases, everywhere you use the Card.
Visit www.americanexpress.com/rewards

Prepared For
ANNE M MULLIGAN

Account Number
[redacted]

Closing Date
10/16/05

Please Pay By
11/10/05

Please refer to page 3 on How to Avoid Additional Finance Charges.
Please refer to page 2 for important information regarding your account

Exemption (1)

Your communication is acknowledged. Do not pay disputed amount until resolved.

For assistance or questions about your account, contact us at **www.americanexpress.com** or call Customer Service at **1-800-327-2177.**

Activity

* Indicates posting date

Card Transactions for ANNE M MULLIGAN
Card XXXX-XXXXX5-01001

		Amount $
09/24/05*	[redacted]	-685.68
09/19/05*	[redacted]	-16.67
10/05/05*	[redacted]	-56.25
09/17/05	[redacted]	176.00

Total of Card Transactions		
	New Charges	176.00
	Payments/Credits	-758.60

Flexible Payment Option Statement of Account

Creditor: American Express Centurion Bank

Account Number
XXXX-XXXXX5-01001
Closing Date
10/16/05

When you book your next trip, ask for Sign & Travel for your Airline, Cruise, Tour and Travel package charges.

Exemption (1)

base rate plus 2%.
See page 2 for details.

S&T and/or ExPO Activity for ANNE M MULLIGAN

Card XXXX-XXXXX5-01001

		Foreign Spending	Amount $
[redacted]			
09/29/05	GRANGE CITY HOTEL, LONDON EC3N UNITED KINGDOM Description GOODS	701.92 Pounds Sterling	1,266.12

701.92 ÷ 1266.12 = 0.55438663

Exemption (1)

Important Sign & Travel and/or Extended Payment Option Information

Finance Charges: Average Daily Balance (ADB) Method for Calculation of Finance Charges (FC): We use the ADB method to calculate FC on your Account. Under this method, we calculate the FC on your Account by applying the Daily Periodic Rate (DPR) to the ADB (as described below) (including current transactions). To get the ADB, we (1) take the beginning balance for each day (including unpaid FC from previous billing periods), (2) add any new transactions, debits or fees, (3) subtract any payments or credits credited as of that day, and (4) make any appropriate adjustments. *For each day after the first day of the billing period, we also add an amount of interest equal to the previous day's daily balance multiplied by the DPR.* This gives us the daily balance for that day and the beginning balance for the next day. If this balance is negative, it is considered to be zero. Then, we add up all the daily balances for the billing period and divide the total by the number of days in the billing period. This gives us the ADB. The ADB for a billing period will be considered zero if you paid the total New Balance, if any, shown on your previous billing statement by the Closing Date of the current billing period. If you multiply the ADB by the number of days in the billing period and the DPR, the result will be the FC assessed, except for variations caused by rounding. *This method of calculating the ADB and FC results in daily compounding of FC.* The information on page 2 of your statement concerning **Payments, Authorization for Electronic Debit, Authorization for Electronic Payments, Allocation of Payments and Credits, Transactions Made in Foreign Currencies, Billing Rights Summary, Special Rule for Credit Card Purchase and Credit Balance** also applies to this Account.

09280 R03A5G0C 02961

Billing Inquiries

Customer Service
1-800-327-2177
(24 hours, toll free)

Address

American Express
Customer Service
P.O. Box 297807
Ft. Lauderdale, FL
33329-7807

GRANGE CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

1937591M

MS A MULLIGAN

MARSH MCLENNAN
TOWER PLACE
LONDON

EC3R 5BU

Arrival : 25/09/2005
Departure : 29/09/2005
Room No : 334
Our Ref : 193759
Pay By : AMEX

DATE	DESCRIPTION	CHARGES	CREDITS	COMMENTS
25/09/2005	Accommodation	158.63		Room Only
26/09/2005	English Breakfst	19.50		FORUM
	Accommodation	158.63		Room Only
	Mini Bar	2.50		DIET COKE
	Mini Bar	2.50		STILL WATER
	Mini Bar	2.50		SPARKLING WATE
27/09/2005	Accommodation	158.63		Room Only
28/09/2005	Accommodation	158.63		Room Only
	Lounge Dinner Drinks	25.40		ISIS BAR
	Sundries	2.50		ISIS BAR
29/09/2005	Continental B'fast	12.50		FORUM
	American Express		-701.92	[redacted]

	Net	Vat	Total
VAT @ 17.50%	597.38	104.54	701.92
Received :			-701.92

Signature :

PLEASE MAKE CHEQUES PAYABLE TO 'GRANGE HOTELS'
THANK YOU FOR YOUR VALUED CUSTOM

GRANGE CITY HOTEL
[redacted]
ROOM NO: 334
[redacted]
701.92
A Mulligan

AMERICAN EXPRESS® BUSINESS TRAVEL

BRITISH AIRWAYS

MULLIGAN
18262B
LONDON

AAS26A 08 AM
EWR24SEP05

Travel Arrangements for ANNE MARIE MULLIGAN

Age
23 \
Fax

LHR BA 188 /24SEP

14830

BA 418459
0125

Record Locator	CUHCCP
Trip ID	10776791753
	PORT AUTHORITY

Itinerary Details

Billing Code: F7C24761XXXX093G01XXX

Travel Details

Saturday September 24, 2005

INFORMATION/CITIZENS OF THE UNITED STATES MUST CARRY A VALID PASSPORT.

ETKT/**IT IS YOUR RESPONSIBILTY TO EXAMINE ALL DOCUMENTS AND REPORT DISCREPANCIES WITHIN 24HRS FROM 29JUL05.

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	7 hours 5 minutes
Flight	188	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Meals
Destination	London Heathrow, UNITED KINGDOM	Plane	Boeing 777-200
Departing	9:05 PM		
Arriving	9:10 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 25, 2005		
Arrival Terminal	TERMINAL 4		
Seat	22D		
Class	Wrld trav plus		

Travel Details

Sunday September 25, 2005

Hotel Information

Hotel	EW GRANGE CITY HOTEL	Phone Number	207-863-3700
Hotel Address	8-10 COOPERS ROW LONDON GB EC32BD		
Confirmation Number	193420		
Check in Date	9/25/05		
Check out Date	9/29/05		
Hotel Rate	277.13 per night Late Arrival Guarantee - Credit Card		

CF-193420

Travel Details

Thursday September 29, 2005

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	7 hours 40 minutes
Flight	189	Distance	3,466 Miles
Origin	London Heathrow, UNITED KINGDOM	Meal Service	Meals

		Plane	Boeing 777-200
Destination	Newark, NJ		
Departing	2:40 PM		
Arriving	5:20 PM		
Departure Terminal	TERMINAL 4		
Arrival Terminal	TERMINAL B		
Seat	22B		
Class	Wrld trav plus		

Travel Details

Monday May 29, 2006

THANK YOU FOR CALLING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
X5CLTX	BRITISH AIRWAYS

Additional Messages

PLEASE CALL 800-925-0511 FOR RESERVATIONS
AFTER HOURS IDENTIFICATION CODE A-HG5-PORT
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 888-266-6489 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL 313-322-2130 COLLECT
YOUR EMERGENCY ACCESS CODE IS S-F7C0
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YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE AND RETURN IT. YOUR RESPONSE IS VERY
IMPORTANT TO AMERICAN EXPRESS ONE. THANK YOU FOR
YOUR TIME.Ø
CURRENT AIRFARE....859.35 TICKET BY 01AUG05.

The Port Authority of NY & NJ
Business Trip Reservations Authorization Trip h# 134509

Trip Period from: 09/25/05 to 09/29/05

Employee Number: P24761
Name: Annemarie C Mulligan

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	N
Blanket Trip:	N	Type:	
Outside TDO:	N		

Purpose: Meet with insurance underwriters to discuss Public Liability Insurance

Purpose Dates:	09/25/05 to 09/29/05	
Business Destination:	London	England
Ticket Destination:	London	England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	859	Meals	500
Auto	20	Registration	0
Bus	0	Lodging	1,200
Rail	0	Other	300
Travel Sub-Total	879	Other Sub-Total	2,000
		Total Exp	2,879

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AM Mulligan Date: 8/4/05 Submitted: 8/4/05

Approver's Signature: AM Mulligan Date: 8/4/05 Emp# 24761 Title: Treasurer

The Por `uthority of NY & NJ
Business Trip Reservations Authorization Trip :h# 134509

Trip Period from: 09/25/05 to 09/29/05

Employee Number: P24761
Name: Annemarie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Ex se Account

Acct# 135074

Employee Number: P24761
Name: Annemarie C Mulligan

Expense Period: 08/31/05 TO 08/31/05

PORT AUTHORITY
2005 SEP 16 PM 12:39
UNIT

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Celebrate George Sepsie's 35th Port Authority Anniversary

Purpose Dates: From 08/31/05 to 08/31/05

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
08/31	Lunch - Gramercy Tavern Purpose: PA Anniversary Celebration for George Sepsie		Y		158.14				158.14

150

Guests

Veronica M Biddle, Emp# P43618
George M Sepsie, Emp# P17077

Ex ge Account

Acct# 135074

Expense Period: 08/31/05 TO 08/31/05

Employee Number: P24761
Name: Annemarie C Mulligan

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	158.14	0.00	0.00	0.00	158.14 150
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	158.14	0.00	0.00	0.00	158.14 150
Less Cash Advance on						
Amount to be Reimbursed.....						158.14 150
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	158.14 150

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AMMulligan Date: 9/15/05 Submitted: 9/14/05

Approver's Signature: AMMulligan Date: 9/15/05 Emp# 24761 Title: Treasurer

Accountant's Approval: _____ Date: _____

Expense Period: 08/31/05 TO 08/31/05

Employee Number: P24761
Name: Annemarie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 08/31/05 for 158.14; Meal Expense - LUN

01 Attach an actual receipt.

02 Attach written approval by Chief of Staff for staff on staff meal within the Port District.All meal guests on 08/31 at LUN are PA or PATH employees.

Gramercy Tavern
42 East 20th Street
New York, New York
(212) 477-0777

Date: Aug31'05 02:24PM
Card Type: AMEX
Acct #: XXXXXXXXXXX1001
Exp Date: 07/06
Auth Code: 548699
Check: 2940
Table: 275/1
Server: 20 Lee
VSCA: Auth Driver
AM MULLIGAN

Subtotal: 133.84

TIP: 25.00

TOTAL: 158.84

SIGNATURE AM Mulligan

Thank you for dining with us!

PLEASE LEAVE A SIGNED COPY

F nse Account Acct# 129744

Employee Number: P24761 Expense Period: 10/22/04 TO 10/22/04
Name: Annemarie C Mulligan

Title: Treasurer
Address: 225PAS 12012
Telephone: 212-435-7700

EA Subject: NONTR
EA Type:

Org: 085
Dir/Comm: Y
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Celebrate 25th Port Authority Anniversary for Steven Borrelli

Purpose Dates: From 10/22/04 to 10/22/04

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
10/22	Lunch - Olive's Restaurant Purpose: 25th PA Anniversary Luncheon for Steve Borrelli		Y		157.95				157.95

Guests

Iran H Engel, Emp# P27322
Steven A Borrelli, Emp# P22961

F nse Account Acct# 129744

Employee Number: P24761
Name: Annemarie C Mulligan

Expense Period: 10/22/04 TO 10/22/04

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	157.95	0.00	0.00	0.00	157.95
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	157.95	0.00	0.00	0.00	157.95
Less Cash Advance on						

Amount to be Reimbursed..... 157.95
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	157.95

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature AM Mulligan Date: 10/26/04 Submitted: 10-27-04

Approver's Signature Date: 10/26/04 Emp# 20058 Title: Chief Financial Officer

Accountant's Approval Date:

ense Account p Acct# 129744

Employee Number: P24761 Expense Period: 10/22/04 TO 10/22/04
Name: Annemarie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 10/22/04 for 157.95; Meal Expense - LUN

01 Attach an actual receipt.

02 Attach written approval by Chief of Staff for staff on staff meal within the Port District.All meal guests on 10/22 at LUN are PA or PATH employees.

OLiVE'S Restaurant
------Dining Room-----
W Hotel 201 Park Ave
New York, NY 10013
212 353 8345

Date: Oct22'04 02:07PM
Card Type: AMEX
Acct #: XXXXXXXXXXX2007
Exp Date: 12/04
Auth Code: 543769
Check: 4704
Table: 41/1
Server: 618 Ian
AM MULLIGAN

Subtotal: 137.95

TIP 20.00

TOTAL 157.95

SIGNATURE AM Mulligan

THIS IS YOUR COPY

THANK YOU FOR DINING AT
OLiVES

Expense Account

Exp Acct# 174446

Expense Period: 09/15/12 TO 09/21/12

Employee Number: P43618
Name: Veronica M Biddle

ACCOUNTS PAYABLE
12 NOV 13 PM 4:5

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Purpose: Public Liability Marketing

Purpose Dates: From 09/15/12 to 09/21/12

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/15	Air travel Round Trip from Newark Int'L Airport, NJ to London England	Y	*	846.20					846.20

Expense Account

Exp Acct# 174446

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/15/12 TO 09/21/12

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	846.20	0.00	0.00	0.00	0.00	846.20
Less Paid by PA.....	846.20	0.00	0.00	0.00	0.00	846.20
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 11/4/12 Submitted: 11/7/12

Approver's Signature R M Mulligan Date: 11/6/12 Emp# 24761 Title: Treasurer

Accountant's Approval LP Date: 11/14/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 174434

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/15/12 to 09/21/12

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Org: 085
Dir/Comm: Y

Travel Company Used: Y
Trip Extension: N
Type:

ACCOUNTS PAYABLE
12 NOV 13 PM 4:58

Purpose: Public Liability Marketing

Purpose Dates: 09/15/12 to 09/21/12
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	1,650	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	300
Travel Sub-Total	1,650	Other Sub-Total	3,300
		Total Exp	4,950

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 7/24/12 Submitted: 7/25/12

Approver's Signature: M. Palmieri Date: 7/25/12 Emp# 23299 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 25, 2012 2:01 PM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator PDWOVC

Trip ID 11535014632
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
VERONICA BIDDLE

Agent ID: PG
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/25/2012
Ticket Number	7120000725	Invoice	0093600
Check Digit	2	Electronic	Yes

Billing Code F7C43618XXXX058G01XXX

Charges

Ticket Base Fare	161.00
Ticket Tax Fare	650.20
Total (USD) Ticket Amount	811.20
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	846.20

Travel Details

Saturday September 15, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 50 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:10 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 16, 2012		
Arrival Terminal	TERMINAL 3		
Seat	59C		
Class	Economy		

Travel Details

Friday September 21, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner
Destination	Newark, NJ	Plane	Boeing 747-400
Departing	4:15 PM		
Arriving	7:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	63H		
Class	Economy		

Expense Account

Exp Acct# 174348

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 08/16/12 TO 08/16/12

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 085
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To attend PAICE Board of Director's Annual meeting

Purpose Dates: From 08/16/12 to 08/16/12

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
08/16	Rail travel expense Round Trip From Metropark, NJ To Washington, DC	Y	*	431.00					431.00

Expense Account

Exp Acct# 174348

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 08/16/12 TO 08/16/12

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	431.00	0.00	0.00	0.00	0.00	431.00
Less Paid by PA.....	431.00	0.00	0.00	0.00	0.00	431.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 08/20/12

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 08/20/12 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Roxanne M Richardson Date: 08/21/12

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 08/16/12 TO 08/16/12

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 08/16/12 for 431.00; Rail Travel Expense

02 Attach Ticket Stub

Expense Account

Exp Acct# 172615

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/29/12 TO 05/06/12

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N

ACCOUNTS PAYABLE
12 JUN 20 AM 1:34

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Outside TDO: N

Purpose: Property Damage and Loss of Revenue Program

Purpose Dates: From 04/29/12 to 05/06/12

Business Destination: London England
Ticket Destination : London England

Purpose: Same

Sponsor: Same

Purpose Dates: From 05/06/12 to 05/06/12

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/29	Air travel Round Trip from Newark, NJ to London England	N	*	1,220.30					1,220.30

Expense Account

Exp Acct# 172615

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/29/12 TO 05/06/12

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,220.30	0.00	0.00	0.00	0.00	1,220.30
Less Paid by PA.....	1,220.30	0.00	0.00	0.00	0.00	1,220.30
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 6/18/12 Submitted: 6/19/12

Approver's Signature A M Mulligan Date: 6/18/12 Emp# 24761 Title: Treasurer

Accountant's Approval PP Date: 6/20/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 172587

Trip Period from: 04/29/12 to 05/06/12

Employee Number: P24761
Name: Anne Marie C Mulligan

ACCOUNTS PAYABLE
12 JUN 20 AM 1:34

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Org: 085
Dir/Comm: Y
Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Property Damage and Loss of Revenue Program

Purpose Dates: 04/29/12 to 05/06/12
Business Destination: London England
Ticket Destination: London England

Purpose: Same

Sponsor: Same

Purpose Dates: 05/06/12 to 05/06/12
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	3,000
		Total Exp	6,500

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

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Employee's Signature: Veronica Biddle / AM Mulligan

Date: 2/21/12 Submitted: 2/23/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 172587

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/29/12 to 05/06/12

Approver's Signature M. Palcano Date: 2/23/12 Emp# 23299 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: February 21, 2012 11:27 AM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator	GACLQU	**Agent ID: D6**
Trip ID	10984843030 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY VERONICA BIDDLE	Phone: .. / Fax: ..

Itinerary Details

*****Itinerary Only*****

Travel Details

Sunday April 29, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 50 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:10 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 30, 2012		
Arrival Terminal	TERMINAL 3		
Seat	57K		
Class	Economy		

Travel Details

Sunday May 6, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	41H		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. FOR ALL INTERNATIONAL TRAVEL
DOCUMENTATION REQUIREMENTS AND TO OBTAIN SPECIAL NEGOTIATED RATES
FOR AMERICAN EXPRESS CUSTOMERS PLEASE ACCESS
WWW.TRAVISA.COM/AMERICANEXPRESS OR WWW.CIBT.COM/AMERICANEXPRESS

Travel Details

Monday September 3, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
B1FSH8	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
NO CAR OR HOTEL REQUESTED
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: March 19, 2012 11:27 AM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator	NBXOKG
Trip ID	11410769312
	PORT AUTHORITY
	225 PARK AVENUE SOUTH - 9TH FLR
	NEW YORK, NY 10003
	PORT AUTHORITY
	VERONICA BIDDLE

Agent ID: CD

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	125	Ticket Date	3/19/2012
Ticket Number	7045616415	Invoice	0067306
Check Digit	1	Electronic	Yes
Billing Code	F7C43618XXXX085G01XXX		

Charges

Ticket Base Fare	130.00
Ticket Tax Fare	171.60
Total (USD) Ticket Amount	301.60
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	336.60

Travel Details

Wednesday May 2, 2012

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 30 minutes
Flight	8765	Distance	473 Miles
	OPERATED BY BA CITYFLYER		
Origin	London City Arpt, UK	Meal Service	Meal service
Destination	Zurich, SWITZERLAND	Plane	Embraer 190 JET
Departing	12:55 PM		
Arriving	3:25 PM		
Seat	AIRPORT CHECK IN		
Class	Economy		

CAR NOT NEEDED OR REQUESTED
HOTEL NOT NEEDED OR REQUESTED

Travel Details

Friday May 4, 2012

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 50 minutes
Flight	711	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London Heathrow, UK	Plane	Airbus A319
Departing	10:25 AM		
Arriving	11:15 AM		
Arrival Terminal	TERMINAL 5		
Seat	Unassigned		
Class	Economy		

Travel Details

Tuesday February 12, 2013

THANK YOU FOR CALLING AMERICAN EXPRESS BUSINESS TRAVEL.

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412070	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
3ORGI8	BRITISH AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

Expense Account

Exp Acct# 170294

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/17/11 TO 09/25/11

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

ACCOUNTING DIVISION
11 NOV -7 PM 12:37

Purpose: Same

Sponsor: Same

Purpose Dates: From 09/17/11 to 09/25/11

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Purpose: Public Liability Marketing

Purpose Dates: From 09/17/11 to 09/25/11

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/17	Air travel Round Trip from Newark, NJ to Zurich & London	Y	*	1,039.30					1,039.30

Expense Account

Exp Acct# 170294

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/17/11 TO 09/25/11

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,039.30	0.00	0.00	0.00	0.00	1,039.30
Less Paid by PA.....	1,039.30	0.00	0.00	0.00	0.00	1,039.30
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
						0.00
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica M Biddle Date: 11/4/11 Submitted: 11/4/11

Approver's Signature: R M Mulligan Date: 11/4/11 Emp# 2476 Title: Treasurer

Accountant's Approval: _____ Date: _____

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/17/11 TO 09/25/11

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: No reimbursement required

01 Attach original Trip Authorization.

Explanation: Trip Authorization attached.

Item on 09/17/11 for 1,039.30; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice Itinerary attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 170211

Trip Period from: 09/17/11 to 09/25/11

Employee Number: P24761
Name: Anne Marie C Mulligan

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Org: 085
Dir/Comm: Y

Travel Company Used: Y
Trip Extension: N
Type:

ACCOUNTS PAYABLE
11 NOV -7 PM 12:37

Purpose: Same

Sponsor: Same

Purpose Dates: 09/17/11 to 09/25/11
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

Purpose: Public Liability Marketing

Purpose Dates: 09/17/11 to 09/25/11
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	0
Travel Sub-Total	3,000	Other Sub-Total	3,000
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature X Veronica Biddle
X AM Mulligan

Date: 8/2/11 Submitted: 8/2/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 170211

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/17/11 to 09/25/11

Approver's Signature M. Fabiano

Date: 8/2/11 Emp# 23299 Title: CFO

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/17/11 to 09/25/11

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 2, 2011 3:53 PM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator	HBIUTM
Trip ID	11047280522 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY VERONICA BIDDLE

Agent ID: K0

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	8/2/2011
Ticket Number	8672067819	Invoice	0015771
Check Digit	6	Electronic	Yes
Billing Code	F7C43618XXXX085G01XXX		

Charges

Ticket Base Fare	150.00
Ticket Tax Fare	534.10
Total (USD) Ticket Amount	684.10
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	719.10

Travel Details

Saturday September 17, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 5 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 18, 2011		
Arrival Terminal	TERMINAL 3		
Seat	54C		
Class	O		

Travel Details

Sunday September 25, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	42C		
Class	O		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.US.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Monday January 23, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
DTFLL2	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 18, 2011 8:30 AM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator	HBIUTM	**Agent ID: K0**
Trip ID	**11047280522** PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY VERONICA BIDDLE	Phone: .. / Fax: ..

Itinerary Details

Itinerary Only

Billing Code: F7C43618XXXX085G01XXX

Travel Details

Saturday September 17, 2011

CURRENT AIRFARE FOR SWISS FLIGHTS 320.20 NON REFUNDABLE

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 5 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 18, 2011		
Arrival Terminal	TERMINAL 3		
Seat	54C		
Class	O		

Travel Details

Wednesday September 21, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 50 minutes
Flight	451 OPERATED BY /SWISS EUROPEAN AIR LINES	Distance	473 Miles
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro RJ100 Reg Jet
Departing	8:25 AM		
Arriving	11:15 AM		
Seat	Unassigned		
Class	Economy		

Travel Details

Friday September 23, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 40 minutes
Flight	460 OPERATED BY /SWISS EUROPEAN AIR LINES	Distance	473 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London City Arpt, UK	Plane	Avro RJ100 Reg Jet
Departing	8:45 AM		

Arriving	9:25 AM
Seat	Unassigned
Class	Economy

Travel Details

Sunday September 25, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:20 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	42C
Class	O

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INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Monday January 23, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
SWISS INTERNATIONAL AIR	992003810674121	VERONICA MICHELE BIDDLE
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
DTFLL2	VIRGIN ATLANTIC AIRWAYS
WKMKIQ	SWISS INTERNATIONAL AIR

Additional Messages

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CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
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FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 170002

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 08/16/11 TO 08/16/11

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 085
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 08/16/11 to 08/16/11

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total

Expense Account Exp Acct# 170002

Employee Number: P43618 Expense Period: 08/16/11 TO 08/16/11
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 08/26/11

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 08/26/11 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Roxanne M Richardson Date: 09/07/11

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 08/16/11 TO 08/16/11

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Expense Account

Exp Acct# 167821

: P43618
Veronica M Biddle

Expense Period: 04/09/11 TO 04/17/11

Asst Treasurer
225PAS 12012
none: 212-435-5856

ubject: TRIP
ype:

approval obtained
xceed meal limits: _____
Initials

Org:	085
Dir/Comm:	N
Represented:	N
International:	Y
Trip Extension:	N
Personal Guest:	N
TDO:	N
Outside TDO:	N

2011 JUN -1 PM 12:53

pse: To attend various meetings with insurance underwriters in London and Zurich re Property Damage and Loss of Revenue Program

se Dates: From 04/09/11 to 04/17/11

ess Destination: London England
t Destination : London England

se: Same

or: Same

se Dates: From 04/09/11 to 04/17/11

ess Destination: Zurich Switzerland
Destination : Zurich Switzerland

Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
Air travel Round Trip from Newark, NJ to London Uk	Y	*	1,239.00					1,239.00

Expense Account Exp Acct# 167821

12

Employee Number: P43618 Expense Period: 04/09/11 TO 04/17/11
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,239.00	0.00	0.00	0.00	0.00	1,239.00
Less Paid by PA.....	1,239.00	0.00	0.00	0.00	0.00	1,239.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 5/31/11 Submitted: 6/1/11

Approver's Signature AM Mullinger Date: 5/31/11 Emp# 24761 Title: Treasurer

Accountant's Approval RP Date: 6/1/11

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: February 22, 2011 4:25 PM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator	IWJNNA
Trip ID	11143055990

PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
PORT AUTHORITY
VERONICA BIDDLE

Agent ID: CD

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	2/22/2011
Ticket Number	7959193341	Invoice	0100298
Check Digit	6	Electronic	Yes
Billing Code	F7C43618XXXX085G01XXX		

Charges

Ticket Base Fare	292.00
Ticket Tax Fare	145.90
Total (USD) Ticket Amount	437.90

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 437.90

766.10
+ 35.00 Amex fee
1239.00

ROUND-TRIP NONREFUNDABLE FARE.....766.10

Travel Details

Saturday April 9, 2011

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 5 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:20 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 10, 2011		
Arrival Terminal	TERMINAL 3		
Seat	53A		
Class	O		

CAR NOT NEEDED OR REQUESTED
HOTEL NOT NEEDED OR REQUESTED

Travel Details

Wednesday April 13, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 50 minutes
Flight	451	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES		
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro RJ100 Reg Jet
Departing	8:25 AM		
Arriving	11:15 AM		

Seat	Unassigned
Class	Economy

Travel Details

Sunday April 17, 2011

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 40 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Meal service
Destination	London Heathrow, UK	Plane	Airbus A320
Departing	3:30 PM		
Arriving	4:10 PM		
Arrival Terminal	TERMINAL 1		
Seat	4A		
Class	Business		

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 55 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:20 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	44K		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
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SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.US.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Tuesday December 27, 2011

THANK YOU FOR CALLING AMERICAN EXPRESS BUSINESS TRAVEL.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
CLCGB8	VIRGIN ATLANTIC AIRWAYS
VLCX5D	SWISS INTERNATIONAL AIR

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
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CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****

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COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 167807

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/09/11 to 04/17/11

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Org: 085
Dir/Comm: Y

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Same

Sponsor: Same

Purpose Dates: 04/09/11 to 04/17/11
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

Purpose: To attend various meetins with insurance underwriters in London and Zurich re Property Damage and Loss of Revenue Program

Purpose Dates: 04/09/11 to 04/17/11
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	2,000
Rail	0	Other	0
Travel Sub-Total	3,000	Other Sub-Total	3,000
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature x Veronica Biddle
x AM Mulligan

Date: 1/31/11 Submitted: 1/31/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 167807

Trip Period from: 04/09/11 to 04/17/11

Employee Number: P24761
Name: Anne Marie C Mulligan

Approver's Signature M. Pelaez

Date: 1/31/11 Emp# 23299 Title: CFO

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 167807

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/09/11 to 04/17/11

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Expense Account

Exp Acct# 168076

24

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 03/10/11 TO 03/10/11

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 085
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

ACCOUNTS PAYABLE
11 NOV -7 PM 12:37

Purpose: To attend meeting with Conor Strong Insurance Agency

Purpose Dates: From 03/10/11 to 03/10/11

Business Destination: Toms River NJ USA
Ticket Destination : Toms River NJ USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total

Expense Account Exp Acct# 168076

Employee Number: P43618 Expense Period: 03/10/11 TO 03/10/11
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 11/2/11 Submitted: 11/4/11

Approver's Signature RM Mulligan Date: 11/4/11 Emp# 24761 Title: Treasurer

Accountant's Approval RP Date: 11/8/11

Employee Number: P43618 Expense Period: 03/10/11 TO 03/10/11
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: No expenses for this event.

01 Attach original Trip Authorization.

Explanation: Original TA attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 168065

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 03/10/11 to 03/10/11

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012

Org: 085
Dir/Comm: Y

ACCOUNTS PAYABLE
11 NOV -7 PM 12:38

Account Code: 1000 X 556001 085G01

Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: N
Trip Extension: N
Type:

Purpose: To attend meeting with Conor Strong Insurance Agency

Purpose Dates: 03/10/11 to 03/10/11
Business Destination: Toms River NJ USA
Ticket Destination: Toms River NJ USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	25
Auto	150	Registration	0
Bus	0	Lodging	0
Rail	0	Other	0
Travel Sub-Total	150	Other Sub-Total	25
		Total Exp	175

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

X Veronica Biddle 2/14/11

Employee's Signature X A M Mulligan Date: 2/14/11 Submitted: 2/15/11

Approver's Signature A M Mulligan Date: 2/15/11 Emp# 24761 Title: Treasurer

Expense Account

Exp Acct# 165283

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/18/10 TO 09/26/10

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits:
Initials

Purpose: To meet with London insurance underwriters re the Public Liability and WTC OCIP T-Hub Program

Purpose Dates: From 09/18/10 to 09/26/10

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss insurance underwriters re the Public Liability renewal and the WTC OCIP T-Hub Program

Purpose Dates: From 09/19/10 to 09/20/10

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/18	Air travel Round Trip from Newark, NJ to London England	Y	*	1,059.60					1,059.60

Expense Account

Exp Acct# 165283

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/18/10 TO 09/26/10

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,059.60	0.00	0.00	0.00	0.00	1,059.60
Less Paid by PA.....	1,059.60	0.00	0.00	0.00	0.00	1,059.60
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 11/9/10 Submitted: 11/9/10

Approver's Signature RM Mulligan Date: 11/9/10 Emp# 24761 Title: Treasurer

Accountant's Approval PR Date: 11/10/10

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 165261

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/18/10 to 09/26/10

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012

Org: 085
Dir/Comm: Y

Account Code: 1000 X 556001 085G01

Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London insurance underwriters re the Public Liability and WTC OCIP T-Hub Program

Purpose Dates: 09/18/10 to 09/26/10
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss insurance underwriters re the Public Liability renewal and the WTC OCIP T-Hub Program

Purpose Dates: 09/19/10 to 09/20/10
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

NOV 18 PM12:47

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,800
Rail	0	Other	0
Travel Sub-Total	3,000	Other Sub-Total	2,800
		Total Exp	5,800

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan

Date: 7/23/10 Submitted: 7/26/10

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 165261

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/18/10 to 09/26/10

Approver's Signature _____ Date: 7/26/10 Emp# 20058 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 26, 2010 11:23 AM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator JEQILD

Trip ID 11173609121
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
PORT AUTHORITY
VERONICA BIDDLE

Agent ID: LJ
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/26/2010
Ticket Number	7907937886	Invoice	0043522
Check Digit	6	Electronic	Yes
Billing Code	F7C43618XXXX085G01XXX		

Charges

Ticket Base Fare	419.00
Ticket Tax Fare	382.30
Total (USD) Ticket Amount	801.30

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 801.30

Amex fee 35.
London/Zurich Airfare 836.30
223.20
1059.50

Travel Details

Saturday September 18, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 19, 2010		
Arrival Terminal	TERMINAL 3		
Seat	58K		
Class	Economy		

Travel Details

Sunday September 26, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 45 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	57A		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Sunday January 16, 2011

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
BS0BP1	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: July 28, 2010 2:56 PM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator JEQILD

Trip ID 11173609121
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
PORT AUTHORITY
VERONICA BIDDLE

Agent ID: LJ
Phone: .. / Fax: ..

Itinerary Details

Itinerary Only

Billing Code: F7C43618XXXX085G01XXX

ROUND-TRIP NONREFUNDABLE FARE,.....223.20

Travel Details

Saturday September 18, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 19, 2010		
Arrival Terminal	TERMINAL 3		
Seat	58K		
Class	Economy		

Travel Details

Sunday September 19, 2010

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	714	Distance	491 Miles
Origin	London Heathrow, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Airbus A319
Departing	12:10 PM		
Arriving	2:50 PM		
Departure Terminal	TERMINAL 5		
Seat	Unassigned		
Class	Economy		

Travel Details

Monday September 20, 2010

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	8766	Distance	473 Miles
	OPERATED BY BA CITYFLYER		
Origin	Zurich, SWITZERLAND	Meal Service	No Meal Service
Destination	London City Arpt, UK	Plane	E90

Departing	5:00 PM
Arriving	5:40 PM
Seat	Unassigned
Class	Economy

Travel Details

Sunday September 26, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 45 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:10 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	57A
Class	Economy

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
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ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Sunday January 16, 2011

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412070	VERONICA MICHELE BIDDLE
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
BS0BP1	VIRGIN ATLANTIC AIRWAYS
ZDSXSN	BRITISH AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
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FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
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VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED.

CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account Exp Acct# 164605

Employee Number: P43618 Expense Period: 06/29/10 TO 06/29/10
Name: Veronica M Biddle

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 085
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 06/29/10 to 06/29/10

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
06/29	Rail travel expense Round Trip From Metropark, NJ To Washington, DC	Y	*	339.00					339.00

Expense Account Exp Acct# 164605

Employee Number: P43618 Expense Period: 06/29/10 TO 06/29/10
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	339.00	0.00	0.00	0.00	0.00	339.00
Less Paid by PA.....	339.00	0.00	0.00	0.00	0.00	339.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 07/02/10

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 07/02/10 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Robert A Marengo Date: 07/07/10

Employee Number: P43618 Expense Period: 06/29/10 TO 06/29/10
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/29/10 for 339.00; Rail Travel Expense

02 Attach Ticket Stub

Expense Account Exp Acct# 164190

Employee Number: P43618 Expense Period: 05/02/10 TO 05/08/10
Name: Veronica M Biddle

Title: Asst Treasurer
Address: 225PAS 12012 Org: 085
Telephone: 212-435-5856 Dir/Comm: N
Represented: N
EA Subject: TRIP International: Y
EA Type: Trip Extension: N
Pre-approval obtained to exceed meal limits: Initials Personal Guest: N
TDO: N Outside TDO: N

Purpose: To meet with London insurance carriers to discuss Property Damage and Loss of Revenue insurance program and Master CIP

Purpose Dates: From 05/02/10 to 05/08/10

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/02	Air travel Round Trip from Newark, NJ to London England	Y	*	949.50					949.50

Expense Account Exp Acct# 164190

Employee Number: P43618 Expense Period: 05/02/10 TO 05/08/10
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	949.50	0.00	0.00	0.00	0.00	949.50
Less Paid by PA.....	949.50	0.00	0.00	0.00	0.00	949.50
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 6/10/10 Submitted: 6/10/10

Approver's Signature RM Mullins Date: 6/10/10 Emp# 24761 Title: Treasurer

Accountant's Approval LB Date: _____

Employee Number: P43618 Expense Period: 05/02/10 TO 05/08/10
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: Due to volcanic ash in Europe, trip was postponed to later date.

01 Attach original Trip Authorization.

Explanation: Original Trip Authorization attached.

Item on 05/02/10 for 949.50; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice/Itinerary attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 164148

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 05/02/10 to 05/08/10

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Meeting with Goverment Agency reps or Business Clients:	Y
International:	Y	Travel Company Used:	Y
Blanket Trip:	N	Conferences, Seminars, Training and Testing :	N
Trip Extension:	N		
Outside TDO:	N	Type:	

Purpose: To meet with London insurance carriers to discuss Property Damage and Loss of Revenue insurance program and Master CIP

Purpose Dates: 05/02/10 to 05/08/10
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,000	Meals	1,000
Auto	100	Registration	0
Bus	0	Lodging	2,800
Rail	0	Other	100
Travel Sub-Total	2,100	Other Sub-Total	3,900
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 4/26/10 Submitted: 4/28/10

Approver's Signature: _____ Date: 4/27/10 Emp# 20058 Title: CFO

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 05/02/10 to 05/08/10

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: March 4, 2010 2:10 PM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator KAWRZG

Trip ID 11227648940
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
VERONICA BIDDLE

Agent ID: PG
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	3/4/2010
Ticket Number	7743873911	Invoice	0005543
Check Digit	1	Electronic	Yes
Billing Code	F7C43618XXXX085G01XXX		

Charges

Ticket Base Fare	534.00
Ticket Tax Fare	380.50
Total (USD) Ticket Amount	914.50

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 914.50

* Sun May 2, 2010

+ 35.00 Amex
949.50 Jen

Travel Details

Saturday April 17, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 18, 2010		
Arrival Terminal	TERMINAL 3		
Seat	44H		
Class	Economy		

* Sat May 8, 2010

Travel Details

Sunday April 25, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 45 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-300
Departing	8:25 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	54H		
Class	Economy		

* see att. invoice
date changed due to
Volcanic ash in

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Sunday August 15, 2010

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
A9T0DE	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: April 23, 2010 9:41 AM

Travel Arrangements for VERONICA MICHELE BIDDLE

Record Locator KAWRZG

Trip ID 11227648940
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
VERONICA BIDDLE

Agent ID: PG
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Ticket Number	Ticketless	Invoice	0020024
		Electronic	Yes
Billing Code	F7C43618XXXX085G01XXX		

Charges

Ticket Base Fare	0.00
Ticket Tax Fare	0.00
Total (USD) Ticket Amount	0.00

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 0.00

Travel Details

Sunday May 2, 2010

VIRGIN ATLANTICTICKETLESS-A

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	9:10 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	May 3, 2010		
Arrival Terminal	TERMINAL 3		
Seat	61D		
Class	Economy		

AISLE SEAT 61D

Travel Details

Saturday May 8, 2010

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	4:20 PM		
Arriving	7:00 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	60C		

Class	Economy

AISLE SEAT 60C
AISLE SEAT 60C

Travel Details

Sunday August 15, 2010

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA MICHELE BIDDLE

Airline Record Locators

Airline Reference	Carrier
A9T0DE	VIRGIN ATLANTIC AIRWAYS

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 160029

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/19/09 TO 09/27/09

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

NOV 17 PM2:25

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: Initials

Purpose: To meet with London, Bermudan and other European insurance underwriters re the Public Liability Insurance Program, including both Aviation and Non-Aviation markets

Purpose Dates: From 09/19/09 to 09/27/09

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability Insurance Program, including both Aviation and Non-Aviation Markets

Purpose Dates: From 09/19/09 to 09/27/09

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	Rep A	Travel	Meal	Regist	Lodging	Other	Total
09/19	Air travel Round Trip from Newark, NJ to London England	Y	*	916.00					916.00

Expense Account

Exp Acct# 160029

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/19/09 TO 09/27/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	916.00	0.00	0.00	0.00	0.00	916.00
Less Paid by PA.....	916.00	0.00	0.00	0.00	0.00	916.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
						0.00
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle Date: 11/13/09 Submitted: 11/17/09

Approver's Signature: R M Mulligan Date: 11/16/09 Emp# 24761 Title: Treasurer

Accountant's Approval: Date:

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/19/09 TO 09/27/09

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: No reimbursement required.

Item on 09/19/09 for 916.00; Air Travel Expense

01 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Passenger Receipt and Invoice/Itinerary attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 160018

Trip Period from: 09/19/09 to 09/27/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: Y
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: N
Conferences, Seminars, Training and Testing : N

Org: 085
Dir/Comm: Y
Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London, Bermudan and other European insurance underwriters re the Public Liability Insurance Program, including both Aviation and Non-Aviation markets

Purpose Dates: 09/19/09 to 09/27/09
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability Insurance Program, including both Aviation and Non-Aviation Markets

Purpose Dates: 09/19/09 to 09/27/09
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,000	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	2,000	Other Sub-Total	2,500
		Total Exp	4,500

MULTIPLE EMPLOYEE LISTING

NOV 17 PM2:25

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 160018

Trip Period from: 09/19/09 to 09/27/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Employee's Signature: AM Mulligan

Date: 7/16/09 Submitted: 7/17/09

Approver's Signature:

Date 7/17/09 Emp# 20058 Title: CFO

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

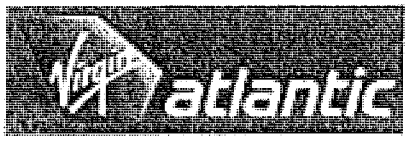
Trip Auth# 160018

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/19/09 to 09/27/09

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.



Home > Book Flights and More

Previous Step Details saved | Search Flights | Select Flight | Flight Itinerary | Passenger Details | Payment Details | Confirm & Pay

The fare you selected is no longer available but the next available fare is shown below. The price shown is for online purchase and may not be available through other channels.

The Flying Club miles you will earn have changed. Please see the new mileage amount below.

Passengers	Fare	Taxes, fees, & Surcharges	Fare Including Taxes, Fees & surcharges	Sub-total
1 Adult	USD 300.00 each	USD 378.03 each	USD 678.03 each	USD 678.03

Total Fare

USD 678.03
including taxes, fees & surcharges
Currency Calculator

This booking earns 3,458 Flying Club miles and 4 tier point(s)

Please note child and infant fares do not earn Flying Club miles, unless the child passenger is linked to a Flying Club Gold family account. This is not applicable to our codeshare flights.

FLIGHT ITINERARY

Outward
New York – London

		Flight No	Class
20:50 New York (Newark Liberty) Sat **19 SEP**	**09:05** London (Heathrow) Sun **20 SEP**	VS002	X

Duration: 7hrs, 15mins

Outward Fare Conditions Summary

Changes Any time charge usd 250.00. **Cancellations** Any time ticket is non-refundable. Waived for illness or death of passenger or family member.No more to display **Min stay** Return travel from last stopover must commence no earlier than the first sun after departure from fare origin.No more to display **Max stay** Travel from last stopover must commence no later than 12 months after departure from fare origin.No more to display

Further conditions apply

Please note. If the fare conditions differ for your outbound and inbound flights, the most restrictive condition applies.

Fare not guaranteed until payment is made and accepted.
Passenger name changes are not permitted.
If the fare permits date changes, additional charges may be incurred depending on seasonality.
Cancellation or change fees are charged per person.
Administration fees may apply in the event of cancellation.

Retur
London – New Yo

		Flight No	Class
20:25 London (Heathrow) Sun **27 SEP**	**23:05** New York (Newark Liberty) Sun **27 SEP**	VS017	X

Duration: 7hrs, 40mins

Return Fare Conditions Summary

Changes Any time charge usd 250.00. **Cancellations** Any time ticket is non-refundable. Waived for illness or death of passenger or family member.No more to display **Min stay** Return travel from last stopover must commence no earlier than the first sun after departure from fare origin.No more to display **Max stay** Travel from last stopover must commence no later than 12 months after departure from fare origin.No more to display

Further conditions apply

Please note. If the fare conditions differ for your outbound and inbound flights, the most restrictive condition applies.

Fare not guaranteed until payment is made and accepted.
Passenger name changes are not permitted.
If the fare permits date changes, additional charges may be incurred depending on seasonality.
Cancellation or change fees are charged per person.
Administration fees may apply in the event of cancellation.

PREMIUM economy

Upgrade the whole trip to Premium Economy for **USD 749.93** extra per person

Buy travel

Home

Dates | Flights | Price | Passengers | Payment | Confirmation

Your price quote

Your shopping basket

Flight: Departing Newark (New York), 19 Sep 2009

Total price (US Dollars, USD, $) **$ 758.03**

Got a promotion code?

Check your flight itinerary details

Outbound - Saturday 19 Sep, 2009

21:05 19 Sep	09:10 20 Sep	Newark (New York)	Heathrow (London)	BA0188 British Airways	World Traveller

Inbound - Sunday 27 Sep, 2009

19:30 27 Sep	22:35 27 Sep	Heathrow (London)	Newark (New York)	BA0187 British Airways	World Traveller

$ 758.03

Currency calculator

Email flight details

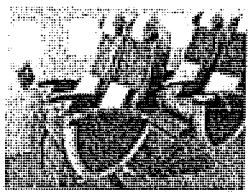
Change flights

Price breakdown

If you find exactly the same flight cheaper on another US website, we'll refund the difference.
BA Price Promise

Passenger	Price	Taxes, fees, charges and surcharges* per person	Inclusive total
1 Adult	$ 380.00	$ 378.03	$ 758.03

* The price of your ticket includes a security, insurance and fuel surcharge per flight levied by the carrier — More details



*prices per person

Upgrade outbound from $263* Click here

Upgrade inbound from $409* Click here

Upgrade return from $672* Click here

About your flights

Flight	Fare conditions	Additional features
Newark (New York) to Heathrow (London)	**Changes** Time/date changes permitted at any time before each flight departure for a change fee of $ 250 or an upgrade fee of $ 250 plus any difference in fare. Changes subject to	• Operated by British Airways 31in seat pitch (78cm), lumbar support and adjustable headrest • Non-stop entertainment: blockbuster movies,

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: July 17, 2009 10:18 AM

Travel Arrangements for VERONICA M BIDDLE

Record Locator	BCUPZH
Trip ID	10686716685
	PORT AUTHORITY
	PORT AUTHORITY
	VERONICA BIDDLE
	PORT AUTHORITY

Agent ID: DY

Phone: .. / Fax: ..

Itinerary Only

Itinerary Details

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL
ALL FARES ARE SUBJECT TO CHANGE
THE TOTAL FARE FOR VIRGIN ATLANTIC 678.00
LAST DAY TO PURCHASE 19JUL FOR VIRGIN ATLANTIC
LAST DAY TO PURCHASE 19JUL FOR BRITISH
THE TOTAL FARE FOR BRITISH 203.00
ALL FARES ARE SUBJECT TO CHANGE

Travel Details

Saturday September 19, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus A340-600
Departing	8:50 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 20, 2009		
Arrival Terminal	TERMINAL 3		
Seat	41K		
Class	Economy		

Travel Details

Sunday September 20, 2009

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	714	Distance	491 Miles
Origin	London Heathrow, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Airbus A319
Departing	12:10 PM		
Arriving	2:50 PM		
Departure Terminal	TERMINAL 5		
Seat	Unassigned		
Class	Economy		

PREASSIGNED SEATING RESTRICTED TO AIRPORT CHECK IN ONLY

Travel Details

Monday September 21, 2009

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 45 minutes
Flight	8766	Distance	473 Miles
	OPERATED BY BA CITYFLYER		
Origin	Zurich, SWITZERLAND	Meal Service	Meals
Destination	London City Arpt, UK	Plane	Avro RJ100 Reg Jet
Departing	4:55 PM		
Arriving	5:40 PM		
Seat	Unassigned		
Class	Economy		

PREASSIGNED SEATING RESTRICTED TO AIRPORT CHECK IN ONLY*

Travel Details

Sunday September 27, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus A340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	39K		
Class	Economy		

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412070	VERONICA M BIDDLE
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
B653D8	VIRGIN ATLANTIC AIRWAYS
YYSN34	BRITISH AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -

---- FOR RESERVATIONS CALL 1-800-333-8844 ----
FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
CAR DECLINED
HOTEL DECLINED
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
FARE IS NOT GUARANTEED UNTIL TICKETED. TICKETS MAY

BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 158048

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/06/09 TO 06/10/09

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

2009 JUN 16 PM 12:15

Purpose: To meet with London and other European insurance underwriters to discuss WTC OCIP/CIP Marketing Insurance Program

Purpose Dates: From 06/06/09 to 06/10/09

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/06	Air travel Round Trip from Newark, NJ to London England	Y	*	727.70					727.70
06/06	Tip to Cab Service driver from Airport to Hotel 10.00 POUNDS @ .628/US$	N						15.92	15.92
06/10	Nightly Lodging (including tax) Single Rate 3 Nights(s)@178.25 Grange City Hotel 534.75 POUNDS @ .591/US$	Y					904.82		904.82
06/10	Tip to Cab Service Driver from Hotel to Airport 10.00 POUNDS @ .6086/US$	N						16.43	16.43

Expense Account Exp Acct# 158048

13
08

Employee Number: P43618 Expense Period: 06/06/09 TO 06/10/09
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	727.70	0.00	0.00	904.82	32.35	1,664.87
Less Paid by PA.....	727.70	0.00	0.00	0.00	0.00	727.70
Paid by Employee.....	0.00	0.00	0.00	904.82	32.35	937.17
Less Cash Advance on	.....					

Amount to be Reimbursed..... 937.17
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01 G01950213	937.17

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 6/15/09 Submitted: 6/15/09

Approver's Signature A M Mulligan Date: 6/15/09 Emp# 24761 Title: Treasurer

Accountant's Approval Date:

Expense Account

Exp Acct# 158048

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/06/09 TO 06/10/09

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/06/09 for 727.70; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Item on 06/10/09 for 904.82; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 158001

Trip Period from: 06/06/09 to 06/10/09

Employee Number: P43618
Name: Veronica M Biddle

Title: Asst Treasurer
Telephone: 212-435-5856
Address: 225PAS 12012
Account Code: 1000 X 556001 093G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org:
Dir/Comm: N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London and other European insurance underwriters to discuss WTC OCIP/CIP Marketing Insurance Program

Purpose Dates: 06/06/09 to 06/10/09
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	691	Meals	250
Auto	75	Registration	0
Bus	0	Lodging	1,000
Rail	0	Other	0
Travel Sub-Total	766	Other Sub-Total	1,250
		Total Exp	2,016

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle Date: 3/17/09 Submitted: 3/18/09

Approver's Signature: Date: 3/17/09 Emp# 20058 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: March 17, 2009 02:27 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator OQLLHD

Trip ID 11495865857
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : EH

Phone: .. / Fax: ..

Itinerary Details

***** Itinerary Only *****

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL
ROUND-TRIP NONREFUNDABLE FARE,.691.10

Travel Details

Saturday June 6, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	8:50 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	June 07, 2009		
Arrival Terminal	TERMINAL 3		
Seat	39A		
Class	Economy		

Travel Details

Wednesday June 10, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	3:45 PM		
Arriving	6:25 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	38H		
Class	Economy		

Travel Details

Monday December 7, 2009

THANK YOU FOR CALLING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
D7M927	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -

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FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
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FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
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DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

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For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

E-ticket receipt

RARY 9

ISO: US DATE: 18MAR09

CONJ NBR: TOUR CODE: ISSUED BY: 03643522

ENDORSEMENTS: NONREF/VALID VS ONLY VIRGIN ATLANTIC

6

NAME: BIDDLE/VERONICAM BOOKING REF: OQLLHD

LONDON LHR NEWARK EWR VS 1 X 10JUN 1545 OK

NYC VS LON179.00XJWSL VS NYC149.00XJXSL NUC328.00END
ROE1.00XT7.00XY5.00XA2.50AY56.20GB29.80UB 222.00YQ4.50XFEWR4.5

FARE:	USD	328.00	ORIG ISS:	CONDITIONS OF
	US	32.20	ISS IN EXCH:	CARRIAGE MAY BE
	YC	5.50	EQ FARE PAID:	INSPECTED ON
	XT	327.00	FOP: AXXXXXX	APPLICATION TO
TOTAL:	USD	692.70	ETICKE 96 2	VIRGIN ATLANTIC

GRAN[illegible] HOTEL
8 10 CO[illegible] KS ROW
LONDON
M9420397846TID36983548
ROOM NO:0

***1 002

VERONICA M BIDDLE

COMPLETION TRANSACTION

CUS[illegible]R COPY
AMO[illegible] £534.75

THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
11:21 10/06/09

Transaction Details
Prepared for
VERONICA BIDDLE
Account Number
XXXX-XXXXXX-31002

Preferred Rewards Gold Card / May 27, 2009 to June 12, 2009

1 - 2 of 2 Transactions

Date	Foreign Spend	Description	Amount $
06/10/2009 Wed	*	GRANGE CITY HOTEL, LONDON EC3N	904.90

1 - 2 of 2 Transactions

Exemption (1)

Closing Date: Jun 25, 2009

Foreign Currency conversion rate is base rate plus 2.7% (for transactions processed prior to 01/11/09, conversion rate is base rate plus 2%). See legal disclosures for details.

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results (1 USD)

2009-06-04	June 04, Thursday	0.61646 GBP
2009-06-05	June 05, Friday	0.620159 GBP
* 2009-06-08	June 08, Monday	0.628083 GBP
2009-06-09	June 09, Tuesday	0.618382 GBP
* 2009-06-10	June 10, Wednesday	0.608637 GBP

invert target/base, 2009 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 6 DAY: 7 YEAR: 2009

go

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* conversion rate for tip to cab service driver

Expense Account Exp Acct# 159152

Employee Number: P43618 Expense Period: 04/04/09 TO 04/12/09
Name: Veronica M Biddle

11

Title: Asst Treasurer
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:
Pre-approval obtained to exceed meal limits: Initials

Org: 085
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To meet with London, Bermudan and other European insurance underwriters to discuss Public Liability and Property Damage Loss of Revenue Program

Purpose Dates: From 04/04/09 to 04/12/09

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability and Property Damage and Loss of Revenue Insurance Program

Purpose Dates: From 04/04/09 to 04/12/09

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/04	Air travel Round Trip from Newark, NJ to London England	Y	*	1,405.30					1,405.30
04/05	Air travel Round Trip from London Heathrow England to Zurich Switzerland	Y	*	260.80					260.80

Expense Account

Exp Acct# 159152

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/04/09 TO 04/12/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,666.10	0.00	0.00	0.00	0.00	1,666.10
Less Paid by PA.....	1,666.10	0.00	0.00	0.00	0.00	1,666.10
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 085G01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle Date: 5/12/09 Submitted: 5/13/09

Approver's Signature: A M Mulligan Date: 5/13/09 Emp# 24761 Title: Treasurer

Accountant's Approval: AT Date: 5/15/09

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/04/09 TO 04/12/09

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 04/04/09 for 1,405.30; Air Travel Expense

01 Attach Passenger Receipt and Invoice/Itinerary.

Item on 04/05/09 for 260.80; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 157715

Trip Period from: 04/04/09 to 04/12/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	N
Blanket Trip:	Y	Type:	
Outside TDO:	N		

Purpose: To meet with London, Bermudan and other European insurance underwriters to discuss Public Liability and Property Damage Loss of Revenue Program

Purpose Dates: 04/04/09 to 04/12/09
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss and German insurance carriers for the Public Liability and Property Damage and Loss of Revenue Insurance Program

Purpose Dates: 04/04/09 to 04/12/09
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	2,500
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature x Veronica Biddle 2/26/09 x AM Mulligan

Date: 2/26/09 Submitted: 3/3/09

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 157715

Trip Period from: 04/04/09 to 04/12/09

Employee Number: P24761
Name: Anne Marie C Mulligan

Approver's Signature

Date: 2/27/09

Emp# 20058

Title: CFO

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 157715

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/04/09 to 04/12/09

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: February 27, 2009 03:49 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator JDJPPG

Trip ID 11171612132
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : EH

Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	2/27/09
Ticket Number	7409008511	Invoice	0167951
Check Digit	6	Electronic	Yes

Billing Code F7C43618XXXX085G01XXX

Charges

Ticket Base Fare	903.00
Ticket Tax Fare	467.30
Total (USD) Ticket Amount	1,370.30

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 1,370.30

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday April 4, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	8:50 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 05, 2009		
Arrival Terminal	TERMINAL 3		
Seat	21A		
Class	Premium		

Travel Details

Sunday April 12, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	21A
Class	Premium

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. ACCESS WWW.CIBT.COM FOR ALL
INTERNATIONAL DOCUMENTATION REQUIREMENTS.

Travel Details

Friday October 9, 2009

THANK YOU FOR CALLING AMERICAN EXP

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
CKHVN7	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -

---- FOR RESERVATIONS CALL 1-800-333-8844 ----
FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL
DESTINATIONS. ADDITIONAL DOCUMENTS SUCH AS A
VISA MAY ALSO BE REQUIRED. PLEASE CONTACT CIBT
FOR PASSPORT AND VISA ASSISTANCE AT 800-577-2428 AND
PROVIDE ID 43257. INFORMATION AVAILABLE ONLINE AT
WWW.CIBT.COM
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 3, 2009 03:56 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator JDJPPG
Trip ID 11171612132
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : EH
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	125	Ticket Date	3/3/09
Ticket Number	7409834542	Invoice	0168868
Check Digit	1	Electronic	Yes

Billing Code F7C43618XXXX085G01XXX

Charges

Ticket Base Fare	88.00
Ticket Tax Fare	137.80
Total (USD) Ticket Amount	225.80

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 225.80

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL
BRITISH AIRWAYS NONREFUNDABLE TICKET,..225.80

Travel Details

Saturday April 4, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 15 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	8:50 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	April 05, 2009		
Arrival Terminal	TERMINAL 3		
Seat	21A		
Class	Premium		

Travel Details

Sunday April 5, 2009

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 40 minutes
Flight	714	Distance	491 Miles
Origin	London Heathrow, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Airbus a319
Departing	12:10 PM		

Arriving	2:50 PM
Departure Terminal	TERMINAL 5
Seat	AIRPORT CHECK IN
Class	Economy

Travel Details

Tuesday April 7, 2009

Flight Information

Airline	BRITISH AIRWAYS	Estimated time	1 hour 45 minutes
Flight	8766	Distance	473 Miles
	OPERATED BY BA CITYFLYER		
Origin	Zurich, SWITZERLAND	Meal Service	Meals
Destination	London City Arpt, UK	Plane	Avro rj100 reg jet
Departing	4:55 PM		
Arriving	5:40 PM		
Seat	AIRPORT CHECK IN		
Class	Economy		

Travel Details

Sunday April 12, 2009

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	21A		
Class	Premium		

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Travel Details

Friday October 9, 2009

THANK YOU FOR CALLING AMERICAN EXP

Loyalty Programs

Vendor	Account	Traveler
BRITISH AIRWAYS	13412070	VERONICA M BIDDLE
Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
2X2L2A	BRITISH AIRWAYS
CKHVN7	VIRGIN ATLANTIC AIRWAYS

Additional Messages

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CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 153446

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/13/08 TO 09/21/08

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits:
Initials

Purpose: To meet with London Insurance Underwriters re Public Liability-Marketing Program

23

Purpose Dates: From 09/13/08 to 09/21/08

Business Destination: London England
Ticket Destination : London England

Purpose: To meet with Swiss and German insurance carriers re Public Liability-Marketing Program

Purpose Dates: From 09/18/08 to 09/21/08

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/13	Air travel Round Trip from Newark Int'L Airport, NJ to London England	Y	*	1,656.90					1,656.90
09/18	Air travel Round Trip from London City Airport England to Zurich Switzerland	Y	*	549.40					549.40

Expense Account

Exp Acct# 153446

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/13/08 TO 09/21/08

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	2,206.30	0.00	0.00	0.00	0.00	2,206.30
Less Paid by PA.....	2,206.30	0.00	0.00	0.00	0.00	2,206.30
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 093G05	0.00

#Signature below implies approval of 6 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle Date: 10/30/08 Submitted: 10/30/08

Approver's Signature: AM Mulligan Date: 10/30/08 Emp# 24761 Title: Treasurer

Accountant's Approval: _____ Date: _____

Employee Number: P43618
Name: Veronica M Biddle
Expense Period: 09/13/08 TO 09/21/08

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: No reimbursement required,

Explain why trip extension was not mentioned on the Trip Authorization.

Explanation: Trip Extension was mentioned in memo.

Explain why the trip was extended.

Explanation: Permission was granted for trip extension.

01 Attach original Trip Authorization.

Explanation: Trip Authorization attached.

Item on 09/13/08 for 1,656.90; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice Itinerary attached

Item on 09/18/08 for 549.40; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice Itinerary attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 153334

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/13/08 to 09/21/08

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01 G01899802
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: Y
Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London Insurance Underwriters re Public Liability-Marketing Program

Purpose Dates: 09/13/08 to 09/21/08
Business Destination: London England
Ticket Destination: London England

Purpose: To meet with Swiss and German insurance carriers re Public Liability-Marketing Program

Purpose Dates: 09/18/08 to 09/21/08
Business Destination: Zurich Switzerland
Ticket Destination: Zurich Switzerland

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	2,500
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: AM Mulligan

Date: 7/2/08 Submitted: 7/8/08

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 153334

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/13/08 to 09/21/08

Approver's Signature

Date: 7/7/08 Emp# 20058 Title: CFO

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 153334

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 09/13/08 to 09/21/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

Passenger Name
BIDDLE/VERONICAM

From
NEWARK
TERMINAL: B

To
LONDON
TERMINAL: 3

932 7358421 1986

Flight	Class	Date	Time
2	W	13SEP	2110

FFP No.
00643325972

Gate	Boarding Time	Seat
55	2020	20K

Atlantic

ECONOMY

Boarding Pass

NAME
BIDDLE/VERONICAM
FQTV LH-XXXXXXXXXXXX508

FROM LONDON LCY
TO ZURICH

CARRIER	FLIGHT	CLASS	DATE	TIME
LX	451	Y	18SEP	0825

GATE	BOARDING TIME	SEAT	SMOKE
	0800	21A	NO

PCS	WT		
2	40	0017	VJ LCY

ETKT 7247362030120-1

SWISS

BUSINESS

Boarding Pass

NAME
BIDDLE/VERONICAM
FQTV LH-XXXXXXXXXXXX508

FROM ZURICH
TO LONDON LHR

CARRIER	FLIGHT	CLASS	DATE	TIME
LX	324	C	21SEP	1540

GATE	BOARDING TIME	SEAT	SMOKE
	1520	3A	NO

PCS	WT		
2	39	0075	MR ZRH

ETKT 7247362030120-2

SWISS

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: July 3, 2008 12:06 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator HUTYRU
Trip ID 11079711562
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : LJ
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/3/08
Ticket Number	7358421198	Invoice	0090389
Check Digit	6	Electronic	Yes

Billing Code F7C43618XXXX093G01XXX

Charges

Ticket Base Fare	1,026.00
Ticket Tax Fare	595.90
Total (USD) Ticket Amount	1,621.90

Airfare charged to American Express

Total 1,621.90

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday September 13, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 55 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	9:10 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 14, 2008		
Arrival Terminal	TERMINAL 3		
Seat	20K		
Class	Premium		

PREMIUM ECONOMY SECTION CONFIRMED

Travel Details

Sunday September 21, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	22A
Class	Premium

PREMIUM ECONOMY SECTION CONFIRMED

Travel Details

Friday March 20, 2009

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
FE9E2S	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

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WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE.
CHANGES/CANCELLATIONS MUST BE REPORTED
WITHIN 24HOURS TO MINIMIZE/AVOID AIRLINE PENALTIES.
****
DOMESTIC FLIGHTS-A VALID GOVERNMENT ISSUED PHOTO ID
IS MANDATORY.
PLEASE CHECK IN 90 MINUTES PRIOR TO DEPARTURE.
****
INTERNATIONAL FLIGHTS-A VALID PASSPORT IS REQUIRED FOR
ALL INTERNATIONAL DESTINATIONS. ADDITIONAL DOCUMENTS
SUCH AS A VISA MAY ALSO BE REQUIRED
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE/DESTINATIONS.
CONTACT THE ABOVE NUMBER FOR SPECIFIC INFORMATION
****
FARE IS NOT GUARANTEED UNTIL TICKETED.
TICKETS MAY BE NONREFUNDABLE, NONENDORSABLE,
NON-CHANGEABLE AND ONLY VALID ON THE SAME CARRIERS.
CHANGES MAY RESULT IN PENALTIES AND ADDITIONAL FEES
SOME FARE RESTRICITIONS REQUIRE CHANGES TO BE MADE
PRIOR TO DEPARTURE DATE AND TIME OR THE TICKET WILL
HAVE NO FUTURE EXCHANGE VALUE.
CONTACT ABOVE NUMBER FOR COMPLETE TICKET RESTRICTIONS
****
THANK YOU FOR BOOKING WITH AMERICAN EXPRESS BUSINESS
TRAVEL.

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Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

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For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 18, 2008 06:18 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator HUTYRU

Trip ID 11079711562
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : LJ

Phone: .. / Fax: ..

Itinerary Details

*** Itinerary Only ***

Billing Code: F7C43618XXXX093G01XXX

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday September 13, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 55 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	9:10 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 14, 2008		
Arrival Terminal	TERMINAL 3		
Seat	20K		
Class	Premium		

PREMIUM ECONOMY SECTION CONFIRMED

Travel Details

Thursday September 18, 2008

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	451	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES		
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro rj100 reg jet
Departing	8:25 AM		
Arriving	11:10 AM		
Seat	Unassigned		
Class	Economy		

**SEAT 6A

Travel Details

Sunday September 21, 2008

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Meals
Destination	London Heathrow, UK	Plane	Airbus a320
Departing	3:40 PM		
Arriving	4:25 PM		
Arrival Terminal	TERMINAL 2		
Seat	Unassigned		
Class	Business		

**SEAT 3A

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	22A		
Class	Premium		

PREMIUM ECONOMY SECTION CONFIRMED

Travel Details

Friday March 20, 2009

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
SWISS INTERNATIONAL AIR	999900502907508	VERONICA M BIDDLE
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
FE9E2S	VIRGIN ATLANTIC AIRWAYS
SNFCLL	SWISS INTERNATIONAL AIR

Additional Messages

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THANK YOU FOR BOOKING WITH AMERICAN EXPRESS BUSINESS
TRAVEL.
S2....SEAT 6A
S3....SEAT 2A

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 150612

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/14/08 TO 06/22/08

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

2008 JUL 22 AM 12:30

16

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Purpose: To meet with London Insurance Underwriters re Contractors' Insurance Program(CIP) and Owners' Controlled Insurance Program (OCIP)for the WTC Redevelopment

Purpose Dates: From 06/14/08 to 06/22/08

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/14	Air travel Round Trip from Newark, NJ to London England	Y	*	1,499.50					1,499.50

Expense Account Exp Acct# 150612

Employee Number: P43618 Expense Period: 06/14/08 TO 06/22/08
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,499.50	0.00	0.00	0.00	0.00	1,499.50
Less Paid by PA.....	1,499.50	0.00	0.00	0.00	0.00	1,499.50
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G05	0.00

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 7/21/08 Submitted: 7/22/08

Approver's Signature A Mullgin Date: 7/21/08 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43618 Expense Period: 06/14/08 TO 06/22/08
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why trip extension was not mentioned on the Trip Authorization.

Explanation: Approval for trip extension attached

Explain why the trip was extended.

Explanation: Approval attached

01 Attach original Trip Authorization.

Explanation: Trip Authorization attached

Item on 06/14/08 for 1,499.50; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice/Itinerary attached

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 150490

Employee Number: P24761 Trip Period from: 06/14/08 to 06/22/08
Name: Anne Marie C Mulligan

Title: Treasurer
Telephone: 212-435-7700
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Org: 085
Dir/Comm: 2008 JUL 22 AM 12:30

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To meet with London Insurance Underwriters re Contractors' Insurance Program(CIP) and Owners' Controlled Insurance Program (OCIP)for the WTC Redevelopment

Purpose Dates: 06/14/08 to 06/22/08
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,878	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	2,878	Other Sub-Total	2,500
		Total Exp	5,378

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / AM Mulligan Date: 3/13/08 Submitted: 3/13/08

Approver's Signature: [signature] Date 3/13/08 Emp# 20058 Title: CFO

AMERICAN EXPRESS ® BUSINESS TRAVEL

Generated: March 13, 2008 02:49 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator KMQXMN
Trip ID 11247531711
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : 71
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	3/13/08
Ticket Number	7120554443	Invoice	0044333
Check Digit	6	Electronic	Yes

Billing Code F7C43618XXXX093G01XXX

Charges

Ticket Base Fare	986.00
Ticket Tax Fare	453.50
Total (USD) Ticket Amount	1,439.50

Airfare charged to American Express

Total 1,439.50

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 07MAR08.
****

PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday June 14, 2008

VALID US PASSPORT REQUIRED FOR THIS ITINERARY.

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 55 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:10 PM		
Arriving	9:05 AM		

Departure Terminal	TERMINAL B
Arriving on	June 15, 2008
Arrival Terminal	TERMINAL 3
Seat	~~20C~~ ~~20E~~ ~~20F~~ ~~22D~~ 21 A
Class	Premium

Travel Details

Sunday June 22, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes

Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		

Departure Terminal	TERMINAL 3
Arrival Terminal	TERMINAL B
Seat	~~20G~~ ~~20A~~ ~~20E~~ 22C
Class	Premium

Travel Details

Wednesday December 31, 2008

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
BKDGP6	VIRGIN ATLANTIC AIRWAYS

Additional Messages

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CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

ITINERARY AND FARE RECAPPED WITH MARY ANN /RUTH
THE PRICE OF THIS ITINERARY NONREFUNDABLE 1439.50

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

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For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

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Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

13

Expense Account

Exp Acct# 150806

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/03/08 TO 06/03/08

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2008 JUN -6 PM 2 00

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 06/03/08 to 06/03/08

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/03	Rail travel expense Round Trip From Metropark, NJ To Washington, DC	Y	*	372.00					372.00

Expense Account Exp Acct# 150806

Employee Number: P43618 Expense Period: 06/03/08 TO 06/03/08
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	372.00	0.00	0.00	0.00	0.00	372.00
Less Paid by PA.....	372.00	0.00	0.00	0.00	0.00	372.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	093G05	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 6/5/08 Submitted: 6/5/08

Approver's Signature A M Mulligan Date: 6/5/08 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43618 Expense Period: 06/03/08 TO 06/03/08
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/03/08 for 372.00; Rail Travel Expense

02 Attach Ticket Stub

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N		
International:	N	Travel Company Used:	Y
Blanket Trip:	N	Trip Extension:	N
Outside TDO:	N	Type:	

2008 JUN -6 PM 2:00

Purpose: To attend PAICE Annual Meeting

Purpose Dates:	06/03/08 to 06/03/08	
Business Destination:	Washington	DC USA
Ticket Destination:	Washington	DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	0
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	1,100	Other	100
Travel Sub-Total	1,100	Other Sub-Total	100
		Total Exp	1,200

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle
	P43174	093	Jon C Huxel

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 3/21/08 Submitted: Yes (PM) 3/21/08

Approver's Signature A M Mulligan Date: 3/20/08 Emp# 24761 Title: Treasurer

My Travel Plans My Travel Plans My Travel Plans My Travel Plans My Travel Plans

AMERICAN EXPRESS BUSINESS TRAVEL

Travel Arrangements for Veronica M Biddle

Generated: 03/24/2008

Record Locator HOZQSD
Trip ID 11069903453
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID: 71

Phone: ..
Fax: ..

Invoice Details

Ticket Information

Ticket Number	Ticketless	Ticket Date	
		Invoice	0048276
		Electronic	No

Charges

Ticket Base Fare	0.00
Ticket Tax Fare	0.00
Total (USD) Ticket Amount	0.00

Billing Code F7C43618XXXX085G01XXX

Airfare charged to American Express

Travel Details Monday March 24, 2008

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 20MAR08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

SERVICE FEES-A

Travel Details Tuesday June 3, 2008

ACELA TRAIN/AMTRAK CONF 0BC117/R.T.FARE IS 342.00/PENALTIES

Rail Information

Carrier	Amtrak
Train	2109
Origin	METROPARK NJ
Destination	WASHINGTON DC
Departing	8:27 AM
Arriving	10:45 AM
Amtrak Locator	0BC117

Rail Information

Carrier	Amtrak
Train	2122
Origin	WASHINGTON DC
Destination	METROPARK NJ
Departing	5:00 PM
Arriving	7:16 PM
Amtrak Locator	0BC117

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
30.00 PER RAIL TICKET
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

ONLINE | OFFLINE | ALL AROUND THE WORLD | EXPERIENCE MATTERS™ AMERICAN EXPRESS

Expense Account

Exp Acct# 150456

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 05/05/08 TO 05/06/08

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Purpose: To attend meetings with insurance underwriters re:Property Damage Insurance Program

Purpose Dates: From 05/05/08 to 05/06/08

Business Destination: Hamilton Bermuda
Ticket Destination : Hamilton Bermuda

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/05	Air travel Round Trip from Newark Int'L Airport, NJ to Bermuda Bermuda	Y	*	345.10					345.10

Expense Account

Exp Acct# 150456

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 05/05/08 TO 05/06/08

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	345.10	0.00	0.00	0.00	0.00	345.10
Less Paid by PA.....	345.10	0.00	0.00	0.00	0.00	345.10
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 093G05	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 5/8/08 Submitted: 5/13/08

Approver's Signature for AM Mulligan Date: 5/12/08 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Expense Account

Exp Acct# 150456

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 05/05/08 TO 05/06/08

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 05/05/08 for 345.10; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 150355

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 05/05/08 to 05/06/08

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	Y	Trip Extension:	N
Blanket Trip:	N	Type:	
Outside TDO:	N		

Purpose: To attend meetings with insurance underwriters re:Property Damage Insurance Program

Purpose Dates:	05/05/08 to 05/06/08	
Business Destination:	Hamilton	Bermuda
Ticket Destination:	Hamilton	Bermuda

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	800	Meals	200
Auto	0	Registration	0
Bus	0	Lodging	600
Rail	0	Other	100
Travel Sub-Total	800	Other Sub-Total	900
		Total Exp	1,700

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / AM Mulligan Date: 3/6/08 Submitted: 3/7/08

Approver's Signature: [signature] Date: 3/7/08 Emp# 20058 Title: CFO

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 150355

Employee Number: P24761 Trip Period from: 05/05/08 to 05/06/08
Name: Anne Marie C Mulligan

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 5, 2008 11:11 AM

Travel Arrangements for VERONICA M BIDDLE

Record Locator BIKJRT
Trip ID 10696319769
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : 95
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	005	Ticket Date	3/5/08
Ticket Number	7118105892	Invoice	0040327
Check Digit	1	Electronic	Yes

Billing Code F7C43618XXXX085G01XXX

Charges

Ticket Base Fare	232.00
Ticket Tax Fare	83.10
Total (USD) Ticket Amount	315.10

Airfare charged to American Express

Total 315.10
Amex fee 30.00
$ 345.10

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 05MAR08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Monday May 5, 2008

INFORMATION/CITIZENS OF THE UNITEDSTATES MUST CARRY A VALID PASSPORT.

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 11 minutes
Flight	1657	Distance	779 Miles
Origin	Newark, NJ	Meal Service	Snack/brunch
Destination	Bermuda, BERMUDA	Plane	Boeing 737-800
Departing	11:55 AM		
Arriving	3:06 PM		
Departure Terminal	TERMINAL C		
Seat	20D		
Class	Coach		

Travel Details

Tuesday May 6, 2008

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 33 minutes
Flight	1660	Distance	779 Miles
Origin	Bermuda, BERMUDA	Meal Service	No Meal Service
Destination	Newark, NJ	Plane	Boeing 737-800

Departing	4:05 PM
Arriving	5:38 PM
Arrival Terminal	TERMINAL C
Seat	20D
Class	Coach

Travel Details

Sunday November 30, 2008

THIS TICKET IS NON REFUNDABLE AND MUST BE CANCELLED PRIOR TO FLIGHT DEPARTURE OR YOU WILL LOSE TICKET VALUE.

THANK YOU FOR CHOOSING AMERICAN EXPRESS TRAVEL HAVE A SAFE TRIP.

Loyalty Programs

Vendor	Account	Traveler
CONTINENTAL AIR	AX614819	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
CCTYZ7	CONTINENTAL AIR

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

CURRENT AIRFARE.....315.10 NON REFUNDABLE.
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 151833

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/05/08 TO 04/13/08

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 09
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

2008 APR 18 PM 2:06

9

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____
Initials

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance program

Sponsor:

Purpose Dates: From 04/05/08 to 04/13/08
Purpose: To meet with London and other European Insurance underwriters to discuss Property Damage and Loss of Revenue Insurance program

Purpose Dates: From 04/05/08 to 04/13/08

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
04/05	Air travel Round Trip from Newark, NJ to London England	Y	*	1,189.90					1,189.90
04/09	Air travel Round Trip from London City Airport England to Zurich Switzerland	Y	*	283.90					283.90

Expense Account

Exp Acct# 151833

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/05/08 TO 04/13/08

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,473.80	0.00	0.00	0.00	0.00	1,473.80
Less Paid by PA.....	1,473.80	0.00	0.00	0.00	0.00	1,473.80
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						
Amount to be Reimbursed.....						0.00
Amount to be Returned.....						0.00

Account Code	Amount
1000 X 556001 093G05	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 4/17/08 Submitted: 4/17/08

Approver's Signature R M Mulligan Date: 4/17/08 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43618 Expense Period: 04/05/08 TO 04/13/08
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended.

Explanation: Permission was granted for trip extension.

Item on 04/05/08 for 1,189.90; Air Travel Expense

01 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice/Itinerary attached.

Item on 04/09/08 for 283.90; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice/Itinerary attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 149771

Employee Number: P24761 Trip Period from: 04/05/08 to 04/13/08
Name: Anne Marie C Mulligan

Title: Treasurer Org: 085
Telephone: 212-435-7700 Dir/Comm:
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: Y Travel Company Used: Y
Blanket Trip: Y Trip Extension: Y
Outside TDO: N Type: OTHR

2008 APR 18 PM 2:06

Purpose: To meet with London and other European Insurance underwriters to discuss Property Damage and Loss of Revenue Insurance program

Purpose Dates: 04/05/08 to 04/13/08
Business Destination: London England
Ticket Destination: London England

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance program

Sponsor:

Purpose Dates: 04/09/08 to 04/13/08

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,500	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	0
Travel Sub-Total	3,500	Other Sub-Total	2,500
		Total Exp	6,000

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
150008	P43618	093	Veronica M Biddle

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle / A M Mulligan Date: 2/22/08 Submitted: 2/28/08

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 149771

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 04/05/08 to 04/13/08

Approver's Signature _____ Date: 2/25/08 Emp# 20058 Title: CFO

Virgin atlantic **Boarding pass**

Name	Flight	Seat
Veronicam Biddle	**17**	**19H**
From	Date	Time
London - London Heathrow Airport (LHR)	**13/04/2008**	**20:25**
To	Frequent flyer	Class
New York - Newark Liberty International Airport (EWR)	**VS00643325972**	**Premium Economy**
	Seq No. 25	Ticket type E-ticket

WHAT NOW? WHAT HAPPENS NEXT?

Great, now that you have successfully checked-in simply go to the Bag Drop to drop your bags then head to Departures as usual. Please note the Bag Drop will close 60 minutes prior to your flight's scheduled departure time.

Passengers who have failed to drop their bags by 60 minutes prior to the scheduled departure time will not be able to travel. Consequently we recommend arrival at the Bag Drop at least 2 hours prior to your flight's scheduled departure time.

Keep your boarding pass safe and take this with a valid passport, paper ticket or e-ticket receipt and any other travel documents to the airport with you.

Please check the airport information monitors for your boarding gate. You must be at the boarding gate 45 minutes prior to your flight's scheduled departure time, as all boarding gates will close 30 minutes prior to departure.

Enjoy your trip!

ECONOMY
Boarding Pass
NAME
BIDDLE/VERONICAM
FQTV LH-XXXXXXXXXXXX508
FROM LONDON
TO ZURICH
ETKT
LCY
CARRIER FLIGHT CLASS DATE TIME
LX 453 Y 09APR1110
GATE BOARDING TIME SEAT SMOKE
1045 20B NO
PCS WT
1 19 0003
ETKT 7247115859978-1

Passenger Name
BIDDLE/VERONICAM
From
NEWARK
TERMINAL: B
To LONDON
TERMINAL: 3
032 71117889342
Flight Class Date Time
2 W 05APR 2110
FFP No.
00643325972
Gate Boarding Time Seat
53 2015. 33C
Virgin atlantic

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: February 12, 2008 11:38 AM

Travel Arrangements for VERONICA M BIDDLE

Record Locator OINEIT
Trip ID 11482513221
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : 95
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	2/12/08
Ticket Number	7111788934	Invoice	0029679
Check Digit	2	Electronic	Yes

Billing Code F7C43618XXXX085G01XXX

Charges

Ticket Base Fare	730.00
Ticket Tax Fare	429.90
Total (USD) Ticket Amount	1,159.90

Airfare charged to American Express

Total 1,159.90

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 11FEB08.
****

PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday April 5, 2008

**YOU ARE RESPONSIBLE TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24 HOURS

**THIS TICKET IS NON REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MOREDETAILS

INFORMATION/CITIZENS OF THE UNITEDSTATES MUST CARRY A VALID PASSPORT.

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Airbus a340-600
Departing	9:10 PM		
Arriving	9:05 AM		

Departure Terminal	TERMINAL B
Arriving on	April 06, 2008
Arrival Terminal	TERMINAL 3
Seat	31C
Class	Premium

Travel Details

Sunday April 13, 2008

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:25 PM		
Arriving	11:05 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	19H		
Class	Premium		

Travel Details

Sunday November 30, 2008

THANK YOU FOR CHOOSING AMERICAN EXPRESS TRAVEL HAVE A SAFE TRIP.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
ETRZ41	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
WHEN CALLING FROM OVERSEAS,PLEASE CALL 336-291-0104
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-847-0242 WITHIN THE US AND CANADA
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

CURRENT AIRFARE.....1559.90 NON REFUNDABLE.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: February 26, 2008 02:13 PM

Travel Arrangements for VERONICA M BIDDLE

Agent ID : 94

Phone: .. / Fax: ..

Record Locator MRSNPN

Trip ID 11376942603
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

***** Itinerary Only *****

Itinerary Details

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 26FEB08.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
****

Travel Details

Wednesday April 9, 2008

ELECTRONIC TICKET CONFIRMATION*KKBLM8. FARE IS*253.90 NONREFUNDABLE

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 40 minutes
Flight	453	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LINES		
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro rj100 reg jet
Departing	11:10 AM		
Arriving	1:50 PM		
Seat	Unassigned		
Class	Shuttle service		

AISLE SEAT 07D RESERVED

Travel Details

Sunday April 13, 2008

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London Heathrow, UK	Plane	Airbus a320
Departing	3:40 PM		
Arriving	4:25 PM		
Arrival Terminal	TERMINAL 2		
Seat	Unassigned		
Class	Economy		

AISLE SEAT 17C RESERVED

Travel Details

Monday December 1, 2008

THANK YOU FOR USING AMERICAN EXPRESS TRAVEL SERVICES

Airline Record Locators

Airline Reference	Carrier
KKBLM8	SWISS INTERNATIONAL AIR

Additional Messages

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COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

---------INTERNATIONAL FLTS INFORMATION----------
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN.
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE.
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
VALID PASSPORT REQUIRED FOR YOUR DESTINATION
****
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
****
FREQUENT FLYER NUMBER NOT ON FILE
NO HOTEL, CAR OR CAR SERVICE REQUESTED

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 147247

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 01/13/08 TO 01/21/08

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Purpose: Executive Development Program

Sponsor: The Kellogg School of Management

Purpose Dates: From 01/13/08 to 01/21/08

Business Destination: Miami FL USA
Ticket Destination : Miami FL USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
01/13	Registration Executive Development Program Sponsored by The Kellogg School of Management From: 01/13/08 To: 01/18/08	Y	*			8,600.00			8,600.00
01/13	Air travel Round Trip from Newark, NJ to Fort Lauderdale, FL	N	*	283.80					283.80

Expense Account Exp Acct# 147247

Employee Number: P43618 Expense Period: 01/13/08 TO 01/21/08
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	283.80	0.00	8,600.00	0.00	0.00	8,883.80
Less Paid by PA.....	283.80	0.00	8,600.00	0.00	0.00	8,883.80
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 1/22/08 Submitted: 1/23/08

Approver's Signature A M Biddle Date: 1/22/08 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43618 Expense Period: 01/13/08 TO 01/21/08
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended & who approved the extension.

Explanation: CFO approved with no additional cost to Port Authority

01 Attach original Trip Authorization.

Item on 01/13/08 for 8,600.00; Registration Expense

02 Attach documentation issued by Sponsor indicating dates, place, agenda & fees.

Item on 01/13/08 for 283.80; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 147029

Employee Number: P43618
Name: Veronica M Biddle

Trip Period from: 01/13/08 to 01/18/08

Title:	Ast Dir Rsk Mgt	Org:	093
Telephone:	212-435-5856	Dir/Comm:	N
Address:	225PAS 12012		
Account Code:	1000 X 556001 093G01		
Spouse/Guest:	N	Travel Company Used:	Y
International:	N	Trip Extension:	N
Blanket Trip:	N	Type:	
Outside TDO:	N		

Purpose: Executive Development Program

Sponsor: The Kellogg School of Management

Purpose Dates: 01/13/08 to ~~01/18/08~~ ~~01/25~~ 01/21/08 VB

Business Destination: Miami FL USA

Ticket Destination: Miami FL USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	150	Meals	0
Auto	100	Registration	8,600
Bus	0	Lodging	0
Rail	0	Other	100
Travel Sub-Total	250	Other Sub-Total	8,700
		Total Exp	8,950

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle Date: 10/1/07 Submitted: 10/3/07

Approver's Signature: [illegible] Date: 10/1/07 Emp# ~~20058~~ 24761 Title: ~~CFO~~ Treasurer

Approved: [illegible] Date 10/2/07 20058 CFO

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: November 16, 2007 03:02 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator IRGUHQ
Trip ID 11134526814
PORT AUTHORITY
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : 71
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	005	Ticket Date	11/16/07
Ticket Number	7092396104	Invoice	0229852
Check Digit	2	Electronic	Yes

Billing Code F7C43618XXXX093G01XXX

Charges

Ticket Base Fare	216.74
Ticket Tax Fare	37.06
Total (USD) Ticket Amount	253.80

Airfare charged to American Express

Total 253.80

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 09NOV07.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Sunday January 13, 2008

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 59 minutes
Flight	701	Distance	1,065 Miles
Origin	Newark, NJ	Meal Service	Snack/brunch
Destination	Ft Lauderdale, FL	Plane	Boeing 737-800
Departing	10:30 AM		
Arriving	1:29 PM		
Departure Terminal	TERMINAL C		
Arrival Terminal	TERMINAL 1		
Seat	24C		
Class	Coach		

Travel Details

Monday January 21, 2008

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 56 minutes
Flight	700	Distance	1,065 Miles

Origin	Ft Lauderdale, FL	Meal Service	Snack/brunch
Destination	Newark, NJ	Plane	Boeing 737-800
Departing	10:25 AM		
Arriving	1:21 PM		
Departure Terminal	TERMINAL 1		
Arrival Terminal	TERMINAL C		
Seat	18B		
Class	Coach		

SEAT NEXT TO TRAVELING COMPANION

Travel Details

Saturday July 19, 2008

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
CONTINENTAL AIR	AX614819	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
D8LH19	CONTINENTAL AIR

Additional Messages

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THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

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For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Veronica Beddle
✓ OCT 2007

(1)

Executive Education

Not October –
Instead: January 2008

Finance for Executives

© Nathan Mandell

Get Started Now

- Apply
- Download Application (PDF)
- Download a Brochure (PDF)
- Enrollment Criteria & Policies
- Locations and Facilities

Improve your ability to interpret financial reports, and learn the language and techniques of finance—whether you are new to finance or just want to sharpen existing skills. Senior members of the Kellogg School's world renowned faculty lead this introductory program which empowers you with concepts to understand and predict the financial implications of managerial decisions. The program provides a comprehensive view of shareholder value creation and the key role managers play in the process.

You will explore methods for determining the cash-flow and stock price implications of strategic decisions such as plant and equipment additions, acquisitions, new product introductions, and credit and payment policies.

You will learn to identify sources of capital, set appropriate corporate and business growth objectives, and increase the attractiveness of your company's securities to investors.

View the program faculty

Program Content

This program consists of several different topics. Some of the topics covered in the program include:

- Optional Accounting Tutorial
- Interpreting Financial Reports
- Evaluating Investments
- Financial Decisions and Value Creation

Format

Topics are presented in a combination of lectures, cases, small-group discussions, and reviews of current research results. In the evenings, you will meet in faculty-assisted study groups to prepare for the next day's topics. You will receive a comprehensive reference manual of readings and program materials that will serve as a helpful resource in the future.

Who Should Attend

Find out who should attend Finance for Executives, and what past participants have said about the

Related Programs

Business Marketing Strategy

Reinventing Leadership: A Breakthrough Approach

Negotiation Strategies for Managers

All Programs

Upcoming Sessions

Evanston Campus

October 28-November 2, 2007
$8,250

Miami Campus

January 13-18, 2008
$ 8,600

Key Benefits

During this course, you will:

- Learn to read and interpret financial statements
- Determine the cash-flow and stock price implications of major strategic and operating decisions
- Understand the role of financing and the determination of the cost of capital
- Learn how to work more effectively with financial executives

Continuing Education Credit
This program is registered with the National Association of State Boards of Accountancy and is recommended for 43 CPE credits. (More information about CPE credits.)

"Extremely valuable. This program gave me a new perspective for looking at finance. I can now ask relevant questions.."

Director of Market Development, Nortel Networks.

Executive Education

Finance for Executives

© Nathan Mandell

Get Started Now

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- Download Application (PDF)
- Download a Brochure (PDF)
- Enrollment Criteria & Policies
- Locations and Facilities

Program Content

Optional Accounting Tutorial

- Identifying the purpose and types of financial reports
- Discuss the key components of financial reports
- Examining the role of auditors and management in the preparation of annual financial reports

Interpreting Financial Reports

- Identifying the conceptual underpinnings of corporate reporting
- Reading and understanding corporate financial statements
- Qualitative assessment of financial performance

Evaluating Investments

- Investment evaluation criteria
- Estimation of cash flows, including the consequences of product cannibalization, shared production facilities, and inflation
- Applying discounted cash-flow and multiples valuation methods
- Strategic acquisitions
- Understanding the stock market's response to operating decisions

Financial Decisions and Value Creation

- Overview of financial markets
- Intra-industry performance evaluation
- Alternative sources of capital for short- and long-term financing
- Managing capital structure
- Estimating the cost of capital

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Reinventing Leadership: A Breakthrough Approach

Negotiation Strategies for Managers

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October 28-November 2, 2007
$8,250

April 27-May 2, 2008
$ 8,600

Miami Campus

* January 13-18, 2008
$ 8,600

Run Pannone - ↑ IRS re: bill HR.

Key Benefits

During this course, you will:

- Learn to read and interpret financial statements
- Determine the cash-flow and stock price implications of major strategic and operating decisions
- Understand the role of financing and the determination of the cost of capital
- Learn how to work more effectively with financial executives

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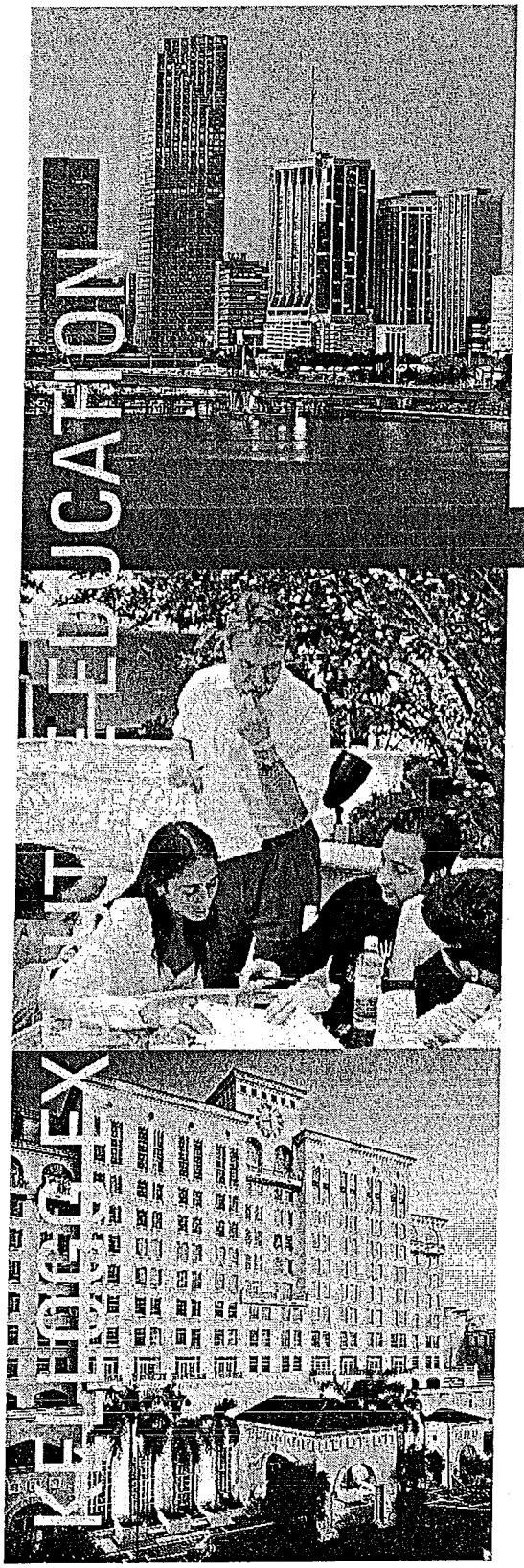
This program is registered with the National Association of State Boards of Accountancy and is recommended for 43 CPE credits. (More information about CPE credits.)

"Extremely valuable. This program gave me a new perspective for looking at finance. I can now ask relevant questions.."

Director of Market Development,

- Understanding the stock market's response to financial decisions *Nortel Networks.*

© Kellogg School of Management, Northwestern University



THE KELLOGG SCHOOL OF MANAGEMENT

Miami Campus

Located in Coral Gables, Florida—just outside of downtown Miami—the new Kellogg School of Management Miami Campus combines the resources of a top-ranked business school with the convenience of being located in the financial center of the southeastern United States.

With successful executive MBA programs in Asia, Europe, the Middle East, and North America, the Kellogg School is committed to a global approach to management education. Now with its Miami-area location in Coral Gables, Florida, the Kellogg School of Management is one of the first top-tier business schools to focus on the southeastern United States as the gateway to Latin America.

Programs held on the Miami campus are designed and led by senior members of the Kellogg School faculty who have extensive experience in the executive classroom and have authored many of the texts used in business school classrooms around the world.

APPLICATION AND FEE

We encourage you to apply online at www.kellogg.northwestern.edu/execed or you may call us at 847.467.7000 or visit our web site to receive a paper application. The fee (payable in U.S. dollars) includes tuition, program materials, accommodations for five nights, and all meals, coffee breaks, and receptions. Please visit our web site or call us for our cancellation policy and information on waiving international payments.

LOCATION

Sleeping, dining, and classroom accommodations are located in the James L. Allen Center on Northwestern University's Evanston campus. Specifically designed for executive education, the Allen Center overlooks Lake Michigan and contains 150 bedrooms with private baths, as well as dining rooms, lounges, recreational facilities, study rooms, and classrooms. The center combines the benefits of a quiet campus environment with close proximity to downtown Chicago and O'Hare International Airport. Occasionally, demand for programs requires that participants stay at a nearby hotel. If that is necessary, arrangements will be made for you.

The program qualifies for Continuing Professional Education credit. Please visit www.kellogg.northwestern.edu/execed for details.

Northwestern University is an equal opportunity, affirmative action educator and employer. Northwestern University reserves the right to change without notice any statement in this publication concerning, but not limited to, rules, policies, tuition, fees, curriculum, and courses.

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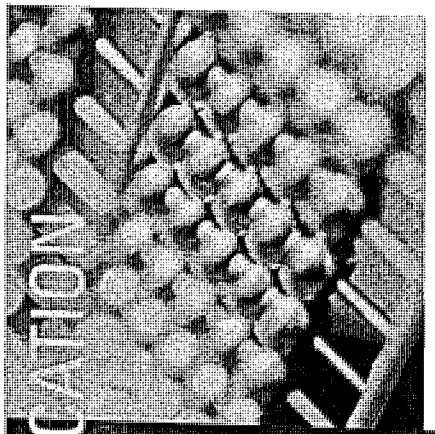
EXECUTIVE EDUCATION
Kellogg School of Management
James L. Allen Center
2169 Campus Drive
Evanston, Illinois 60208-2800



EDUCATION

Finance and Accounting

FINANCE FOR EXECUTIVES

'07

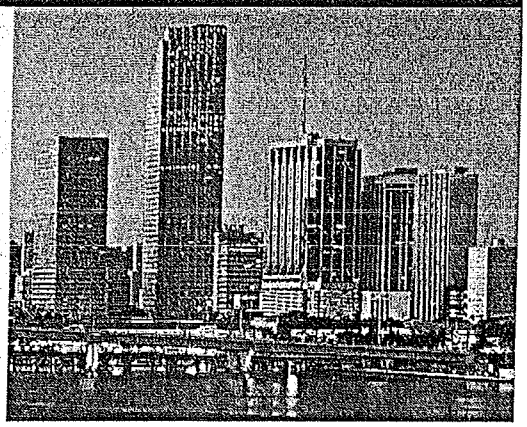
Kellogg

LOCATION AND FACILITIES

The Kellogg School's Miami campus contains a new state-of-the-art classroom and small group study rooms. Designed exclusively for executive education, the campus is adjacent to the Hyatt Regency Coral Gables, where participants sleep, dine, and have access to a variety of business services, including high speed Internet access.

Coral Gables is an accessible community with a variety of restaurants and shops within a short distance of campus. Miracle Mile, the main commercial street in Coral Gables, is just two blocks south of the hotel, offering plentiful boutique shopping. Leisure destinations such as Coconut Grove and Miami's South Beach are nearby. In their free time, participants may also use the hotel's fitness center. And Miami International Airport, which connects travelers with cities around the world, is just four miles away.

Kellogg
School of Management
95 Merrick Way, Suite 105
Coral Gables, FL 33134
Phone: 847.467.7000
kellogg.northwestern.edu/execed



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FINANCE FOR EXECUTIVES

KEY BENEFITS

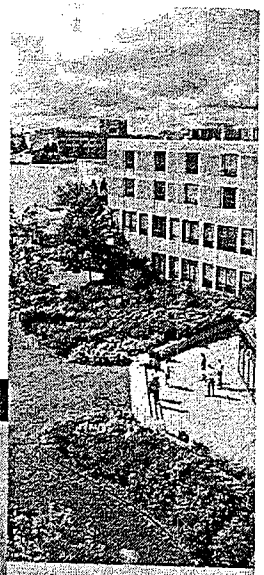
In this program, you will:

- Learn to read and interpret financial statements
- Determine the cash-flow and stock-price implications of major strategic and operating decisions
- Understand the role of financing and the determination of the cost of capital
- Learn how to work more effectively with financial executives

WHO SHOULD ATTEND

The program is designed for executives who make or contribute to decisions that have significant financial implications. This includes anyone with profit-and-loss responsibility, and managers in marketing, operations, human resources, and engineering. No background in finance is required. The program provides an opportunity to network and exchange ideas with participants from diverse industries and functional areas.

www.kellogg.northwestern.edu/execed



James L. Allen Center

DATES AND FEES

April 15–20
October 28–November 2
$8,250

HOW TO APPLY

Online

Visit our web site to fill out an online application and to check for the latest program dates and information.

Phone

847.467.7000

Email

ExecEd@kellogg.northwestern.edu

PROGRAM CONTENT

OPTIONAL ACCOUNTING TUTORIAL

- Identifying the purpose and types of financial reports
- Discuss the key components of financial reports
- Examining the role of auditors and management in the preparation of annual financial reports

INTERPRETING FINANCIAL REPORTS

- Identifying the conceptual underpinnings of corporate reporting
- Reading and understanding corporate financial statements
- Qualitative assessment of financial performance

EVALUATING INVESTMENTS

- Investment evaluation criteria
- Estimation of cash flows, including the consequences of product cannibalization, shared production facilities, and inflation
- Applying discounted cash flow and multiple valuation methods
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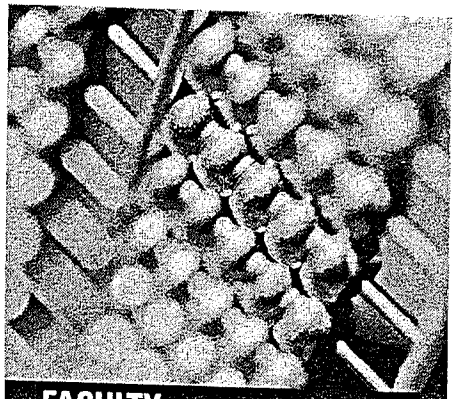
FINANCIAL DECISIONS AND VALUE CREATION

- Overview of financial markets
- Intra-industry performance evaluation
- Alternative sources of capital for short- and long-term financing
- Managing capital structure
- Estimating the cost of capital
- Understanding the stock market's response to financial decisions



FACULTY

Artur Raviv
Academic Director, Alan E. Peterson Distinguished Professor of Finance, Kellogg School of Management

Michael J. Fishman
Norman Strunk Distinguished Professor of Financial Institutions, Kellogg School of Management

Marian Powers
Adjunct Associate Professor of Accounting Information and Management, Kellogg School of Management

TEAM ATTENDANCE

Special study groups, pricing, and other arrangements are available to companies sponsoring teams of four or more participants. Please contact us to learn more.

FINANCE FOR EXECUTIVES
Academic Directors: Mike Fishman and Art Raviv

April 15-20, 2006
Program Manager: Marily Schonthal

	Sunday 15 April	Monday 16 April	Tuesday 17 April	Wednesday 18 April	Thursday 19 April	Friday 20 April
8:30 – 10:00		**Overview of Corporate Financial Decisions: Capital Markets and Financial Instruments** Raviv	**Evaluating Financial Results: Earnings Quality and Cash Flows** Case: *Control Data (D)* Powers	**Investment Evaluation** Case: *Energy Gel (A)* Fishman	**Financial Markets and Capital Structure: The Financing Decision** Case: *Bed Bath and Beyond* Fishman	**M&A, Managerial Decisions and Firm Value** Case: *Interco* Raviv
10:15 - 11:45		**Overview of Corporate Financial Decisions** (Cont'd) Raviv	**Evaluating Financial Results** (Cont'd) Powers	**Investment Evaluation** (Cont'd) Case: *Energy Gel (A)* Fishman	**Financial Markets and Capital Structure: The Financing Decision** (Cont'd) Case: *Bed Bath and Beyond* Fishman	**M&A** (Cont'd) 11:30-11:45 **Program Summary** Raviv
11:45 - 1:00		Lunch	Lunch	Lunch	Lunch	Optional Lunch
1:00 – 2:30		1:00-2:00 **Assumptions Underlying Financial Reports** 2:00-3:15 **Study Groups** Case: *Stirling Homex (A)* Powers	1:00 **Study Groups** Case: *Clarkson Lumber* Raviv 2:00-3:30 **Management of Liquidity and Current Assets** Case: *Clarkson Lumber* Raviv	**Firm Valuation and IPOs** Case: *Pinkerton (B)* Fishman	**Cost of Capital** Raviv	
2:45 – 6:00	3:45 **Accounting Tutorial (optional)** Powers 5:15 **Introductions and Opening Session** Raviv	3:30-5:15 **Assumptions Underlying Financial Reports** (Cont'd) Powers	3:45-4:45 **Management of Liquidity and Current Assets** (Cont'd) Case: *Dell's Working Capital* Raviv	2:45-4:15 **Firm Valuation and IPOs** (Cont'd) Case: *Pinkerton (B)* Fishman	**Study Groups** Case: *Interco* Raviv	
6:00-6:30 6:30-7:30	Social Time Dinner	Social Time Dinner	Social Time Dinner	Social Time Dinner	Social Time Dinner	
7:30- 9:00	7:15 **Introduction to Financial Statements** *Chicago Corp* Powers	**Study Groups** Case: *Control Data (D)* Powers	**Study Groups** Case: *Energy Gel (A)* Fishman	**Study Groups** Case: *Bed Bath and Beyond* Fishman	**Free Evening**	

Expense Account

Exp Acct# 146607

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/22/07 TO 09/30/07

Title: Ast Dir Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: Meet with London insurance underwriters to discuss Public Liability Insurance Program

Purpose Dates: From 09/22/07 to 09/27/07

Business Destination: London England
Ticket Destination : London England

Purpose: Meet with Zurich insurance underwriters to discuss Public Liability Insurance Program

Purpose Dates: From 09/27/07 to 09/30/07

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/22	Air travel Round Trip from Newark, NJ to London England	Y	*	1,273.70					1,273.70
09/27	Air travel Round Trip from London City Airport England to Zurich Switzerland	Y	*	482.80					482.80

Expense Account

Exp Acct# 146607

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/22/07 TO 09/30/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,756.50	0.00	0.00	0.00	0.00	1,756.50
Less Paid by PA.....	1,756.50	0.00	0.00	0.00	0.00	1,756.50
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G05	0.00

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 10/05/07

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 10/05/07 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 10/10/07

Employee Number: P43618
Name: Veronica M Biddle
Expense Period: 09/22/07 TO 09/30/07

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended.

Explanation: Written approval from CFO and CAO attached

01 Attach original Trip Authorization.

Explanation: Trip Authorization attached

Item on 09/22/07 for 1,273.70; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 09/27/07 for 482.80; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Expense Account

Exp Acct# 145100

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/26/07 TO 06/27/07

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits
Initials

Purpose: To attend the Annual Board Meeting of the PA Insurance Captive Entity

Purpose Dates: From 06/26/07 to 06/27/07

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/26	Empl drove with A.M. Mulligan, Treasurer	N						.00	.00

Expense Account

Exp Acct# 145100

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/26/07 TO 06/27/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093P01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 8/13/07 Submitted: 8/14/07

Approver's Signature A M Mulligan Date: 8/13/07 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Expense Account

Exp Acct# 145100

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/26/07 TO 06/27/07

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: Was unaware EA had to be prepared since there were no expenses.

01 Attach original Trip Authorization.

Explanation: TA attached

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 145089

Employee Number: P24761 Trip Period from: 06/26/07 to 06/27/07
Name: Anne Marie C Mulligan

Title: Treasurer Org: 085
Telephone: 212-435-7700 Dir/Comm: Y
Address: 225PAS 12012
Account Code: 1000 X 556001 085G01
Spouse/Guest: N
International: N Travel Company Used: N
Blanket Trip: N Trip Extension: N
Outside TDO: N Type:

Purpose: To attend the Annual Board Meeting of the PA Insurance Captive Entity

Purpose Dates: 06/26/07 to 06/27/07
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	700
Auto	0	Registration	0
Bus	0	Lodging	700
Rail	0	Other	150
Travel Sub-Total	0	Other Sub-Total	1,550
		Total Exp	1,550

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle AM Mulligan Date: 5/22/07 Submitted: 5/22/07

Approver's Signature: AM Mulligan Date: 5/22/07 Emp# 24761 Title: Treasurer

Expense Account

Exp Acct# 144219

er: P43618
Veronica M Biddle

Expense Period: 06/02/07 TO 06/10/07

Gen Mgr Rsk Mgt
225PAS 12012

none: 212-435-5856

bject: TRIP

pe:

approval obtained
xceed meal limits: _____
Initials

Org:	093
Dir/Comm:	N
Represented:	N
International:	Y
Trip Extension:	Y
Personal Guest:	N
TDO:	N
Outside TDO:	N

se: Meet with London underwriters to discuss ongoing Contractors' Insurance Program coverage and attend annual Claims Review Committee meeting with carriers

se Dates: From 06/02/07 to 06/10/07

ess Destination: London England
t Destination : London England

Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
Air travel Round Trip from Newark, NJ to London England	Y	*	1,677.20					1,677.20

Expense Account

Exp Acct# 144219

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/02/07 TO 06/10/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,677.20	0.00	0.00	0.00	0.00	1,677.20
Less Paid by PA.....	1,677.20	0.00	0.00	0.00	0.00	1,677.20
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 8/13/07 Submitted: 8/13/07

Approver's Signature [illegible] Date: 8/13/07 Emp# 24761 Title: Treasurer

Accountant's Approval [illegible] Date:

Employee Number: P43618
Name: Veronica M Biddle
Expense Period: 06/02/07 TO 06/10/07

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why EA is being prepared in excess of 30 days after the end of event or trip.

Explanation: Was unaware EA had to be prepared since there were no expenses

Explain why the trip was extended.

Explanation: See CFO's approval

01 Attach original Trip Authorization.

Explanation: TA Attached

Item on 06/02/07 for 1,677.20; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Invoice Itinerary attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 144191

Employee Number: P24761 Trip Period from: 06/02/07 to 06/10/07
Name: Anne Marie C Mulligan

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N		
International:	Y	Travel Company Used:	Y
Blanket Trip:	N	Trip Extension:	Y
Outside TDO:	N	Type:	PERS

Purpose: Meet with London underwriters to discuss ongoing Contractors' Insurance Program coverage and attend annual Claims Review Committee meeting with carriers

Purpose Dates: 06/02/07 to 06/10/07
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	3,295	Meals	1,000
Auto	0	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	500
Travel Sub-Total	3,295	Other Sub-Total	3,000
		Total Exp	6,295

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	093	Veronica M Biddle

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: A M Mulligan Date: 4/5/07 Submitted: 4/6/07

Approver's Signature: Louis J. LaCapra Date: 4/6/07 Emp# 07419 Title: CAO

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 144191

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 06/02/07 to 06/10/07

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach written approval by your Department Director for international trip.

02 Attach written approval by Chief of Staff for trip extension.

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: April 23, 2007 12:04 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator FOTDRQ
Trip ID 10948674294
PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : 96
Phone: .. / Fax: ..

Itinerary Details

***** Itinerary Only *****

Billing Code: F7C43618XXXX093G01XXX

30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 04APR07.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
****

Travel Details

Saturday June 2, 2007

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:25 PM		
Arriving	9:05 AM		
Departure Terminal	TERMINAL B		
Arriving on	June 03, 2007		
Arrival Terminal	TERMINAL 3		
Seat	73A		
Class	Premium		

Travel Details

Sunday June 10, 2007

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-600
Departing	8:30 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	19A		
Class	Premium		

Travel Details

Saturday November 10, 2007

THANK YOU FOR CHOOSING AMERICAN EXPRESS

**THIS TICKET IS NON-REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MOREDETAILS.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
EMYTKY	VIRGIN ATLANTIC AIRWAYS

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-291-2039
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-872-3062 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9LVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.
.. PLEASE RECONFIRM YOUR FLIGHT WITH THE CARRIER
DAY OF DEPARTURE TO ENSURE IT IS OPERATING ON TIME

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE
DIRECTLY WITH THE AIRLINE
**OUTBOUND FLIGHTS AND RETURN FLIGHTS.....
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
A VALID PASSPORT IS REQUIRED FOR YOUR DESTINATION

PASSPORT MUST HAVE AT LEAST 6 MONTHS VALIDITY
VALID PASSPORT AND VISA REQUIRED FOR YOUR DESTINATION
HELPFUL WEBSITES --
WWW.CDC.GOV/TRAVEL/INDEX.HTM - FOR VACCINATION INFO
WWW.CIBT.COM ---------- FOR PASSPORT AND VISA INFO
---- OR CONTACT CIBT AT 800-929-2428 ----
******* UPON ENTERING THE UNITED STATES *******
********** AS OF 09MAR06 **********
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account Exp Acct# 143637

Employee Number: P43618 Expense Period: 04/14/07 TO 04/22/07
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with London insurance underwriters to discuss Property Damage and Loss of Revenue Insurance Program and Contractors' Insurance Program General Liability Insurance Program

Purpose Dates: From 04/14/07 to 04/18/07

Business Destination: London England
Ticket Destination : London England

Purpose: Meet with Swiss and German insurance carriers for the Property Damage and Loss of Revenue Insurance Program

Purpose Dates: From 04/18/07 to 04/22/07

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/14	Air travel Round Trip from Newark Airport, NJ to London England	Y	*	1,738.70					1,738.70

Expense Account

Exp Acct# 143637

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 04/14/07 TO 04/22/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,738.70	0.00	0.00	0.00	0.00	1,738.70
Less Paid by PA.....	1,738.70	0.00	0.00	0.00	0.00	1,738.70
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 04/24/07

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 04/24/07 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 04/25/07

Employee Number: P43618 Expense Period: 04/14/07 TO 04/22/07
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why trip extension was not mentioned on the Trip Authorization.

Explanation: See attached approval from CFO

Explain why the trip was extended.

Explanation: Personal reasons

01 Attach original Trip Authorization.

Item on 04/14/07 for 1,738.70; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Expense Account

Exp Acct# 140451

Employed Number: P43618
Name: Veronica M Biddle
Expense Period: 09/16/06 TO 09/24/06

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Purpose: Meet with London insurance underwriters to discuss Public Liability insurance placement

Purpose Dates: From 09/16/06 to 09/21/06

Business Destination: London England
Ticket Destination : London England

Purpose: Meet with Zurich insurance underwriters to discuss Public Liability insurance placement

Purpose Dates: From 09/21/06 to 09/22/06

Business Destination: Zurich Switzerland
Ticket Destination : Zurich Switzerland

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/16	Air travel Round Trip from Newark Airport, NJ to London England	Y	*	1,387.10					1,387.10
09/16	Air travel Round Trip from London City Airport England to Zurich Switzerland	Y	*	460.50					460.50
9/21	Personal phone call home 1.25 franks @ 1.234/US$	Y						1.01	1.01
/21	Personal phone call home 1.70 franks @ 1.234/US$	Y						1.38	1.38
/21	Nightly Lodging (including tax) Double Rate 1 Nights(s)@397.3 Hotel Ascot 397.30 franks @ 1.234/US$	Y					321.96		321.96
22	Gratuity - housekeeping 5.00 franks @ 1.235/US$	N						4.05	4.05

Expense Account

Exp Acct# 140451

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/16/06 TO 09/24/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,847.60	0.00	0.00	321.96	6.44	2,176.00
Less Paid by PA.....	1,847.60	0.00	0.00	0.00	0.00	1,847.60
Paid by Employee.....	0.00	0.00	0.00	321.96	6.44	328.40
Less Cash Advance on						

Amount to be Reimbursed..... 328.40
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	328.40

#Signature below implies approval of 7 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Veronica Biddle Date: 10/4/06 Submitted: 10/4/06

Approver's Signature A M Mulligan Date: 10/4/06 Emp# 24761 Title: Treasurer

Accountant's Approval L/B Date:

Expense Account

Exp Acct# 140451

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/16/06 TO 09/24/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why more than one personal call was made in a day.09/21 - 2

Explanation: One more Veronica Biddle and one for Anne Marie Mulligan

Explain why the trip was extended.

Explanation: Vacation

01 Attach original Trip Authorization.

Explanation: Attached

Item on 09/16/06 for 1,387.10; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 09/16/06 for 460.50; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 09/21/06 for 321.96; Lodging Expense

Expense Account

Exp Acct# 140451

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 09/16/06 TO 09/24/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Provide explanation why accomodation is a double.

Explanation: Room shared by Anne Marie Mulligan and Veronica Biddle

04 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

US Airways Visa Signature®-1883

close window

Current Transactions

print window

Posting Date	Transaction Date	Transaction	Amount	Balance
		Exemption (1)		
09/24/2006	09/22/2006	Hotel Ascot	* $324.24	$384.42

Secure Area

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Bank of America Higher Standards

see
(Hotel bill)
400.25 CHF ÷ $324.24 = 1.234 CHF (exchange rate)

HOTEL ASCOT

★★★★

Mrs.
Ann-Marie Mulligan

Exemption (1)

Rechnung Nr. 26457
Seite 1/Datum: 22.09.06

Zimmer: 406
Gast: Mulligan Ann-Marie

Anreise: 21.09.06
Abreise: 22.09.06

Datum	Anz.	Leistung	Zusatztext	Einzelpreis CHF	Summe CHF
21.09.06	1	D Phone call		1,25	1,25
21.09.06	1	D Phone call		1,70	1,70
21.09.06	2	B Visitor´s tax		1,15	2,30
21.09.06	1	B Room Rate	21.09.06/Zi. 406	395,00	395,00
22.09.06	1	VISA		-400,25	0,00

Total CHF:	**400,25**
Zahlung CHF:	**-400,25**
Offener Betrag CHF:	**0,00**
Total EUR:	**276,03**

Enthaltene Mehrwertsteuer:

B Beherbergung	3,60% aus	397,30	=	13,81
V Verpflegung	7,60% aus	0,00	=	0,00
D Verschiedenes	7,60% aus	2,95	=	0,21
R Reduziert	2,40% aus	0,00	=	0,00
O Ohne MWSt.	0,00% aus	0,00	=	0,00

MWST Nr. 107 277

Hotel Ascot
Tel: 044 208 14 14
Tessinerplatz 9
8082 Zürich

** KOPIE **

Buchung
VISA
[redacted] 90
Verfalldatum: 08.07

22.09.2006 11:19:27
Trm-Id: 1100011
Akt-Id: 33324319
AID: A0000001570030
Trx. Seq-Cnt: 33328556
Trx. Ref-Nr.: 386419
Aut. Code: 009541
2C065331F0B2935AB78F85F2
1F75A9CA

Total-EFT CHF: 400.25

Historic Exchange Rates

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results (1 USD)

2006-09-19	September 19, Tuesday	1.2512 CHF
2006-09-20	September 20, Wednesday	1.2498 CHF
2006-09-21	September 21, Thursday	1.2519 CHF
2006-09-22	September 22, Friday	1.2349 CHF
2006-09-25	September 25, Monday	1.2385 CHF

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: Swiss Franc

MONTH: 9 DAY: 22 YEAR: 2006

go

Looking real trav
SHERMAN'S
This Week's De
$103+ RT
Fall AIR SALE ac
$388+
Air, 3 nts at MGM VEGAS
$123+ RT
FLORIDA air w/M Orlando
$424+
Air & 3-nt MEXICC
$514+ OW
Fall AIR to SOUTH
$503+
4-nt HAWAII escap
$588+
Air & 3 nts in ITALY Europe
Under $199 RT
Fall AIR to US favori
$699+
8-day IRELAND with car
MORE

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AMERICAN EXPRESS/9FVA
4315 SOUTH 2700 WEST
UMC 02-02-75
SALT LAKE CITY UT 84184

PORT AUTHORITY
VERONICA BIDDLE
225 PARK AVE SOUTH 12TH FLR
NEW YORK NY 10003

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 14AUG06
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
****

21 SEP 06 - THURSDAY				
AIR	SWISS	FLT:451	ECONOMY	SNACK
	OPERATED BY /SWISS EUROPEAN AIR LINES			
	LV LONDON CITY ARPT		825A	EQP: AVRO
				01HR 45MIN
	AR ZURICH		1110A	NON-STOP
				REF: RGCA6H

BIDDLE/VERONICA M AMERICAN EXPRESS 8019453486 HNQQUF 2

24 SEP Ø6 - SUNDAY

AIR SWISS	FLT:324	ECONOMY	SNACK
LV ZURICH		34ØP	EQP: A32Ø
			Ø1HR 45MIN
AR LONDON HEATHROW		425P	NON-STOP
ARRIVE: TERMINAL 2			REF: RGCA6H

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF INVOICING YOU WILL
BE CHARGED A NON REFUNDABLE SERVICE FEE FOR THE FOLLOWING SERVICES
A TRAVEL SERVICE FEE OF 15.ØØ WILL BE CHARGED FOR REFUNDS OF
REFUNDABLE TICKETS
3Ø.ØØ TRAVEL SERVICE FEE WITH AIR/RAIL
PLEASE CALL 8ØØ-291-2Ø39 FOR RESERVATIONS.
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-213Ø.
---------INTERNATIONAL FLTS INFORMATION----------
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN.
BIDDLE/VERONICA M AMERICAN EXPRESS 8Ø19453486 HNQQUF 3

RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE.
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
VALID PASSPORT REQUIRED FOR YOUR DESTINATION
NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 8ØØ-872-3Ø57 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-213Ø
YOUR EMERGENCY ACCESS CODE IS S-9FVA
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
BIDDLE/VERONICA M AMERICAN EXPRESS 8Ø19453486 HNQQUF 4

ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

NO HOTEL, CAR OR CAR SERVICE REQUESTED
****

BIDDLE/VERONICA M AMERICAN EXPRESS 8019453486 HNQQUF 5

05 3426 6999
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

F7C43618XXXX085G01XXX 0000216857 0027458 AEB

PASSENGER RECEIPT

BOARDING PASS XXXXXXXXXX

A-R-C FLIGHT XXX COUPON XXXXX

ISSUED BY SWISS TOUR CODE AGENT CODE A46773672 NAME OF PASSENGER BIDDLE/VERONICA M

NAME OF ISSUING AGENT AMERICAN EXPRESS PLACE OF ISSUE SALT LAKE CIT UT ISO CODE US DATE OF ISSUE 28AUG06 FROM LCY

NAME OF PASSENGER BIDDLE/VERONICA M PNR/CARRIER CODE HNQQUF/AA FARE BASIS/TICKET DESIGNATOR MULTI FCI 6 SERV CABR ID 0011/ FROM OZRH LX451 H 21SEPHSWEBUK

X/O FROM **NOT VALID FOR** CARRIER FLIGHT THIS IS YOUR RECEIPT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER LHR LX324 L 24SEPLSWEBUK

X/O TO **TRANSPORTATION* ISSUING AGENT ID X/ 9FVAAC1 TO **********

ENDORSEMENTS/RESTRICTIONS **********

VALID ON LH/LX ONLY - CARRIER **********

FP AXXXXXXXXXXXX1002*1206/ 122699 /FCLON LX ZRH22 CARRIER FLIGHT CLASS DATE TIME **********

7.99HSWEBUK LX LON83.75LSWEBUK NUC311.74END ROE0.53 **********

7292XT34.40UB29.40CH GATE SEAT SMOKE **********

XT 63.80 **********

FARE GBP 167.00 EQUIV. FARE PD. USD 316.00 ALLOW PCS WT UNCKD ********** **********

TAX/FEE/CHARGE YR 41.20 STOCK CONTROL NO TX 889 CK CPN DOCUMENT NUMBER CK PCS WT UNCKD BAGGAGE ID NUMBER NOT VALID FOR TRAVEL

TAX/FEE/CHARGE GB 9.50 37492326023 0 724 7780156007 6 0 724 7780156007 6

TOTAL USD 430.50 AA46773672

COPYRIGHT © AIRLINES REPORTING CORP., 2004 3-04 STOCK 3426 523202 MG

Do not expose to prolonged periods of excessive heat or light

IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 28, 2006 02:21 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator HNQQUF
Trip ID 11067804007

PORT AUTHORITY
VERONICA BIDDLE
225 PARK AVE SOUTH 12TH FLR
NEW YORK NY 10003

Agent ID : EB

4315 South 2700 West - UMC 02 01 75 - Salt Lake City, UT 84184-3900

Invoice Details

Ticket Information

Airline Code	724	Ticket Date	8/28/06
Ticket Number	7780156007	Invoice	0027451
Check Digit	6	Electronic	No

Billing Code F7C43618XXXX085G01XXX

Charges

Ticket Base Fare	316.00
Ticket Tax Fare	114.50
Total (USD) Ticket Amount	430.50

Airfare charged to American Express

Total 430.50

Amex fee +30.00
460.50

*IT IS YOUR RESPONSIBILITY TO EXAMINE ALL
DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN
24HRS FROM 14AUG06
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID
LOSS OF TICKET VALUE.
****

Travel Details

Saturday September 16, 2006

ELECTRONIC TICKET CONFIRMATION*WDRG4Y. FARE IS*1357.10 NONREFUNDABLE
+30.00 (Amex fee)
$1387.10

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:45 PM		
Arriving	9:25 AM		
Departure Terminal	TERMINAL B		
Arriving on	September 17, 2006		
Arrival Terminal	TERMINAL 3		
Seat	74C		
Class	Premium		

Travel Details

Thursday September 21, 2006

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	451	Distance	473 Miles
	OPERATED BY /SWISS EUROPEAN AIR LIN		
Origin	London City Arpt, UK	Meal Service	Snack/brunch
Destination	Zurich, SWITZERLAND	Plane	Avro rj100 reg jet
Departing	8:25 AM		
Arriving	11:10 AM		
Seat	Confirmed		
Class	Economy		

Travel Details

Sunday September 24, 2006

Flight Information

Airline	SWISS INTERNATIONAL AIR	Estimated time	1 hour 45 minutes
Flight	324	Distance	491 Miles
Origin	Zurich, SWITZERLAND	Meal Service	Snack/brunch
Destination	London Heathrow, UK	Plane	Airbus a320
Departing	3:40 PM		
Arriving	4:25 PM		
Arrival Terminal	TERMINAL 2		
Seat	Confirmed		
Class	Economy		

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	17	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Airbus a340-300
Departing	8:30 PM		
Arriving	11:10 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	21C		
Class	Premium economy		

Travel Details

Thursday June 21, 2007

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
RGCA6H	SWISS INTERNATIONAL AIR
WDRG4Y	VIRGIN ATLANTIC AIRWAYS

Additional Messages

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF INVOICING YOU WILL
BE CHARGED A NON REFUNDABLE SERVICE FEE FOR THE FOLLOWING SERVICES
A TRAVEL SERVICE FEE OF 15.00 WILL BE CHARGED FOR REFUNDS OF
REFUNDABLE TICKETS
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL
PLEASE CALL 800-291-2039 FOR RESERVATIONS.
FOR EMERGENCY ASSISTANCE OUTSIDE THE U.S.
PLEASE CALL COLLECT 1-313-322-2130.
---------INTERNATIONAL FLTS INFORMATION----------
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN.
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE.
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
VALID PASSPORT REQUIRED FOR YOUR DESTINATION
****

NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
****

FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-872-3057 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9FVA
****
****

YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

NO HOTEL, CAR OR CAR SERVICE REQUESTED
****

For Itinerary changes, please contact your travel office via telephone.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account Exp Acct# 139987

Employee Number: P43618 Expense Period: 08/19/06 TO 08/23/06
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with insurance underwriters to discuss insurance for the WTC Redevelopment

Purpose Dates: From 08/19/06 to 08/23/06

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
08/19	Air travel Round Trip from Newark Airport, NJ to London England	Y	*	1,469.10					1,469.10
08/20	Nightly Lodging (including tax) Single Rate 3 Nights(s)@165.68 Grange City Hotel 497.04 pounds @ .5277/US$	Y					941.90		941.90
08/20	Refreshment 2.50 pounds @ .5277/US$	Y						4.74	4.74
08/21	Phone call - home 11.06 pounds @ .5277/US$	Y						20.96	20.96
08/23	International/Conversion Transaction Credit Card	Y						40.20	40.20
08/23	Gratuity - housekeeping 8.00 pounds @ .5283/US$	N						15.14	15.14

Expense Account

Exp Acct# 139987

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 08/19/06 TO 08/23/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,469.10	0.00	0.00	941.90	81.04	2,492.04
Less Paid by PA.....	1,469.10	0.00	0.00	0.00	0.00	1,469.10
Paid by Employee.....	0.00	0.00	0.00	941.90	81.04	1,022.94
Less Cash Advance on						

Amount to be Reimbursed..... 1,022.94
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	1,022.94

#Signature below implies approval of 4 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Veronica Biddle Date: 9/6/06 Submitted: 9-6-06

Approver's Signature: A M Mulligan Date: 9/6/06 Emp# 24761 Title: Treasurer

Accountant's Approval: A. Zahar Date: 9/6/06

Employee Number: P43618
Name: Veronica M

(Place the number pre

Item on 08/19/06 for 1,4

01 Attach Passenger Receipt

Item on 08/20/06 for 941

02 Attach itemized hotel bi

03 Attach Trip Authorizatio

Item on 08/23/06 for 40.

04 Attach an actual receipt

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 28, 2006 03:08 PM

Travel Arrangements for VERONICA M BIDDLE

Record Locator GSQSIY
Trip ID 11015738090

PORT AUTHORITY
VERONICA BIDDLE
PORT AUTHORITY

Agent ID : K1

4315 South 2700 West - Suite 1150 - Salt Lake City, UT 84184
Phone: (800) 291-2039 / Fax: .....

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	7/28/06
Ticket Number	7774380809	Invoice	0022749
Check Digit	3	Electronic	Yes

Billing Code F7C43618XXXX093G01XXX

Charges

Ticket Base Fare	1,158.00
Ticket Tax Fare	281.10
Total (USD) Ticket Amount	1,439.10

Airfare charged to American Express

Total	1439.10

Amex fee 30.00
$1469.10

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 28JUL06
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Saturday August 19, 2006

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	6 hours 40 minutes
Flight	2	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Dinner/breakfast
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	9:45 PM		
Arriving	9:25 AM		

Departure Terminal	TERMINAL B
Arriving on	August 20, 2006
Arrival Terminal	TERMINAL 3
Seat	77A
Class	Premium

Travel Details

Wednesday August 23, 2006

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 40 minutes
Flight	1	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Dinner/snack
Destination	Newark, NJ	Plane	Boeing 747-400
Departing	4:00 PM		
Arriving	6:40 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL B		
Seat	73A		
Class	Premium		

Travel Details

Sunday June 10, 2007

THANK YOU FOR CHOOSING AMERICAN EXPRESS

**THIS TICKET IS NON-REFUNDABLE AND MUST BE CANCELLED PRIOR TO DEPARTURE TIME OR YOU WILL LOSE FULL VALUE OF THE TICKET. PLEASE SEE BOTTOM OF ITINERARY FOR MORE DETAILS.

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00643325972	VERONICA M BIDDLE

Airline Record Locators

Airline Reference	Carrier
U1LGH1	VIRGIN ATLANTIC AIRWAYS

Additional Messages

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
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FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9FVA
****
YOUR ITINERARY MAY NOW BE VIEWED ONLINE...
PLEASE VIEW THE WEBSITE WWW.AEAIRWEB.COM

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

NON-REFUNDABLE TICKET..POSSIBLE STANDBY FEE MAY APPLY
CHANGE FEES APPLY..MUST CHANGE OR CANCEL BEFORE
ORIGINAL FLIGHT OR NO VALUE AFTER FLIGHT TIME.
CHANGES TO THIS ITINERARY MAY INCREASE THE FARE.
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
PLEASE ALLOW 3 HOURS FOR INTERNATIONAL CHECK IN
RECONFIRM ALL FLIGHTS 72 HOURS PRIOR TO DEPARTURE
DIRECTLY WITH THE AIRLINE
**OUTBOUND FLIGHTS AND RETURN FLIGHTS.....
INTERNATIONAL BOARDING PASSES ISSUED AT GATE-CHECK.
A VALID PASSPORT IS REQUIRED FOR YOUR DESTINATION
.
PASSPORT MUST HAVE AT LEAST 6 MONTHS VALIDITY
****FARE IS 1439.10 NONFUNDALBE BOOKED BY SOPHIE ARIANAS

For Itinerary changes, please contact your travel office via telephone.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

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For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

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Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

.Passenger Name

From

To

Flight Class Date Time

FFP No.

Gate Boarding Time Seat

virgin atlantic

Passenger Name

From

To

Flight Class Date Time

FFP No.

Gate Boarding Time Seat

73A

virgin atlantic

GRANGE
CITY HOTEL

8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701

Ms Veronica Biddle

Invoice No: CT0721393

Room No: 302
Arrival Date: 20-Aug-2006
Departure Date: 23-Aug-2006

Ref: G140627593/1
Your Ref:

Date	Description	Charges	Credits
20-Aug-06	Mini Bar - Still water	2.50	0.00
20-Aug-06	Accommodation	165.68	0.00
21-Aug-06	Accommodation	165.68	0.00
21-Aug-06	Mini Bar - Still water	2.50	0.00
21-Aug-06	Mini Bar - Still water	0.00	2.50
21-Aug-06	0019732751887 : 22:39:00	11.06	0.00
22-Aug-06	Accommodation	165.68	0.00

	Net	VAT	Total
VAT@17.5%	434.55	76.05	510.60
Service Non VAT	0.00	0.00	0.00
Received			2.50
		Total	£ 510.60

GRANGE CITY HOTEL
8-10 COOPERS ROW
LONDON
TID36031238
ROOM NO:302
VISA
[redacted] 1883
EXP 08/07
SWIPED
VERONICA BIDDLE
COMPLETION TRANSACTION
AMOUNT £510.60
PLEASE DEBIT MY ACCOUNT
Veronica Biddle
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS
16:52 23/08/06
AUTH CODE 063749
RECEIPT 6936

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

Bank of America Higher Standards

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Accounts Overview | Account Activity | Account Summary | Open An Account

Account Activity

Today is Friday, September 1, 2006. You last signed in on May 11, 2006 at 12:22 PM ET.

Get free comparison quotes for auto insurance from leading companies. Learn more >>

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Activate Your Credit Card

Request Sales Slip Copy

Manage Alerts

Update Your E-mail Address

Update Your Street Address and/or Phone Number

Get more from Online Banking

View your MBNA credit card (New)

US Airways Visa Signature®-1883

Account: US Airways Visa Signature®-1883

Card Information

Payment for this Statement Pei
Total Minimum Payment Due as of Your Last Statement:
Payment Due Date:

Exemption (1)

Transaction Period: Current Transactions

Display Only: All Activity

Current Transactions

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Miles earned on previous statement: 129

Posting Date	Transaction Date	Transaction	Amount
08/24/2006	08/23/2006	GRANGE CITY HOTEL	$967.60 *

Exemption (1)

* 510.60 pounds (hotel bill)

$967.60 = .5277

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Gratuity - housekeeping

results (1 USD)

2006-08-21	August 21, Monday	0.527204 GBP
2006-08-22	August 22, Tuesday	0.529633 GBP
2006-08-23	August 23, Wednesday	0.52829 GBP
2006-08-24	August 24, Thursday	0.529549 GBP
2006-08-25	August 25, Friday	0.529549 GBP

invert target/base, 2006 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 8 DAY: 23 YEAR: 2006

go

Conversion Rate

Expense Account Exp Acct# 138427

Employee Number: P43618 Expense Period: 06/03/06 TO 06/12/06
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with insurance underwriters to discuss Contractor's Insurance Program

Purpose Dates: From 06/03/06 to 06/12/06

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
06/03	Air travel Round Trip from Newark Airport, NJ to London England		Y *	1,243.20					1,243.20
06/04	Personal phone call-- check on daughter 3.00 pounds @ .5424/US$		Y					5.53	5.53
06/04	Personal phone call-check on daughter 11.46 pounds @ .5424/US$		Y					21.13	21.13
06/05	Personal phone call-check on daughter 23.04 pounds @ .5424/US$		Y					42.48	42.48
06/06	Personal phone call-check on daughter 13.20 pounds @ .5424/US$		Y					24.34	24.34
06/07	Personal phone call-check on daughter 15.46 pounds @ .5424/US$		Y					28.50	28.50
06/08	Personal phone call-check on daughter 13.46 pounds @ .5424/US$		Y					24.82	24.82
06/09	Nightly Lodging (including tax) Single Rate 5 Nights(s)@160.98 Grange City Hotel 804.90 pounds @ .5424/US$		Y				1,483.96		1,483.96
06/09	Gratuity-housekeeping 10.00 pounds @ .5427/US$		N					18.43	18.43
06/09	International/Conversion Transaction Credit Card Fee		Y					48.92	48.92

Expense Account Exp Acct# 138427

Employee Number: P43618 Expense Period: 06/03/06 TO 06/12/06
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,243.20	0.00	0.00	1,483.96	214.15	2,941.31
Less Paid by PA.....	1,243.20	0.00	0.00	0.00	0.00	1,243.20
Paid by Employee.....	0.00	0.00	0.00	1,483.96	214.15	1,698.11
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,698.11
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	1,698.11

#Signature below implies approval of 8 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 07/19/06

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 07/19/06 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 07/21/06

Employee Number: P43618 Expense Period: 06/03/06 TO 06/12/06
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why more than one personal call was made in a day.06/04 - 2

Explanation: Phone call made to the same number/first call no answer and left a message/tried again to check on daughter

Explain why the trip was extended.

Explanation: Vacation

01 Attach original Trip Authorization.

Explanation: Attached

Item on 06/03/06 for 1,243.20; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 06/05/06 for 42.48; Other Expense - Personal

03 Attach an actual receipt.

Explanation: Attached - hotel receipt

Item on 06/07/06 for 28.50; Other Expense - Personal

Employee Number: P43618 Expense Period: 06/03/06 TO 06/12/06
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

04 Attach an actual receipt.

Explanation: Attached - hotel receipt

Item on 06/09/06 for 1,483.96; Lodging Expense

05 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Item on 06/09/06 for 48.92; Other Expense

06 Attach an actual receipt.

Explanation: Attached - hotel receipt

Expense Account

Exp Acct# 138727

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 05/03/06 TO 05/06/06

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: Meet with current and prospective underwriters to discuss Port Authority Property Damage and Public Liability Insurance Program

Sponsor: none

Purpose Dates: From 05/03/06 to 05/06/06

Business Destination: Hamilton Bermuda
Ticket Destination : Hamilton Bermuda

Date	Description	Rec	Pay	Travel	Meal	Regist	Lodging	Other	Total
05/03	Air travel Round Trip from Newark Airport, NJ to Hamilton Bermuda	Y	*	789.30					789.30

Expense Account

Exp Acct# 138727

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 05/03/06 TO 05/06/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	789.30	0.00	0.00	0.00	0.00	789.30
Less Paid by PA.....	789.30	0.00	0.00	0.00	0.00	789.30
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 05/18/06

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 05/18/06 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 05/23/06

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 05/03/06 TO 05/06/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 05/03/06 for 789.30; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Expense Account Exp Acct# 138017

Employee Number: P43618 Expense Period: 04/08/06 TO 04/16/06
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: Y
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Meet with insurance underwriters to discuss Property Damage and Loss of Revenue Insurance Program

Purpose Dates: From 04/08/06 to 04/16/06

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
04/08	Air travel Round Trip from Newark Airport, NJ to London England	Y	*	1,124.20					1,124.20
04/09	Nightly Lodging (including tax) Govt Rate 4 Nights(s)@160.98 Grange City Hotel 643.92 pounds @ .5709/US$	Y					1,127.90		1,127.90
04/10	Personal phone call to home--safe arrival 13.70 pounds @ .5709/US$	Y						24.00	24.00
04/10	Breakfast - Grange City Hotel 19.50 pounds @ .5709/US$	Y			34.16				34.16
04/11	Personal phone call--home 19.10 pounds @ .5709/US$	Y						33.46	33.46
04/11	Breakfast - Grange City Hotel 19.50 pounds @ .5709/US$	Y			34.16				34.16
04/12	Personal phone call--home 6.94 pounds @ .5709/US$	Y						12.16	12.16
04/12	Gratuity to maid 5.00 pounds @ .5712/US$	N						8.75	8.75
04/13	Personal phone call--home (due to checking out the night before, this phone charges does not appear on hotel, see credit card statement) 8.70 pounds @ .5705/US$	Y						15.25	15.25
04/13	Conversion fee billed on credit card dated 5/9/06	Y						40.23	40.23

Expense Account Exp Acct# 138017

Employee Number: P43618 Expense Period: 04/08/06 TO 04/16/06
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	1,124.20	68.32	0.00	1,127.90	133.85	2,454.27
Less Paid by PA.....	1,124.20	0.00	0.00	0.00	0.00	1,124.20
Paid by Employee.....	0.00	68.32	0.00	1,127.90	133.85	1,330.07
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,330.07
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	1,330.07

#Signature below implies approval of 8 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 05/16/06

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 05/16/06 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 05/22/06

Employee Number: P43618 Expense Period: 04/08/06 TO 04/16/06
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why the trip was extended.

Explanation: Vacation

Item on 04/08/06 for 1,124.20; Air Travel Expense

01 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 04/09/06 for 1,127.90; Lodging Expense

02 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

03 Attach Trip Authorization stating overnight stays included, approved by AED/Admin.

Explanation: Attached

Item on 04/10/06 for 34.16; Meal Expense - BFST

04 Attach an actual receipt.

Explanation: Attached

Item on 04/11/06 for 33.46; Other Expense - Personal

Employee Number: P43618 Expense Period: 04/08/06 TO 04/16/06
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Explanation: Attached

Item on 04/11/06 for 34.16; Meal Expense - BFST

06 Attach an actual receipt.

Explanation: Attached

Item on 04/13/06 for 40.23; Other Expense

07 Attach an actual receipt.

Explanation: Attached

Expense Account Exp Acct# 137974

Employee Number: P43618 Expense Period: 03/20/06 TO 03/20/06
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012 Org: 093
Telephone: 212-435-5856 Dir/Comm: N
Represented: N
EA Subject: TRIP International: N
EA Type: Trip Extension: N
Personal Guest: N
Pre-approval obtained to exceed meal limits: _____ Initials
TDO: N Outside TDO: N

Purpose: Discuss Formation of Captive Insurance Company with Risk Finance Bureau of Washington, DC

Purpose Dates: From 03/20/06 to 03/20/06

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
03/20	Rail travel expense Round Trip From Metropark Station, NJ To Washington, DC	Y	*	354.00					354.00

Expense Account Exp Acct# 137974

Employee Number: P43618 Expense Period: 03/20/06 TO 03/20/06
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	354.00	0.00	0.00	0.00	0.00	354.00
Less Paid by PA.....	354.00	0.00	0.00	0.00	0.00	354.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 03/28/06

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 03/28/06 Emp# P24761 Title: Treasurer

Accountant's Approval: _____ Date: _____

Employee Number: P43618 Expense Period: 03/20/06 TO 03/20/06
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Attached

Item on 03/20/06 for 354.00; Rail Travel Expense

Please explain why this rail travel is not coach class.

Explanation: Approved by CFO to minimize travel time within one day (see email attached)

02 Attach Ticket Stub

Explanation: E-ticket purchased

Expense Account Exp Acct# 134527

Employee Number: P43618 Expense Period: 09/24/05 TO 09/29/05
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Attend meeting with insurance underwriters to discuss Port Authority Public Liability Insurance Program

Purpose Dates: From 09/24/05 to 09/29/05

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/24	Air travel Round Trip from Newark Airport, NJ to London England	Y	*	889.35					889.35
09/24		N		5.34					5.34
09/25	Nightly Lodging (including tax) Govt Rate 4 Nights(s)@158.63 Grange City Hotel 634.52 pounds @ .567/US$	Y					1,119.08		1,119.08
09/25	Personal phone call-safe arrival 13.92 pounds @ .567/US$	Y						24.55	24.55
09/26	Personal phone call 11.84 pounds @ .567/US$	Y						20.88	20.88
09/27	Personal phone call 14.43 pounds @ .567/US$	Y						25.45	25.45
09/28	Personal phone call 13.14 pounds @ .567/US$	Y						23.17	23.17
09/29	Foreign currency coversion fee (see credit card statement)	Y						38.71	38.71
09/29	Gratuity for maid (see x-rates.com attached for conversion rate) 5.00 pounds @ .5675/US$	N						8.81	8.81

Expense Account Exp Acct# 134527

Employee Number: P43618 Expense Period: 09/24/05 TO 09/29/05
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	889.35	0.00	0.00	1,119.08	141.57	2,150.00
Less Paid by PA.....	889.35	0.00	0.00	0.00	0.00	889.35
Paid by Employee.....	0.00	0.00	0.00	1,119.08	141.57	1,260.65
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,265.99
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	1,265.99

#Signature below implies approval of 5 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 10/20/05

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 10/20/05 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 10/25/05

Employee Number: P43618 Expense Period: 09/24/05 TO 09/29/05
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 09/24/05 for 889.35; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Item on 09/25/05 for 1,119.08; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Item on 09/27/05 for 25.45; Other Expense - Personal

04 Attach an actual receipt.

Item on 09/29/05 for 38.71; Other Expense

Employee Number: P43618 Expense Period: 09/24/05 TO 09/29/05
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Expense Account Exp Acct# 131754

Employee Number: P43618 Expense Period: 04/18/05 TO 04/21/05
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIPX
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Attend Risk & Insurance Management Society, Inc.'s 2005 Annual Conference & Exhibition

Sponsor: Risk and Insurance Management Society, Inc

Purpose Dates: From 04/18/05 to 04/21/05

Business Destination: Philadelphia PA USA
Ticket Destination : Philadelphia PA USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/18	Registration Attend Risk & Insurance Management Society, Inc 's 2005 Annual Conference & Exhibition Sponsored by Risk and Insurance Management Society, Inc From: 04/18/05 To: 04/21/05	Y	*			895.00			895.00
04/18		N		74.52					74.52
04/18	Parking	N						21.00	21.00
04/18	Tolls-NJ Turnpike ($2.05 each way)& Ben Franklin Bridge ($3.00 one way)	N						7.10	7.10
04/19	Parking	Y						17.75	17.75
04/19	Toll NJ Turnpike ($2.05 each way)/Ben Franklin Bridge ($3.00 one way)	N						7.10	7.10
04/19		N		74.52					74.52
04/20	Parking	Y						11.00	11.00
04/20	Tolls NJ Turnpike ($2.05 each way)Ben Franklin Bridge ($3.00 one way)	N						7.10	7.10
04/20		N		74.52					74.52
04/21	Toll NJ Turnpike ($2.05 each way)Ben Franklin Bridge ($3.00 one way)	N						7.10	7.10
04/21	Parking (meter used)	N						4.00	4.00

Expense Account Exp Acct# 131754

Employee Number: P43618 Expense Period: 04/18/05 TO 04/21/05
Name: Veronica M Biddle

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/21			N	74.52					74.52

Expense Account Exp Acct# 131754

Employee Number: P43618 Expense Period: 04/18/05 TO 04/21/05
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	895.00	0.00	82.15	977.15
Less Paid by PA.....	0.00	0.00	895.00	0.00	0.00	895.00
Paid by Employee.....	0.00	0.00	0.00	0.00	82.15	82.15
Less Cash Advance on	.....					

Amount to be Reimbursed..... 380.23
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556121 093G01	380.23

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 04/26/05

Approver's Signature: Original Signed By Anne Marie C Mulligan Date: 04/26/05 Emp# P24761 Title: Treasurer

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 04/28/05

Employee Number: P43618 Expense Period: 04/18/05 TO 04/21/05
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 04/18/05 for 895.00; Registration Expense

01 Attach documentation issued by Sponsor indicating dates, place, agenda & fees.

Expense Account

Exp Acct# 125643

Employee Number: P43618
Name: Veronica M Biddle

Expense Period: 06/13/04 TO 06/16/04

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012
Telephone: 212-435-5856

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N
Outside TDO: N

Purpose: Attend 25th Annual Conference

Sponsor: Public Risk Management Association

Purpose Dates: From 06/13/04 to 06/16/04

Business Destination: Fort Lauderdale FL USA
Ticket Destination : Fort Lauderdale FL USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/13	Air travel Round Trip from Newark, NJ to Fort Lauderdale, FL	N	*	270.20					270.20
06/13	Registration Attend the PRIMA 25th Annual Conference focusing on public entity of Risk Management Sponsored by PRIMA (Public Risk Insurance Management Society) From: 06/13/04 To: 06/16/04	Y	*			495.00			495.00
06/13		Y		328.54					328.54

Expense Account Exp Acct# 125643

Employee Number: P43618 Expense Period: 06/13/04 TO 06/16/04
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	270.20	0.00	495.00	0.00	0.00	765.20
Less Paid by PA.....	270.20	0.00	495.00	0.00	0.00	765.20
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 328.54
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	328.54

#Signature below implies approval of 6 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 06/21/04

Approver's Signature: Original Signed By Bruce D Bohlen Date: 06/21/04 Emp# P11374 Title: Senior Advisor

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 06/25/04

Employee Number: P43618 Expense Period: 06/13/04 TO 06/16/04
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/13/04 for 270.20; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Item on 06/13/04 for 495.00; Registration Expense

03 Attach documentation issued by Sponsor indicating dates, place, agenda & fees.

Item on 06/13/04 for 328.54;

Please provide reason for rental.

Explanation: Stayed at a friend's home that lives approximately 5 miles from Convention Center. Employee not aware of not purchasing optional insurance.

04 Attach the rental agreement (do not include the optional insurance amount).

Employee Number: P43618 Expense Period: 06/13/04 TO 06/16/04
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

Expense Account Exp Acct# 122306

Employee Number: P43618 Expense Period: 10/04/03 TO 10/09/03
Name: Veronica M Biddle

Title: Gen Mgr Rsk Mgt
Address: 225PAS 12012 Org: 093
Telephone: 212-435-5856 Dir/Comm: N
Represented: N
EA Subject: TRIP International: Y
EA Type: Trip Extension: N
Pre-approval obtained to exceed meal limits: _____ **Initials** Personal Guest: N
TDO: N Outside TDO: N

Purpose: Attend meeting with current and prospective insurance underwriters and interdepartmental team from Port Authority comprised of staff from Operations Services and Public Safety Departments

Purpose Dates: From 10/04/03 to 10/09/03

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
10/04	Air travel Round Trip from Newark Airport, NJ to London England	N	*	808.84					808.84
10/05	Nightly Lodging (including tax) Corp Rate 4 Nights(s)@138. Novotel Tower Bridge 552.00 pounds @ .5958/US$	Y					926.49		926.49
10/05	Business phone call to Michael Kier, Chairman of Heath Lambert 2.00 pounds @ .5958/US$	Y						3.36	3.36
10/05	Personal phone call to home/purchased phone card	N						20.00	20.00
10/05	Conversion dollars to pounds-commission fee 3.00 pounds @ .5441/US$	Y						5.51	5.51
10/06	Breakfast - Novotel Tower Bridge 12.95 pounds @ .5958/US$	Y			21.74				21.74
10/07	Breakfast - Novotel Tower Bridge 12.95 pounds @ .5958/US$	Y			21.74				21.74
10/08	Breakfast - Novotel Tower Bridge 12.95 pounds @ .5958/US$	Y			21.74				21.74
10/09	Breakfast - Novotel Tower Bridge 12.95 pounds @ .5958/US$	Y			21.74				21.74
10/09	Conversion dollars to pounds-commission fee 1.50 pounds @ .6862/US$	Y						2.19	2.19

Expense Account Exp Acct# 122306

Employee Number: P43618 Expense Period: 10/04/03 TO 10/09/03
Name: Veronica M Biddle

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
10/09	Gratuity to Maid 5.00 pounds @ .5441/US$		N					9.19	9.19
10/09	Total Foreign Currency Conversion Adjustment (see credit card statement)		Y					19.70	19.70

Expense Account Exp Acct# 122306

Employee Number: P43618 Expense Period: 10/04/03 TO 10/09/03
Name: Veronica M Biddle

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	808.84	86.96	0.00	926.49	59.95	1,882.24
Less Paid by PA.....	808.84	0.00	0.00	0.00	0.00	808.84
Paid by Employee.....	0.00	86.96	0.00	926.49	59.95	1,073.40
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,073.40
Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	093G01	1,073.40

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Veronica M Biddle Date: _____ Submitted: 12/15/03

Approver's Signature: Original Signed By Bruce D Bohlen Date: 12/15/03 Emp# P11374 Title: Senior Advisor

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 12/17/03

Employee Number: P43618 Expense Period: 10/04/03 TO 10/09/03
Name: Veronica M Biddle

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Attached

Item on 10/04/03 for 808.84; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Attached

Item on 10/05/03 for 926.49; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Explanation: Attached

Expense Account

Exp Acct# 175441

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 12/08/12 TO 12/13/12

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend various meetings with insurance underwriters and claims representatives re Master Contractors' Insurance and WTC OCIP Programs

Purpose Dates: From 12/08/12 to 12/13/12

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
12/08	Air travel Round Trip from Jfk Int'L, NY to London England	Y	*	877.90					877.90
12/08	Travel by personal car Round Trip From: Monroe (Home), CT To: Jfk Int'L Airport, NY End Odometer: 88904 Start Odometer: 88756 Total: 148 at .555 per mile	N						82.14	82.14
12/08	Round trip White Stone Bridge tolls	N						13.00	13.00
12/10	Breakfast - Grange City Hotel (London 5.50 POUNDS @ .6224/US$	Y			8.84				8.84
12/12	Nightly Lodging (including tax) Single Rate 4 Nights(s)@187.2 GRANGE CITY HOTEL 748.80 POUNDS @ .6198/US$	Y					1,208.13		1,208.13

Expense Account

Employee Number: P43174
Name: Jon C Huxel

Exp Acct# 175441
Expense Period: 12/08/12 TO 12/13/12

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	877.90	8.84	0.00	1,208.13	95.14	2,190.01
Less Paid by PA.....	877.90	0.00	0.00	0.00	0.00	877.90
Paid by Employee.....	0.00	8.84	0.00	1,208.13	95.14	1,312.11
Less Cash Advance on						
Amount to be Reimbursed.....						1,312.11
Amount to be Returned.....						0.00

Account Code				Amount
1000	X	556001	093G01	1,312.11

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 12/18/12 Submitted: 12/20/12

Approver's Signature Veronica Mcdd Date: 12/18/12 Emp# 43618 Title: Asst Treasurer

Accountant's Approval _____ Date: 1/4/13

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 174917

Employee Number: P43174
Name: Jon C Huxel

Trip Period from: 12/08/12 to 12/13/12

Title: Mgr Risk Fincg
Telephone: 212-435-5852
Address: 225PAS 12012

Org: 093
Dir/Comm: N

Account Code: 1000 X 556001 093G01

Spouse/Guest: N
International: Y
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To attend various meetings with insurance underwriters and claims representatives re Master Contractors' Insurance and WTC OCIP Programs

Purpose Dates: 12/08/12 to 12/13/12
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	969	Meals	300
Auto	100	Registration	0
Bus	0	Lodging	1,500
Rail	0	Other	131
Travel Sub-Total	1,069	Other Sub-Total	1,931
		Total Exp	3,000

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 11/16/12 Submitted: 11/16/12

Approver's Signature RM Mulligan Date: 11/16/12 Emp# 24761 Title: Treasurer

Approver's Signature: M. Pabiano Date: 11/16/12 Emp# 23299 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: November 21, 2012 10:42 AM

Travel Arrangements for JON CHRISTOPHER HUXEL

Record Locator BLUVQC

Trip ID 10701840676
PORT AUTHORITY
225 PARK AVENUE SOUTH - 9TH FLR
NEW YORK, NY 10003
JON C HUXEL

Agent ID: EL
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	932	Ticket Date	11/16/2012
Ticket Number	7147576346	Invoice	0116059
Check Digit	5	Electronic	Yes
Billing Code	F7C43174XXXX093G01XXX		

Charges

Ticket Base Fare	169.00
Ticket Tax Fare	673.90
Total (USD) Ticket Amount	842.90
+ 35. Amex fee	
877.90	
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	842.90

Travel Details

Saturday December 8, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	7 hours 20 minutes
Flight	46	Distance	3,452 Miles
Origin	New York JFK, NY	Meal Service	Dinner
Destination	London Heathrow, UK	Plane	Boeing 747-400
Departing	7:20 PM		
Arriving	7:40 AM		
Departure Terminal	TERMINAL 4		
Arriving on	December 9, 2012		
Arrival Terminal	TERMINAL 3		
Seat	55H		
Class	Economy		

Travel Details

Thursday December 13, 2012

Flight Information

Airline	VIRGIN ATLANTIC AIRWAYS	Estimated time	8 hours 15 minutes
Flight	25	Distance	3,452 Miles
Origin	London Heathrow, UK	Meal Service	Dinner
Destination	New York JFK, NY	Plane	Airbus A330-300
Departing	7:25 PM		
Arriving	10:40 PM		
Departure Terminal	TERMINAL 3		
Arrival Terminal	TERMINAL 4		
Seat	48G		
Class	Economy		

**********IMPORTANT VISA/PASSPORT SERVICE INFORMATION**********
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL DESTINATIONS.
ADDITIONAL DOCUMENTATION SUCH AS A VISA MAY ALSO BE REQUIRED.
SOME COUNTRIES REQUIRE YOUR PASSPORT BE VALID FOR 6 MONTHS
BEYOND YOUR INTENDED STAY. FOR ALL INTERNATIONAL TRAVEL
DOCUMENTATION REQUIREMENTS AND TO OBTAIN SPECIAL NEGOTIATED RATES
FOR AMERICAN EXPRESS CUSTOMERS PLEASE ACCESS
WWW.TRAVISA.COM/AMERICANEXPRESS OR WWW.CIBT.COM/AMERICANEXPRESS

Travel Details

Friday April 12, 2013

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Loyalty Programs

Vendor	Account	Traveler
VIRGIN ATLANTIC AIRWAYS	00695878622	JON CHRISTOPHER HUXEL

Airline Record Locators

Airline Reference	Carrier
FB9CTW	VIRGIN ATLANTIC AIRWAYS

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
PLEASE CHECK IN 2-3 HOURS PRIOR TO DEPARTURE
DEPENDING ON AIRLINE AND DESTINATION. CONTACT
AMERICAN EXPRESS FOR SPECIFIC CHECK-IN TIMES.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

GRANGE CITY HOTEL

Mr Jon Huxel

Willis Group

Exemption (1)

Invoice No: CTN1230230

Room No: 625
Arrival Date: 09-Dec-2012
Departure Date: 13-Dec-2012

RCRS12114065/500
Your Ref: 153517134

Guest Name : Mr Jon Huxel

Date	Description	Credits	Net	Vat	Gross
09-Dec-12	Accommodation		156.00	31.20	187.20
10-Dec-12	Breakfast Supplement		4.58	0.92	5.50
10-Dec-12	Accommodation		156.00	31.20	187.20
11-Dec-12	Accommodation		156.00	31.20	187.20
12-Dec-12	Accommodation		156.00	31.20	187.20

	Net	VAT	Total
VAT	628.58	125.72	754.30
Service Non VAT	0.00	0.00	0.00
Received			0.00
		Total	£ 754.30

* All the transactions charged before 4th Jan 11 will be at VAT 17.5% those after will be at 20%.
I agree that my liability for all charges is not waived and I agree to be held personally liable in the event that any previously. indicated account payer, be that a person, company or association, fails to pay for any part or the whole of any charges.

Please make cheques payable to 'GRANGE HOTELS'
Thank you for your valued custom

Signature :

GRANGE CITY HOTEL 8-14 Coopers Row, London EC3N 2BQ
Telephone: 020 7863 3700 Facsimile: 020 7863 3701
Email: city@grangehotels.com Internet: www.grangehotels.com

Historic Exchange Rates (US Dollar) - X-Rates - Microsoft Internet Explorer provided by Priority

http://www.x-rates.com/historical/?date=2012-12-12

File Edit View Favorites Tools Help

Historic Exchange Rates (US Dollar) - X-Rates

Home > Historic Lookup

1. Configure Converter

1.00

Top 10

2012-12-12 Go!

USD - US Dollar

↔

GBP - British Pound

Dec 12, 2012 17:00 UTC

US Dollar	1.00 USD	Inv. 1.00 USD
Euro	0.766964	1.303942
British Pound	0.619335	1.613333
Indian Rupee	54.275642	0.018424
Australian Dollar	0.948818	1.053943
Canadian Dollar	0.985504	1.014709
Emirati Dirham	3.673000	0.272257
Swiss Franc	0.928672	1.076806
Chinese Yuan Renminbi	6.252098	0.159946
Malaysian Ringgit	3.051000	0.327697
New Zealand Dollar	1.189083	0.840999

Alphabetical order

Dec 12, 2012 17:00 UTC

US Dollar ▲	1.00 USD ▲▼	Inv. 1.00 USD ▲▼
Argentine Peso	4.869996	0.205339
Australian Dollar	0.948818	1.053943
Bahraini Dinar	0.377049	2.652173
Botswana Pula	7.892680	0.126700
Brazilian Real	[illegible]	[illegible]

Percent Change in the Last 24 Hours

EUR/USD	+0.03890%	USD/JPY	+0.37672%
GBP/USD	-0.05073%	USD/CHF	+0.06983%
USD/CAD	+0.02373%	EUR/JPY	+0.41578%
AUD/USD	+0.11008%	CNY/USD	+0.00049%

Dec 27, 2012 16:25 UTC

AD

FOREX TRADING
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- $50 Forex Account
- Trading Euro can be Easy
- Forex vs. Stocks

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- USD Price Forecast
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Historic Exchange Rates (US Dollar) - X-Rates - Microsoft Internet Explorer provided by PANYNJ

http://www.x-rates.com/historical/?date=2012-12-10

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Historic Exchange Rates (US Dollar) - X-Rates

Page Tools

HISTORIC LOOKUP

1.00

Top 10

2012-12-10 Go!

USD - US Dollar

Dec 10, 2012 17:00 UTC

US Dollar	1.00 USD	inv. 1.00 USD
Euro	0.773491	1.292839
British Pound	0.622469	1.606506
Indian Rupee	54.464756	0.018360
Australian Dollar	0.953266	1.049026
Canadian Dollar	0.987276	1.012888
Emirati Dirham	3.673158	0.272245
Swiss Franc	0.933008	1.071802
Chinese Yuan Renminbi	6.235893	0.160362
Malaysian Ringgit	3.059500	0.326851
New Zealand Dollar	1.198861	0.834125

↔

GBP - British Pound

Alphabetical order

Dec 10, 2012 17:00 UTC

US Dollar ▲	1.00 USD ▲▼	inv. 1.00 USD ▲▼
Argentine Peso	4.862994	0.205635
Australian Dollar	0.953266	1.049026
Bahraini Dinar	0.376899	2.653228
Botswana Pula	7.911393	0.126400
Brazilian Real	2.081419	0.480441
British Pound	0.622469	1.606506

EUR/USD	+0.04902%	USD/JPY	+0.36101%
GBP/USD	-0.03753%	USD/CHF	+0.04494%
USD/CAD	+0.06071%	EUR/JPY	+0.41021%
AUD/USD	+0.10430%	CNY/USD	-0.01099%

Dec 27, 2012 16:21 UTC

AD

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- $50 Forex Account
- Trading Euro can be Easy

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- New to Forex
- Forex News-DailyFX
- USD Price Forecast
- Forex Trading

Error on page.

Internet 100%

Expense Account Exp Acct# 176474

Employee Number: P43174 Expense Period: 12/08/12 TO 12/13/13
Name: Jon C Huxel

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: NONTR
EA Type:

Pre-approval obtained
to exceed meal limits:_____
Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

ACCOUNTS PAYABLE
13 JAN 22 PM 1:16

Purpose: Amendment to Exp Account #175441

Purpose Dates: From 12/08/12 to 12/13/13

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
12/08	Parking at JFK International Airport		Y					102.00	102.00

Expense Account

Exp Acct# 176474

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 12/08/12 TO 12/13/13

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	0.00	102.00	102.00
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	0.00	102.00	102.00
Less Cash Advance on						

Amount to be Reimbursed..... 102.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	102.00

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 1/18/13 Submitted: 1/18/13

Approver's Signature _____ Date: 1/18/13 Emp# 43618 Title: Asst. Treasurer

Accountant's Approval _____ Date: 1/22/13

Employee Number: P43174 Expense Period: 12/08/12 TO 12/13/13
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Item on 12/08/12 for 102.00; Other Expense

01 Attach an actual receipt.

JFK INTERNATIONAL AIRPORT
LOT 9 LONG TERM PARKING
LANE 903

Fri Dec 14 2012 00:19

Entry:	12/08/2012 16:14:07 Ln 914
Exit:	12/14/2012 00:19:29 Ln 903
Cashier:	rpabraham
License Plate:	CT:303MDE
Class:	1 - Public Parker
Type	Ticket
ID:	091400536928

Parking Fee	$102.00
Total Fee	$102.00
CC Payment Amount:	$102.00
Card Type:	MASTERCARD
Acct:	XXXXXXXXXXXX5494
Approval:	08439Z
Txn ID:	20121214001945SL0903

TAXES INCLUDED

Expense Account Exp Acct# 174346

Employee Number: P43174 Expense Period: 08/16/12 TO 08/16/12
Name: Jon C Huxel

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

12 AUG 23 PM 2:53

Purpose: To attend PAICE Board of Director's Annual meeting

Purpose Dates: From 08/16/12 to 08/16/12

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
08/16	Rail travel expense Round Trip From Jfk Int'L, NY To Washington, DC	Y	*	303.96					303.96
08/16	Travel by personal car Round Trip From: Oak Ridge Rd, Monroe (Hom, CT To: Jfk International Airport, NY End Odometer: 17630 Start Odometer: 17483 Total: 147 at .555 per mile	N						81.59	81.59
08/16	Whitestone Bridge tolls	Y						9.60	9.60
08/16	Parking at JFK	N						18.00	18.00
08/16	Round trip Metro at Washington, DC	N						6.10	6.10

Expense Account Exp Acct# 174346

Employee Number: P43174 Expense Period: 08/16/12 TO 08/16/12
Name: Jon C Huxel

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	303.96	0.00	0.00	0.00	115.29	419.25
Less Paid by PA.....	303.96	0.00	0.00	0.00	0.00	303.96
Paid by Employee.....	0.00	0.00	0.00	0.00	115.29	115.29
Less Cash Advance on						

Amount to be Reimbursed..... 115.29
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	115.29

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 8/24/11 Submitted: 8/24/12

Approver's Signature Veronica Madd Date: 8/24/12 Emp# 43618 Title: Asst. Treasurer

Accountant's Approval _____ Date: 8/24/12

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 174339

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 08/16/12 to 08/16/12

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Meeting with Goverment Agency reps or Business Clients:	Y
International:	N	Travel Company Used:	Y
Blanket Trip:	N	Conferences, Seminars, Training and Testing :	N
Trip Extension:	N		
Outside TDO:	N	Type:	

12 AUG 23 PM 2:58

Purpose: To attend PAICE Board of Director's Annual meeting

Purpose Dates: 08/16/12 to 08/16/12
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	550	Meals	0
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	944	Other	150
Travel Sub-Total	1,494	Other Sub-Total	150
		Total Exp	1,644

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle
	P43174	093	Jon C Huxel
	P33656	093	Allan R Svidro

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature X Veronica Biddle X X A M Mulligan

Date: 7/11/12 Submitted: 7/11/12

Approver's Signature X A M Mulligan

Date: 7/11/12 Emp# 24761 Title: Treasurer

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 11, 2012 2:32 PM

Travel Arrangements for JON CHRISTOPHER HUXEL

Record Locator	FSMWOS	**Agent ID: D6**
Trip ID	10955090684 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY JON C HUXEL	Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	001	Ticket Date	7/11/2012
Ticket Number	7075342539	Invoice	0090875
Check Digit	3	Electronic	Yes
Billing Code	F7C43174XXXX085G01XXX		

Charges

Ticket Base Fare	230.10
Ticket Tax Fare	38.86
Total (USD) Ticket Amount	268.96
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	303.96

NONREFUNDABLE AIRFARE 268.96USD
SUBJECT TO CHANGE UNTIL TICKETED.
NONREFUNDABLE TRAVEL SERVICE FEE 35.00USD

Travel Details

Thursday August 16, 2012

NO FREQUENT FLYER NUMBER LISTED. PLEASE ADVISE.
PRESENT FREQUENT FLYER NUMBER AT CHECK-IN FOR CREDIT.
THE AIR FARE IS 268.96 NONREFUNDABLE. FARES ARE ALWAYS SUBJECT TO CHANGE.

Flight Information

Airline	AMERICAN AIRLINES	Estimated time	1 hour 15 minutes
Flight	4418 OPERATED BY AMERICAN EAGLE	Distance	213 Miles
Origin	New York JFK, NY	Meal Service	Food for purchase
Destination	Washington Reagan, DC	Plane	Embraer 140 Jet
Departing	8:45 AM		
Arriving	10:00 AM		
Departure Terminal	TERMINAL 8		
Arrival Terminal	TERMINAL B		
Seat	12A		
Class	Economy		

Flight Information

Airline	AMERICAN AIRLINES	Estimated time	1 hour 40 minutes
Flight	3633 OPERATED BY AMERICAN EAGLE	Distance	213 Miles
Origin	Washington Reagan, DC	Meal Service	Food for purchase
Destination	New York JFK, NY	Plane	Canadair RegionalJet

Departing	5:30 PM
Arriving	7:10 PM
Departure Terminal	TERMINAL B
Arrival Terminal	TERMINAL 8
Seat	15B
Class	Economy

Travel Details

Friday December 14, 2012

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
FSMWOS	AMERICAN AIRLINES

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
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TICKET RESTRICTIONS.
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SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

E-ZPass®

TRANSACTION VIEW

Generated 8/21/2012 14:34

Exemption (1)

POSTING DATE	TRANSACTION DATE	TRANSPONDER/ PLATE NUMBER	AGENCY	ACTIVITY	ENTRY TIME	ENTRY PLAZA	ENTRY LANE / TOLL ZONE	EXIT TIME	EXIT PLAZA	EXIT LANE / TOLL ZONE	VEHICLE CLASS	AMOUNT	PREP AID	PLAN/RATE	FARE TYPE	BALANC
08/21/2012	08/21/2012	-			-	-	-	01:01:15	-	-	-		Y	-	-	
08/19/2012	08/19/2012	-			-	-	-	10:11:30	-	-	-		Y	-	-	
08/18/2012	08/18/2012	-			-	-	-	00:19:29	-	-	-		Y	-	-	
08/17/2012	08/16/2012	00402332924	NYNJArpt	EPS	06:29:54	JFL	913	19:39:39	JFL	905	-	$18.00	Y		N	
08/16/2012	08/16/2012	00402332924	MTAB&T	TOLL	-	-	-	06:12:33	BWB	019	1	$4.80	Y		N	
08/18/2012	08/16/2012	00402332924	NYSTA	TOLL	-	-	-	20:20:28	NR	03N	2L	$1.66	Y		N	
08/17/2012	08/16/2012	00402332924	MTAB&T	TOLL	-	-	-	20:05:57	BWB	024	1	$4.80	Y		N	
08/16/2012	08/14/2012	00402332925	NYSBA	TOLL	-	-	-	18:18:28	NBB	04E	1	$1.25	Y		N	
08/11/2012	08/11/2012	-	NYSTA	Prepaid Toll Payment												

Expense Account

Exp Acct# 170000

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 08/16/11 TO 08/16/11

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

ACCOUNTS PAYABLE
AUG 24 PM 12:48

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 08/16/11 to 08/16/11

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
08/16	Round trip Metro from Washington Reagan Airport and return		Y					5.40	5.40

Expense Account Exp Acct# 170000

Employee Number: P43174 Expense Period: 08/16/11 TO 08/16/11
Name: Jon C Huxel

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	0.00	5.40	5.40
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	0.00	5.40	5.40
Less Cash Advance on	.....					

Amount to be Reimbursed..... 5.40
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 085G01	5.40

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 8/22/11 Submitted: 8/23/11

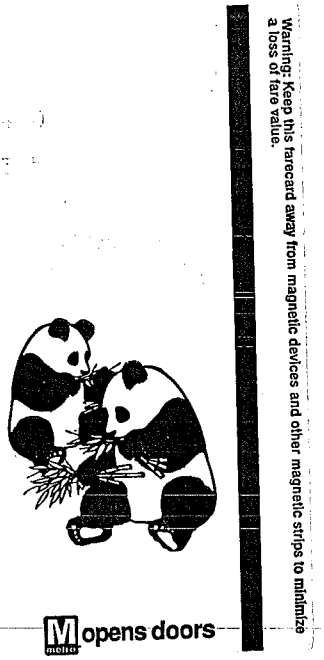
Approver's Signature Veronica Maddy Date: 8/23/11 Emp# 4368 Title: Asst. Treasurer

Accountant's Approval _____ Date: 8/24/11

Employee Number: P43174 Expense Period: 08/16/11 TO 08/16/11
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.



The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 169971

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 08/06/11 to 08/06/11

ACCOUNTS PAYABLE

11 AUG 24 PM 12:48

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Meeting with Goverment Agency reps or Business Clients:	Y
International:	N	Travel Company Used:	Y
Blanket Trip:	N	Conferences, Seminars, Training and Testing :	N
Trip Extension:	N		
Outside TDO:	N	Type:	

Purpose: To attend PAICE Annual Meeting

Purpose Dates: 08/06/11 to 08/06/11
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	460	Meals	0
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	672	Other	150
Travel Sub-Total	1,132	Other Sub-Total	150
		Total Exp	1,282

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle
	P43174	093	Jon C Huxel
	P33656	093	Allan R Svidro

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature x Veronica Biddle x [illegible] x [illegible]

Date: 7/11/11 Submitted: 7/12/11

Approver's Signature A M Mulligan

Date: 7/11/11 Emp# 24761 Title: Treasurer

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: July 13, 2011 7:52 AM

Travel Arrangements for JON CHRISTOPHER HUXEL

Record Locator	OVCFOE	**Agent ID: LR**
Trip ID	**11503836510** PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY JON C HUXEL	Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	001	Ticket Date	7/13/2011
Ticket Number	8667091818	Invoice	0011438
Check Digit	4	Electronic	Yes

Charges

Ticket Base Fare	139.23
Ticket Tax Fare	21.14
Total (USD) Ticket Amount	160.37

Ticket Information

Airline Code	006	Ticket Date	7/13/2011
Ticket Number	8667091819	Invoice	0011439
Check Digit	4	Electronic	Yes

Billing Code F7C43174XXXX085G01XXX

Charges

Ticket Base Fare	73.49
Ticket Tax Fare	16.21
Total (USD) Ticket Amount	89.70
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXX1002
Total	285.07

FARE IS 250.07 NONREFUNDABLE

Travel Details

Tuesday August 16, 2011

Flight Information

Airline	AMERICAN AIRLINES	Estimated time	1 hour 20 minutes
Flight	4416 OPERATED BY AMERICAN EAGLE	Distance	213 Miles
Origin	New York JFK, NY	Meal Service	Food for purchase
Destination	Washington Reagan, DC	Plane	Embraer 140 Jet
Departing	8:15 AM		
Arriving	9:35 AM		
Departure Terminal	TERMINAL 8		
Arrival Terminal	TERMINAL B		
Seat	9A		
Class	Economy		

Flight Information

Airline	DELTA AIR LINES	Estimated time	1 hour 30 minutes
Flight	6312 OPERATED BY COMAIR DBA DELTA CONNECTION	Distance	213 Miles
Origin	Washington Reagan, DC	Meal Service	No Meal Service
Destination	New York JFK, NY	Plane	Canadair RegionalJet

Departing	3:35 PM
Arriving	5:05 PM
Departure Terminal	TERMINAL B
Arrival Terminal	TERMINAL 3
Seat	14B
Class	Economy

Travel Details

Wednesday December 14, 2011

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
GXZTKZ	DELTA AIR LINES
OVCFOE	AMERICAN AIRLINES

Additional Messages

FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED.
PLEASE CHECK IN 90 MINUTES PRIOR TO DEPARTURE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER
AIR RAIL TRANSACTION OR BOOKING FEE 35.00

ADVISORY TSA requires all reservations with any US city segment or flying over the US or booked on a US based carrier to include full name, date of birth, and gender. Failure to provide this information will result in your reservation being cancelled.

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For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account

Exp Acct# 168230

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 05/14/11 TO 05/20/11

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2011 MAY 31 PM 3:52

Purpose: To attend various meetings with insurance underwriters re Master Contractors' Insurance Program

Purpose Dates: From 05/14/11 to 05/20/11

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
05/14	Air travel Round Trip from Newark, NJ to London England	Y	*	813.70					813.70
05/14	Travel by personal car Round Trip From: Monroe (Home), CT To: Newark Int'L Airport, NJ End Odometer: 3107 Start Odometer: 2939 Total: 168 at .51 per mile	N						85.68	85.68
05/14	NJTPike Tolls	Y						2.35	2.35
05/14	Excess Baggage fee re Marketing materials for meetings	Y						50.00	50.00
05/19	Taxi from Grange City Hotel to mtg with Aon UK @ Royal Thames Yacht Club 25.00 POUNDS @ .6178/US$	Y						40.47	40.47
05/19	Taxi from Royal Thames Yacht Club to Alterra Underwriters offices 18.40 POUNDS @ .6178/US$	Y						29.78	29.78
05/19	Taxi from Alterra Underwriters offices to City Grange Hotel 30.00 POUNDS @ .6178/US$	Y						48.56	48.56
05/20	Nightly Lodging (including tax) Single Rate 5 Nights(s)@237.6 Grange City Hotel 1,188.00 POUNDS @ .616/US$	Y					1,928.57		1,928.57

Expense Account

Exp Acct# 168230

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 05/14/11 TO 05/20/11

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
05/20	Breakfast - Bridge 20.00 POUNDS @ .616/US$		Y		32.47				32.47
05/20	Excess baggage fee re Marketing Materials for meetings		Y					50.00	50.00
05/20	Parking at Newark Int'l Airport -- used EZPass		Y					108.00	108.00
05/20	NJTPike Tolls		Y					1.75	1.75
05/20	NYSTA Tolls		Y					4.75	4.75

Expense Account

Exp Acct# 168230

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 05/14/11 TO 05/20/11

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	813.70	32.47	0.00	1,928.57	421.34	3,196.08
Less Paid by PA.....	813.70	0.00	0.00	0.00	0.00	813.70
Paid by Employee.....	0.00	32.47	0.00	1,928.57	421.34	2,382.38
Less Cash Advance on	.....					

Amount to be Reimbursed..... 2,382.38
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	2,382.38

#Signature below implies approval of 10 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 5/31/11 Submitted: 5/31/11

Approver's Signature (B) Thomas Priddle Date: 5/31/11 Emp# 43618 Title: Asst. Treasurer

Accountant's Approval (KR) Date: 6/1/11

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 168187

Employee Number: P43174
Name: Jon C Huxel

Trip Period from: 05/14/11 to 05/20/11

Title:	Mgr Risk Fincg	Org:	093
Telephone:	212-435-5852	Dir/Comm:	N
Address:	225PAS 12012		
Account Code:	1000 X 556001 093G01		
Spouse/Guest:	N		
International:	Y		
Blanket Trip:	N		
Outside TDO:	N		

Meeting with Goverment Agency reps or Business Clients: Y

Conferences, Seminars, Training and Testing : N

Travel Company Used: Y

Trip Extension: N

Type:

Purpose: To attend various meetings with insurance underwriters re Master Contractors' Insurance Program

Purpose Dates: 05/14/11 to 05/20/11
Business Destination: London England
Ticket Destination: London England

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	2,000	Meals	700
Auto	200	Registration	0
Bus	0	Lodging	2,500
Rail	0	Other	0
Travel Sub-Total	2,200	Other Sub-Total	3,200
		Total Exp	5,400

MULTIPLE EMPLOYEE LISTING

Auth. Number	Employee ID	Org	Employee Name
	P45557	093	Jeffrey A Yuhasz

#Signature below implies approval of 1 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 2/23/11 Submitted: 2/25/11

Approver's Signature _____ Date: 2/24/11 Emp# 23299 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: February 25, 2011 2:50 PM

Travel Arrangements for JON CHRISTOPHER HUXEL

Record Locator	EQROGX	**Agent ID: D6**
Trip ID	10891487905 PORT AUTHORITY 225 PARK AVENUE SOUTH - 9TH FLR NEW YORK, NY 10003 PORT AUTHORITY JON C HUXEL	Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	220	Ticket Date	2/25/2011
Ticket Number	7960229098	Invoice	0101495
Check Digit	1	Electronic	Yes
Billing Code	F7C43174XXXX093G01XXX		

Charges

Ticket Base Fare	295.00
Ticket Tax Fare	483.70
Total (USD) Ticket Amount	778.70

Airfare charged to American Express

Billing Account: AX XXXXXXXXXXX1002

Total 778.70

+ 35.00 Amex fee

813.70

Travel Details

Saturday May 14, 2011

Flight Information

Airline	LUFTHANSA GERMAN AIRLINES	Estimated time	7 hours 5 minutes
Flight	7632 OPERATED BY CONTINENTAL AIRLINES	Distance	3,466 Miles
Origin	Newark, NJ	Meal Service	Refreshment
Destination	London Heathrow, UK	Plane	Boeing 757-200
Departing	10:10 PM		
Arriving	10:15 AM		
Departure Terminal	TERMINAL C		
Arriving on	May 15, 2011		
Arrival Terminal	TERMINAL 4		
Seat	30A		
Class	Economy		

Travel Details

Friday May 20, 2011

Flight Information

Airline	LUFTHANSA GERMAN AIRLINES	Estimated time	7 hours 50 minutes
Flight	7627 OPERATED BY CONTINENTAL AIRLINES	Distance	3,466 Miles
Origin	London Heathrow, UK	Meal Service	Refreshment
Destination	Newark, NJ	Plane	Boeing 777
Departing	10:05 AM		
Arriving	12:55 PM		
Departure Terminal	TERMINAL 4		
Arrival Terminal	TERMINAL B		
Seat	36A		

Continental Airlines

[illegible] 2011 [illegible] ATO

Continental Airlines

Baggage Document	Description	Qty	Fees	Method of Payment
0052600014444	Overweight Fees (51 - 70 lbs.)	1	$50.00	MasterCard XXXXXXXXXXXX5494

Ticket Number
2207960229098

Cardholder Name
JON HUXEL

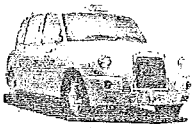
BAGGAGE FEES Total Fees USD $50.00 Confirmation: AXDCZY

Excess Baggage Terms and Conditions:
- All excess baggage is subject to space [illegible]bility.
- Receipt for payment must be presented [illegible] check.
- For refunds or adjustments, see a Cont[illegible]al representative.

[illegible]FERENCE: GC ESC BAG

Carrier	Routing
CO	EWR - LHR

A STAR ALLIANCE MEMBER



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AMOUNT £ £18.40

Thank you
for your custom
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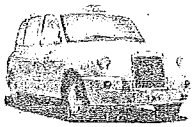
Unit 63a North Woolwich Road
London E16 2AA



BE SURE BE SAFE

LICENSED LONDON TAXI **RECEIPT**©

AMOUNT £ £25.00

Thank you
for your custom
ALWAYS USE A *Licensed* TAXI CAB

JVBright TAXI PARTS
New Branch at: Waterfront Studios
Unit 63a North Woolwich Road
London E16 2AA

LICENSED LONDON TAXI
Transport for London **RECEIPT**©

19/5/11

AMOUNT £ 30.00

ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS

TRANSACTION VIEW

Generated 5/27/2011 9:2

POSTING DATE	TRANSACTION DATE	TRANSPONDER/ PLATE NUMBER	AGENCY	ACTIVITY	ENTRY TIME	ENTRY PLAZA	ENTRY LANE	EXIT TIME	EXIT PLAZA	EXIT LANE	VEHICLE CLASS	AMOUNT	PREPAID	PLAN/RATE	FARE TYPE	BALANCE
05/23/2011	05/23/2011	-	NYSTA	Parking Pmt	-	-	-	00:04:22	-	-	-	$108.00	Y	-	-	-
05/21/2011	05/20/2011		NJTP	TOLL	14:25:06	14	09E	14:35:16	18W	08X	-	$1.75	Y		N	
05/21/2011	05/20/2011		NYSTA	TOLL	-	-	-	15:19:35	TZ	11S	2L	$4.75	Y		N	
05/15/2011	05/14/2011		NJTP	TOLL	19:19:51	18E	19E	19:27:56	14	20X	-	$2.35	Y		N	

G. TEL
LONDL

M4175808 TID27145908
REF :512

MASTERCARD
5466 3084 8269 5494
EXP 12/13
SWIPED

COMPLETION TRANSACTION
MERCHANT COPY

AMOUNT £1188.00
PLEASE DEBIT MY ACCOUNT

THANK YOU
04:50
AUTH 00274Z

Bridge
Terminal 4, Heathrow Airport
contact: concessions@trgplc.com

City Centre Restaurants UK Ltd
VAT NO:340.3778.62
PAIXAO [redacted] 08:25 T1095KN8N3

Till 3 Sale 352788
Table 109 Covers 1

1 Farmhouse Breakfast	9.95*
1 Toast with Butter	2.30*
2 Americano	4.20*
TOTAL	16.45
CASH	20.00
CHANGE	3.55

SALES TAX BREAKDOWN

Description	Gross Amount	Tax Amount
* STD RATE	16.45	2.74

Thank you for your custom
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Continental Airlines

PASSENGER RECEIPT 1OF 1
20MAY11 GB
PH/D84C38 /LONDON

HUXEL/JONCHRISTOPHER
NOT VALID FOR
**TRANSPORTATION*

PSGR TICKET 22079602290981

LHR CO EWR

AXDCZY

1 OVERWEIGHT BAG 51-70LBS 50.00 CO

USD 50.00

MCXXXXXXXXXXXX5494/XXXX/01328Z

1 005 2600152557 1

USD 50.00

Continental Airlines

EXCESS BAGGAGE TICKET

THIS IS YOUR RECEIPT

FOR CONDITIONS OF CONTRACT - SEE PASSENGER TICKET AND BAGGAGE CHECK

NOT VALID FOR TRAVEL

A709

ABCD98765.

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TRANSACTION VIEW

Generated 5/27/2011 8:59

POSTING DATE	TRANSACTION DATE	TRANSPONDER/ PLATE NUMBER	AGENCY	ACTIVITY	ENTRY TIME	ENTRY PLAZA	ENTRY LANE	EXIT TIME	EXIT PLAZA	EXIT LANE	VEHICLE CLASS	AMOUNT	PREPAID	PLAN/RATE	FARE TYPE	BALANCE
05/23/2011	05/20/2011		NYNJArpt	EPS	19:35:51	EW1	402	14:19:29	EW1	406	-		Y	STANDARD	N	

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- Home

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- $50 Forex Account

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results (1 USD)

2011-05-16	May 16, Monday	0.616913 GBP
2011-05-17	May 17, Tuesday	0.615976 GBP
2011-05-18	May 18, Wednesday	0.618999 GBP
2011-05-19	May 19, Thursday	0.617806 GBP
2011-05-20	May 20, Friday	0.616036 GBP

invert target/base, 2011 graph

historic lookup

BASE: American Dollar

TARGET: British Pound

MONTH: 5 DAY: 19 YEAR: 2011

go

Conversion Rate for Taxi fares.

Conversion Rate for hotel, breakfast

Top 10 Currencies

- American Dollar
- British Pound
- Euro
- Mexican Peso
- South African Rand
- Australian Dollar
- Canadian Dollar
- Indian Rupee
- Singapore Dollar
- Thai Baht

More Currencies

MAY 27 - IF YOU HAVEN'T HAD A DUI, YOU ARE PAYING TOO MUCH FOR AUTO INSURANCE

Think you pay too much for your auto insurance? The sad news is, you probably do. Find out what your lowest monthly payment could be. Click here to get your new payment today, or select your age below:

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33 34 35 36 37 38 39 40
41 42 43 44 45 46 47 48
49 50 51 52 53 54 55 56
57 58 59 60 61 62 63 64
65 66 67 68 69 70 71 72

Calculate New Payment

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Currency

- American Dollar
- Australian Dollar
- Botswana Pula
- British Pound
- Bulgarian Lev
- Chilean Peso
- Colombian Peso
- Czech Koruna
- Euro
- Hungarian Forint
- Indian Rupee
- Iranian Rial
- Argentine Peso
- Bahraini Dinar
- Brazilian Real
- Brunei dollar
- Canadian Dollar
- Chinese Yuan
- Croatian Kuna
- Danish Krone
- Hong Kong Dollar
- Iceland Krona
- Indonesian Rupiah
- Israeli New Shekel

Expense Account

Exp Acct# 164603

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 06/29/10 TO 06/29/10

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 06/29/10 to 06/29/10

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/29	Air travel Round Trip from Newark Airport, NJ to Washington, DC	Y	*	395.40					395.40

JUL 14 PM 12:34

Expense Account Exp Acct# 164603

Employee Number: P43174 Expense Period: 06/29/10 TO 06/29/10
Name: Jon C Huxel

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	395.40	0.00	0.00	0.00	0.00	395.40
Less Paid by PA.....	395.40	0.00	0.00	0.00	0.00	395.40
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on	.....					

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

JUL 14 PM 12:50

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 7/9/10 Submitted: 7/13/10

Approver's Signature _____ Date: 7/13/10 Emp# 43618 Title: Asst Treasurer

Accountant's Approval _____ Date: 7/14/10

Employee Number: P43174 Expense Period: 06/29/10 TO 06/29/10
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/29/10 for 395.40; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 164588

Employee Number: P24761
Name: Anne Marie C Mulligan

Trip Period from: 06/29/10 to 06/29/10

Title:	Treasurer	Org:	085
Telephone:	212-435-7700	Dir/Comm:	Y
Address:	225PAS 12012		
Account Code:	1000 X 556001 085G01		
Spouse/Guest:	N	Meeting with Goverment Agency reps or Business Clients:	Y
International:	N	Travel Company Used:	Y
Blanket Trip:	N	Conferences, Seminars, Training and Testing :	N
Trip Extension:	N		
Outside TDO:	N	Type:	

Purpose: To attend PAICE Annual Meeting

Purpose Dates: 06/29/10 to 06/29/10
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	725	Meals	0
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	608	Other	100
Travel Sub-Total	1,333	Other Sub-Total	100
		Total Exp	1,433

MULTIPLE EMPLOYEE LISTING

JUL 14 PM 12:31

Auth. Number	Employee ID	Org	Employee Name
	P43618	085	Veronica M Biddle
	P43174	093	Jon C Huxel
	P33656	093	Allan R Svidro

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature X Veronica Biddle X X Y X AM Mulligan

Date: 5/28/10 Submitted: 6/1/10

Approver's Signature

Date: 6/1/10 Emp# 20058 Title: CFO

Expense Account Exp Acct# 164108

PA#11

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/26/10 TO 04/27/10

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

MAY 12 PM1:18

Purpose: To meet with certain Underwriters that will be attending the Risk and Insurance Management Society (RIMS) annual conference

Purpose Dates: From 04/26/10 to 04/27/10

Business Destination: Boston MA USA
Ticket Destination : Boston MA USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/26	Travel by personal car Round Trip From: New Windsor (Home), NY To: Boston, MA End Odometer: 24984 Start Odometer: 24576 Total: 408 at .50 per mile		N					204.00	204.00
04/26	MassPike/Tolls		Y					8.30	8.30
04/26	Parking		Y					10.00	10.00
04/27	Nightly Lodging (including tax) Single Rate 1 Nights(s)@227.75 Marriott Courtyard		Y				227.75		227.75

Expense Account

Exp Acct# 164108

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/26/10 TO 04/27/10

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	0.00	0.00	227.75	222.30	450.05
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	0.00	0.00	227.75	222.30	450.05
Less Cash Advance on						

Amount to be Reimbursed..... 450.05
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	450.05

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 5/11/10 Submitted: 5/11/10

Approver's Signature _____ Date: 5/11/10 Emp# 24761 Title: Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43174 Expense Period: 04/26/10 TO 04/27/10
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 04/27/10 for 227.75; Lodging Expense

02 Attach itemized hotel bill and/or paid receipt.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 164060

Employee Number: P43174
Name: Jon C Huxel

Trip Period from: 04/26/10 to 04/27/10

Title: Mgr Risk Fincg
Telephone: 212-435-5852
Address: 225PAS 12012

Org: 093
Dir/Comm: N

Account Code: 1000 X 556001 093G01

Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Meeting with Goverment Agency reps or Business Clients: Y
Conferences, Seminars, Training and Testing : N

Travel Company Used: N
Trip Extension: N
Type:

Purpose: To meet with certain Underwriters that will be attending the Risk and Insurance Management Society (RIMS) annual conference

MAY 12 PM 1:18

Purpose Dates: 04/26/10 to 04/27/10
Business Destination: Boston MA USA
Ticket Destination: Boston MA USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	120
Auto	220	Registration	0
Bus	0	Lodging	250
Rail	0	Other	75
Travel Sub-Total	220	Other Sub-Total	445
		Total Exp	665

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 4/22/10 Submitted: 4/22/10

Approver's Signature _____ Date: 4/22/10 Emp# _____ Title: _____

Approved ~~Concurred~~: _____ Date 4/22/10 20058 CFO

COURTYARD® Marriott

Courtyard by Marriott
Boston-South Boston

63r Boston St
Boston Ma 02125
T 617.436.8200

J. Huxel

Room: 403
Room Type: GENR
Number of Guests: 1
Rate: $199.00 Clerk:

Arrive: 26Apr10 Time: 05:53PM Depart: 27Apr10 Time: Folio Number: 92195

Date	Description	Charges	Credits
26Apr10	Room Charge	199.00	
26Apr10	State Rm Occupancy Tax	11.34	
26Apr10	Boston Rm Occupancy Tax	11.94	
26Apr10	Convention and Tourism Tax	5.47	
27Apr10	Master Card		227.75
	Card #: MCXXXXXXXXXXXX0050/XXXX		
	Amount: 227.75 Auth: 09540Z Signature on File		
	This card was electronically swiped on 26Apr10		
	Balance:	**0.00**	

Marriott Rewards Account # XXXXX0207. Your Marriott Rewards points/miles earned on your room rate will be credited to your account. For account activity: 801-468-4000 or MarriottRewards.com.

Latest News From Marriott Rewards

Tell a friend about Marriott Rewards, you'll both get 1,000 points when they stay--up to five friends, five stays each. That's up to 25,000 points for you. Refer Friends, Get Points! See details at MarriottRewards.com/Friend

Thank you for staying with us. Hope you enjoyed your stay and that it was a pleasant one. If you have any questions or suggestions. Please feel free to contact me via email at CLOPEZ@JITENHM.COM. Thank you from the Staff and Carmen Lopez-Assistant General Manager.

As requested, a final copy of your bill will be emailed to you at: JHUXEL@PANYNJ.GOV. See "Internet Privacy Statement" on Marriott.com.

TRANSACTION VIEW

Generated 5/4/2010 10:24

POSTING DATE	TRANSACTION DATE	TRANSPONDER/ PLATE NUMBER	AGENCY	ACTIVITY	ENTRY TIME	ENTRY PLAZA	ENTRY LANE	EXIT TIME	EXIT PLAZA	EXIT LANE	VEHICLE CLASS	AMOUNT	PREP AID	PLAN/RATE	FARE TYPE	BALANCE
05/02/2010	05/01/2010		NYSBA	TOLL	-	-	-	11:48:41	NBB	07E	1	$1.00	Y		N	$
04/28/2010	04/28/2010		PANYNJ	Prepaid Toll Payment	-	-	-	01:01:39	-	-	-		Y		-	$
04/28/2010	04/27/2010		MassPike	TOLL	13:57:52	15	6	14:42:31	9	7	-	$2.90	Y		N	$
04/28/2010	04/27/2010		MassPike	TOLL	-	-	-	13:50:55	19	11	-	$1.25	Y		N	$
04/26/2010	04/26/2010		MassPike	TOLL	08:55:53	9	6	09:31:53	15	13	-	$2.90	Y		N	$
04/26/2010	04/26/2010		MassPike	TOLL	-	-	-	09:39:00	19	12	-	$1.25	Y		N	$
04/25/2010	04/23/2010		NYSBA	TOLL	-	-	-	15:42:46	NBB	08E	1	$1.00	Y		N	$
04/23/2010	04/22/2010		MTAB&T	TOLL	-	-	-	22:02:43	TNB	022	1	$4.57	Y		N	$
04/23/2010	04/22/2010		MTAB&T	TOLL	-	-	-	20:24:52	RKB	017	1	$4.57	Y		N	$
04/23/2010	04/22/2010		PANYNJ	TOLL	-	-	-	20:13:15	GWP	40	1	$.00	Y		N	$
04/18/2010	04/16/2010		NYSBA	TOLL	-	-	-	18:28:42	NBB	07E	1	$1.00	Y		N	$
04/11/2010	04/09/2010		NYSBA	TOLL	-	-	-	18:57:37	NBB	04E	1	$1.00	Y		N	$
04/07/2010	04/06/2010		MTAB&T	TOLL	-	-	-	22:16:01	BWB	024	1	$4.57	Y		N	$
04/07/2010	04/06/2010		NYNJArpt	EPS	12:48:54	LG5	504	22:03:41	LG5	502	-	$.00	Y		N	$

PRIORITY PARKING, INC.
415 Summer Street
Boston, MA 02210
781-843-4556

4/26/10

№ 08132

PARK and LOCK YOUR CAR

WE WILL ENDEAVOR TO PROTECT THE PROPERTY OF OUR PATRONS BUT ARE NOT RESPONSIBLE FOR CAR OR CONTENTS AT ANY TIME.

PAID $10.00

NO RE-ENTRY

NO OVER NIGHT

Expense Account Exp Acct# 157861

Employee Number: P43174 Expense Period: 04/19/09 TO 04/23/09
Name: Jon C Huxel

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: To attend the 2009 Annual RIMS Conference and Exhibition

Purpose Dates: From 04/19/09 to 04/23/09

Business Destination: Orlando FL USA
Ticket Destination : Orlando FL USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/19	Registration To attend the 2009 Annual RIMS Conference and Exhibition Sponsored by RIMS From: 04/19/09 To: 04/23/09	Y	*			810.00			810.00
04/19	Air travel Round Trip from Newark, NJ to Orlando, FL	Y	*	319.20					319.20
04/19	Travel by personal car Round Trip From: New Windsor (Home), NJ To: Newark Int'L Airport, NJ End Odometer: 11081 Start Odometer: 10937 Total: 144 at .55 per mile	N						79.20	79.20
04/19	Baggage Fee	Y						15.00	15.00
04/19	Round trip Airport Shuttle from Airport to Hotel	Y						29.00	29.00
04/19	Nightly Lodging (including tax) Single Rate 2 Nights(s)@135.12 Wyndham Orlando Resort	Y					270.24		270.24
04/21	Nightly Lodging (including tax) Single Rate 2 Nights(s)@165.14 Wyndham Orlando Resort	Y					330.28		330.28
04/21	Cab fare from Hotel to Convention Center re underwriter meeting	N						15.00	15.00

Expense Account

Exp Acct# 157861

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/19/09 TO 04/23/09

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/21	Baggage Claim		Y					15.00	15.00

Expense Account

Exp Acct# 157861

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/19/09 TO 04/23/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	319.20	0.00	810.00	600.52	153.20	1,882.92
Less Paid by PA.....	319.20	0.00	810.00	0.00	0.00	1,129.20
Paid by Employee.....	0.00	0.00	0.00	600.52	153.20	753.72
Less Cash Advance on	.....					

Amount to be Reimbursed..... 753.72
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	753.72

#Signature below implies approval of 6 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 5/5/09 Submitted: 5/5/09

Approver's Signature _____ Date: 5/5/09 Emp# 43618 Title: Asst. Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/19/09 TO 04/23/09

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 04/19/09 for 810.00; Registration Expense

02 Attach documentation issued by Sponsor indicating dates, place, agenda & fees.

Item on 04/19/09 for 319.20; Air Travel Expense

03 Attach Passenger Receipt and Invoice/Itinerary.

Item on 04/19/09 for 29.00; Other Expense - Local Tra

04 Attach an actual receipt.

Item on 04/19/09 for 270.24; Lodging Expense

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/19/09 TO 04/23/09

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach itemized hotel bill and/or paid receipt.

Item on 04/21/09 for 330.28; Lodging Expense

06 Attach itemized hotel bill and/or paid receipt.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 157276

Employee Number: P43174
Name: Jon C Huxel

Trip Period from: 04/19/09 to 04/23/09

Title:	Mgr Risk Fincg	Org:	093
Telephone:	212-435-5852	Dir/Comm:	N
Address:	225PAS 12012		
Account Code:	1000 X 556001 093G01		
Spouse/Guest:	N		
International:	N	Travel Company Used:	Y
Blanket Trip:	N	Trip Extension:	N
Outside TDO:	N	Type:	

Purpose: To attend the 2009 Annual RIMS Conference and Exhibition

Purpose Dates: 04/19/09 to 04/23/09
Business Destination: Orlando FL USA
Ticket Destination: Orlando FL USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	250	Meals	250
Auto	100	Registration	810
Bus	0	Lodging	900
Rail	0	Other	100
Travel Sub-Total	350	Other Sub-Total	2,060
		Total Exp	2,410

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 3/4/09 Submitted: 3/5/09

Approver's Signature _____ Date: 3/5/09 Emp# 20058 Title: CFO

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: March 6, 2009 02:20 PM

Travel Arrangements for JON C HUXEL

Record Locator CNGVAS
Trip ID 10765012340
PORT AUTHORITY
PORT AUTHORITY
JON C HUXEL

Agent ID : LJ
Phone: .. / Fax: ..

Invoice Details

Ticket Information

Airline Code	005	Ticket Date	3/6/09
Ticket Number	7410650916	Invoice	0170211
Check Digit	3	Electronic	Yes

Billing Code F7C43174XXXX093G01XXX

Charges

Ticket Base Fare	212.10
Ticket Tax Fare	37.10
Total (USD) Ticket Amount	249.20

Airfare charged to American Express
Billing Account: AX XXXXXXXXXXX1002

Total 249.20

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details Sunday April 19, 2009

**ROUND-TRIP NONREFUNDABLE FARE,..249.20

Flight Information

Airline	CONTINENTAL AIR	Estimated time	3 hours 8 minutes
Flight	1692	Distance	938 Miles
Origin	Newark, NJ	Meal Service	No Meal Service
Destination	Orlando Intl, FL	Plane	Boeing 757-300
Departing	8:15 PM		
Arriving	11:23 PM		

Departure Terminal	TERMINAL C
Seat	38C
Class	Coach

YOUR PREFERRED SEAT PREFERENCE HAS BEEN OBTAINED

Travel Details Thursday April 23, 2009

Flight Information

Airline	CONTINENTAL AIR	Estimated time	2 hours 47 minutes
Flight	1493	Distance	938 Miles
Origin	Orlando Intl, FL	Meal Service	Snack/brunch
Destination	Newark, NJ	Plane	Boeing 757-300
Departing	12:30 PM		
Arriving	3:17 PM		

Arrival Terminal	TERMINAL C
Seat	38D
Class	Coach

YOUR PREFERRED SEAT PREFERENCE HAS BEEN OBTAINED

Travel Details

Tuesday October 20, 2009

THANK YOU FOR CALLING AMERICAN EXP

Loyalty Programs

Vendor	Account	Traveler
CONTINENTAL AIR	DV319101	JON C HUXEL

Airline Record Locators

Airline Reference	Carrier
AGT8QK	CONTINENTAL AIR

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -

---- FOR RESERVATIONS CALL 1-800-333-8844 ----
FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED.
PLEASE CHECK IN 90 MINUTES PRIOR TO DEPARTURE.
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Continental Airlines

Continental Airlines

19 APR 2009 EWR ATO

Baggage Document	Description	Qty	Fees	Method of Payment
00526002970415	First Bag Fee	1	$15.00	Discover XXXXXXXXXXXX9677
	Second Bag Fee	0	$0.00	
Ticket Number	Excess Baggage	0	$0.00	Cardholder Name
0057410650916	Overweight (51 - 70 lbs.)	0	$0.00	JON HUXEL
	Oversized (62 - 115 in.)	0	$0.00	

BAGGAGE FEES Total Fees $15.00 USD Confirmation: AGT8QK

Excess Baggage Terms and Conditions:
* All excess baggage [illegible]
* Receipt for payment [illegible]
* For refund [illegible]

Carrier	Routing
CO	EWR - MCO

CUSTOMER COPY

AGENT REFERENCE: GG ESC BAG

MEARS MOTOR SHUTTLE

324 W. GORE ST., ORLANDO, FL 32806

RECEIPT

25403948

SHUTTLE

ROUND TRIP
1 ADULT 0 CHILDREN

WYNDHAM ORLANDO RESORT

ZONE 3

CASH 29.00
04/19/2009 11:42 PM

CALL 24 HOURS IN ADVANCE!
PHONE: (407) 423 – 5556
WWW.MEARSTRANSPORTATION.COM

A1D1
002 – 136 – 202

Continental Airlines

PASSENGER RECEIPT FOR 1

23APR09 US

DA/D87516 /ORLANDO

HUXEL/JONC
NOT VALID FOR
TRANSPORTATION PSGR TICKET 0057410650916

MCO CO EWR AGT8QK

1 FIRST CHECKED BAG 15.00

USD 15.00 DSXXXXXXXXXXXX9677/XXXX/023709

1 005 2600398554 4

USD 15.00

Continental Airlines

EXCESS BAGGAGE TICKET

THIS IS YOUR RECEIPT

FOR CONDITIONS OF CONTRACT - SEE PASSENGER TICKET AND BAGGAGE CHECK

NOT VALID FOR TRAVEL

Orlando, FL

Booked items

Hotel: Orlando

back to top

Sam's Club Travel itinerary number: **11043550186**
Hotel confirmation number: 177726908EXPE

Main contact: Jon C. Huxel
E-mail: jhuxel@panynj.gov
Home phone: (845) 5618962

Traveler and cost summary

Reserved for:			E-Special rate
Jon Huxel	Hotel: 1 adult	Florida Fun Suites-Non-Refundable	4/19 - 4/20: ~~$155.75~~ **$109.02** per night 4/21 - 4/22: ~~$198.63~~ **$139.04** per night
		Taxes & service fees	$19.35 per night
		Amount charged for hotel reservation	**$573.52**

Room options / Additional requests
We will forward your requests to the property, but we cannot guarantee that your requests will be honored.

1 KING BED, Non-Smoking

Hotel summary

Sun Apr-19-2009 (4nights)

Wyndham Orlando Resort

8001 International Dr
Orlando, FL 32819
USA

Check in: Sun Apr-19-2009
Check out: Thu Apr-23-2009

Reservation questions: 1-800-955-7267
For other information contact the hotel: Tel: 1 (407) 351-2420 Fax: 1 (407) 371-6511

Hotel Class: ☆☆☆☆½ More lodging info

Unless specified otherwise, **rates are quoted in US dollars.**

The price shown above DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The lodging will assess these fees, charges, and surcharges upon check-out.

Your room is guaranteed for late arrival.

Award points and airline mileage may not be awarded when booking an E-Special rate hotel.

Hotel rules and restrictions

Property policies

- You must be at least 18 to check in to this hotel.
- Base rate is for 2 guests.

Guest charges and room capacity

- Total maximum number of guests per room/unit is 4.
- Maximum number of adults per room/unit is 4.
- Maximum number of children per room/unit is 3.
- Maximum number of infants per room/unit is 3.
- This property considers guests aged 17 and under, at time of travel, to be children.
- Availability of accommodation in the same property for extra guests is not guaranteed.

- Your credit card is charged the total cost above at time of purchase. Prices and room availability are not guaranteed until full payment is received.

Pricing and payment

- Some hotels request that we wait to submit guest names until 7 days prior to check in. In such a case, your

WYNDHAM ORLANDO RESORT

Wyndham Orlando Resort
8001 International Drive
Orlando, FL 32819
Tel: (407)351-2420 Fax: (407)345-5611

INFORMATION INVOICE

Arrival	: 04-19-09	Folio / Invoice #	: 208691 /
Departure	: 04-23-09	Reference #	:
Company Name	: Expedia	Room No.	: 0649
Jon Huxel		Page No.	: 1 of 1
		Membership No.	:
		Conf. No.	: 105605428572
		Cashier No.	:
		A/R Number	:

Date	Description	Reference	Charges	Credits
04-19-09	Nightly Resort Fee		6.00	
04-19-09	Occ Tax-County Resort Fee		0.36	
04-19-09	Occ Tax-State Resort Fee		0.39	
04-20-09	Nightly Resort Fee		6.00	
04-20-09	Occ Tax-County Resort Fee		0.36	
04-20-09	Occ Tax-State Resort Fee		0.39	
04-21-09	Nightly Resort Fee		6.00	
04-21-09	Occ Tax-County Resort Fee		0.36	
04-21-09	Occ Tax-State Resort Fee		0.39	
04-22-09	Nightly Resort Fee		6.00	
04-22-09	Occ Tax-County Resort Fee		0.36	
04-22-09	Occ Tax-State Resort Fee		0.39	
	Total		**27.00**	**0.00**
	Balance			**27.00**

Please contact the Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

EVEN WITH THE RIGHT DIRECTIONS, WRONG TURNS CAN HAPPEN

RIMS
2009
Orlando
April 19 - 23

Challenge *your* risk I.Q.

CONFERENCE PROGRAM

RIMS 2009 SCHEDULE AT A GLANCE

Saturday April 18	Sunday April 19	Monday April 20	Tuesday April 21	Wednesday April 22	Thursday April 23
RIMS Chapter Officer Forum 8:00 am - 5:00 pm	Spencer/Gallagher Golf Tournament 8:00 am - 5:00 pm RIMS Community Service Day 9:00 am - 3:00 pm Spencer Cup Hockey Tournament 10:00 am First Timers Orientation 3:15 pm - 4:00 pm	General Session "Leadership at the Edge" Dennis N.T. Perkins, Ph.D. 8:00 am - 10:00 am First Timers Orientation 10:15 am - 11:15 am Exclusive Exhibit Hall Hours 10:00 am - 12:00 noon RIMS Awards Luncheon "Laugh for the Health of It!" Elaine M. Lundberg, M.A. 12:15 pm - 1:30 pm Sessions/Workshops	Sessions/Workshops Keynote Luncheon "Leading Change" John Kotter 12:00 noon - 2:00 pm Sessions Exhibit Hall Wine & Cheese Reception 3:45 pm - 5:00 pm	Sessions/Workshops RIMS 2010 Kickoff Networking Lunch 12:30 pm - 2:30 pm Sessions	Keynote Breakfast "The Liquidity Trap" Roger Lowenstein 8:00 am - 9:30 am Sessions
	Opening Reception RIMS Presents: Around the World with RIMS 5:00 pm - 7:30 pm			RIMS Presents: SeaWorld Spectacular 7:30 pm - 9:45 pm	

Expense Account

Exp Acct# 157494

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 02/06/09 TO 02/06/09

Title: Mgr Risk Fincg
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: NONTR
EA Type:

Pre-approval obtained
to exceed meal limits: _____
Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

2009 FEB 12 PM 3:39

Purpose: 25th Port Authority Anniversary Celebration lunch for Usha Harper

Purpose Dates: From 02/06/09 to 02/06/09

Business Destination: New York NY USA
Ticket Destination : New York NY USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
02/06	Lunch - Blue Water Grill Purpose: 25th Year Port Authority Anniversary lunch		Y		130.54				130.54

Guests

Timothy T Chung, Emp# P34599
Usha Harper, Emp# P29227

Expense Account

Exp Acct# 157494

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 03/06/09 TO 02/06/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	130.54	0.00	0.00	0.00	130.54
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	130.54	0.00	0.00	0.00	130.54
Less Cash Advance on						

Amount to be Reimbursed..... 130.54
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	130.54

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: [signature] Date: 2/11/09 Submitted: 2/12/09

Approver's Signature: Veronica Addu Date: 2/11/09 Emp# 43618 Title: Asst. Treasurer

Approver's Signature: AMMulligan Date: 2/19/09 Emp# 24761 Title: Treasurer

Accountant's Approval: [signature] Date:

Expense Account

Exp Acct# 157494

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 02/06/09 TO 02/06/09

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	0.00	130.54	0.00	0.00	0.00	130.54
Less Paid by PA.....	0.00	0.00	0.00	0.00	0.00	0.00
Paid by Employee.....	0.00	130.54	0.00	0.00	0.00	130.54
Less Cash Advance on	.....					

Amount to be Reimbursed..... 130.54
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	130.54

#Signature below implies approval of 2 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 2/11/09 Submitted: 2/12/09

Approver's Signature Veronica Baddu Date: 2/11/09 Emp# 43618 Title: Asst. Treasurer

Accountant's Approval _____ Date: _____

Blue Water Grill
31 Union Square West NYC
(212) 675-9500
Have a Good Day

469 Clayton

Tbl 61/1 Chk 7164 Gst 3
Feb06'09 12:21PM

1 Soda	3.00
1 Iced Tea	3.50
1 Beet Salad	9.00
1 Dumplings	10.00
1 Club/Lobster	19.00
Crab Sand	17.50
Grill Paillard	15.00
Molten Cake	8.00
Chs cake Dome	9.00
Banana Tower	8.00
food	102.00
Tax	8.54
:39PM Total Due	110.54

Join us for Sunday Brunch!

Visit us on the web at
www.brguestrestaurants.com

Blue Water Grill
31 Union Square West NYC
(212) 675-9500
Have a Good Day

Date:	Feb06'09 01:42PM
Card Type:	MasterCard
Acct #:	XXXXXXXXXXXX0050
Exp Date:	XX/XX
Auth Code:	06364Z
Check:	7164
Table:	61/1
Server:	469 Clayton

Subtotal: 110.54

Tip 20 —

Total 130.54

Signature

Thank you for dining with us!
Please sign
and return to your server

Expense Account Exp Acct# 154392

Employee Number: P43174 Expense Period: 10/26/08 TO 10/30/08
Name: Jon C Huxel

Title: Ops Mgr Risk F
Address: 225PAS 12012 Org: 093
Telephone: 212-435-5852 Dir/Comm: N
Represented: N
EA Subject: TRIP International: N
EA Type: Trip Extension: N
Pre-approval obtained to exceed meal limits: _____ Initials
Personal Guest: N
TDO: N Outside TDO: N

2008 NOV -6 PM 12:

Purpose: To attend the 2008 Annual International Risk Management Institute (IRMI) Conference and Exhibition

Sponsor: IRMI

Purpose Dates: From 10/26/08 to 10/30/08

Business Destination: Las Vegas NV USA
Ticket Destination : Las Vegas NV USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
10/26	Air travel Round Trip from Newark, NJ to Las Vegas, NV	Y	*	413.50					413.50
10/26	Travel by personal car Round Trip From: New Windsor (Home), NY To: Newark, NJ End Odometer: 6397 Start Odometer: 6253 Total: 144 at .585 per mile	N						84.24	84.24
10/26	Cab fare from Las Vegas Airport to MGM Grand Hotel	Y						15.00	15.00
10/26	Lunch - Quizno's Classic	Y			10.11				10.11
10/29	Nightly Lodging (including tax) Single Rate 3 Nights(s)@183.12 MGM GRAND Hotel	Y					549.36		549.36
10/29	Nightly Lodging (including tax) Single Rate 1 Nights(s)@165.68 MGM GRAND Hotel	Y					165.68		165.68
10/30	Cab fare from MGM Hotel to Las Vegas Airport	Y						15.00	15.00

Expense Account

Exp Acct# 154392

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 10/26/08 TO 10/30/08

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	413.50	10.11	0.00	715.04	114.24	1,252.89
Less Paid by PA.....	413.50	0.00	0.00	0.00	0.00	413.50
Paid by Employee.....	0.00	10.11	0.00	715.04	114.24	839.39
Less Cash Advance on	.....					

Amount to be Reimbursed..... 839.39
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	839.39

#Signature below implies approval of 5 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 11/5/08 Submitted: 11/5/08

Approver's Signature _____ Date: 11/5/08 Emp#43618 Title: Asst. Treasurer

Accountant's Approval _____ Date: _____

Employee Number: P43174
Name: Jon C Huxel
Expense Period: 10/26/08 TO 10/30/08

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why there is more than one lodging expense on the nights indicated.10/29 - 2

Explanation: Different fee charged on the last night

01 Attach original Trip Authorization.

Explanation: Original Trip Authorization attached.

Item on 10/26/08 for 413.50; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Explanation: Passenger Invoice/Itinerary attached.

Item on 10/29/08 for 549.36; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Explanation: MGM Hotel bill attached.

Item on 10/29/08 for 165.68; Lodging Expense

04 Attach itemized hotel bill and/or paid receipt.

Explanation: MGM Hotel bill attached.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 154300

Employee Number: P43174 Trip Period from: 10/26/08 to 10/30/08
Name: Jon C Huxel

Title: Ops Mgr Risk F
Telephone: 212-435-5852
Address: 225PAS 12012
Account Code: 1000 X 556001 093G01
Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Org: 093
Dir/Comm:
Travel Company Used: Y
Trip Extension: N
Type:

Purpose: To attend the 2008 Annual International Risk Management Institute (IRMI) Conference and Exhibition

Sponsor: IRMI

Purpose Dates: 10/26/08 to 10/30/08
Business Destination: Las Vegas NV USA
Ticket Destination: Las Vegas NV USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	400	Meals	150
Auto	60	Registration	0
Bus	0	Lodging	850
Rail	0	Other	150
Travel Sub-Total	460	Other Sub-Total	1,150
		Total Exp	1,610

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature Date: 8/20/08 Submitted: 8/26/08

Approver's Signature Date: 8/21/08 Emp# ~~20058~~ 24761 Title: ~~CFO~~ Treasurer

Approver's Signature Date: 8/25/08 Emp# 20058 Title: CFO

AMERICAN EXPRESS® **BUSINESS TRAVEL**

Generated: August 20, 2008 10:10 AM

Travel Arrangements for JON C HUXEL

Record Locator FXMBAK
Trip ID 10963461036
PORT AUTHORITY
PORT AUTHORITY
JON C HUXEL

Agent ID : CG
Phone: .. / Fax: ..

Itinerary Details

***** Itinerary Only *****

35.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Sunday October 26, 2008

Flight Information

Airline	CONTINENTAL AIR	Estimated time	5 hours 13 minutes
Flight	868	Distance	2,227 Miles
Origin	Newark, NJ	Meal Service	Snack/brunch
Destination	Las Vegas, NV	Plane	Boeing 757-300
Departing	10:40 AM		
Arriving	12:53 PM		
Departure Terminal	TERMINAL C		
Arrival Terminal	TERMINAL 1		
Seat	30A		
Class	Coach		

Travel Details

Thursday October 30, 2008

Flight Information

Airline	CONTINENTAL AIR	Estimated time	4 hours 50 minutes
Flight	1469	Distance	2,227 Miles
Origin	Las Vegas, NV	Meal Service	Snack/brunch
Destination	Newark, NJ	Plane	Boeing 757-300
Departing	2:09 PM		
Arriving	9:59 PM		
Departure Terminal	TERMINAL 1		
Arrival Terminal	TERMINAL C		
Seat	15F		
Class	Coach		

Loyalty Programs

Vendor	Account	Traveler
CONTINENTAL AIR	DV319101	JON C HUXEL

Airline Record Locators

Airline Reference	Carrier
DF8082	CONTINENTAL AIR

Additional Messages

TO REACH AMERICAN EXPRESS TRAVEL CALL 800-333-8844
PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-333-8844 ----
FOR ALL TRAVEL RESERVATIONS/ASSISTANCE 800A-800P EST
CALL TOLL FREE 800-333-8844
FOR EMERGENCIES -ONLY- AFTER HOURS, PLEASE
CALL 800-872-3057. IDENTIFY YOUR CODE AS S-9LVA
****
FOR EMERGENCIES WHILE TRAVELING OVERSEAS, PLEASE CALL
COLLECT 336-291-0104, CODE S-9LVA
**********NORNEFUNDABLE FARE**********
NONREFUNDABLE FARE LAST DAY TO PURCHASE IS 8/21/08
AMOUNT IS 378.50
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS
WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.
A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED.
PLEASE CHECK IN 90 MINUTES PRIOR TO DEPARTURE.
FARE IS NOT GUARANTEED UNTIL TICKETED. TICKETS MAY
BE NON-REFUNDABLE, NON-ENDORSABLE, NON-CHANGEABLE
AND ONLY VALID ON THE SAME CARRIERS.
CHANGES OR CANCELLATIONS MAY RESULT IN PENALTIES AND
ADDITIONAL FEES. SOME FARE RESTRICTIONS REQUIRE
CHANGES BE MADE PRIOR TO DEPARTURE DATE AND TIME
OR THE TICKET WILL HAVE NO FUTURE EXCHANGE VALUE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.

For Itinerary changes, please contact your travel office via telephone. Please use the phone number located in the remarks section on your itinerary.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Page: 1
Guest Charges A

05/23/2231 1323211408

maximumVegas. MGM GRAND

3799 LAS VEGAS BLVD. SOUTH, LAS VEGAS, NV 89109
702.891.7777
mgmgrand.com

ROOM NO. 08-526

JON HUXEL

Exemption (1)

NY 12553

FOLIO NO. IV6183

E-MAIL: _____ CREDIT CARD _____ DEBIT CARD _____

DEPOSIT 183.12

DATES: 10/26 10/27 10/28 10/29
RATES: 168.00 168.00 168.00 152.00

ARRIVAL 10/26/08
DEPARTURE 10/30/08

You agree that regardless of billing or master account arrangements you are liable for any and all charges posted to your room(s). You are further liable for all damages to the room(s) caused by you or your guests/invitees during your stay and your signature on this card authorizes all persons in your room(s) to charge to your account. You authorize us to place a hold against your credit or debit card to guarantee charges and, in the event that you do settle your account at your departure time or if room charges incurred by you or your guests/invitees, or damages to your room(s), are posted to your account subsequent to your departure, you hereby authorize us to charge your credit card or debit card or apply funds you have on deposit with us against what you owe. The extent of any complimentaries received is based upon qualified casino play that is reviewed during and after your stay. Please notify a Guest Services Representative immediately if there are any errors to your name, rate or length of stay. Fireproof safety deposit boxes are provided for guests to deposit their valuables. We have no liability for guest valuables not deposited. To view the MGM MIRAGE® Privacy Policy, please visit the Players Club desk or mgmmirage.com.

X_____

Please be advised your key card will expire and will be inoperable at 11:00 a.m. on your departure date.

DATE	REFERENCE	DESCRIPTION	AMOUNT	BALANCE DUE
07/31/08	*83670160	RESERVATION DEPOSIT DISCOVER	183.12-	183.12-
10/26/08	*84827974	ROOM HOTEL	168.00	15.12-
10/26/08	*84827975	ROOM TAX HOTEL	15.12	.00
10/27/08	*84840787	ROOM HOTEL	168.00	168.00
10/27/08	*84840788	ROOM TAX HOTEL	15.12	183.12
10/28/08	*84852974	ROOM HOTEL	168.00	351.12
10/28/08	*84852975	ROOM TAX HOTEL	15.12	366.24
10/29/08	*84865548	ROOM HOTEL	152.00	518.24
10/29/08	*84865549	ROOM TAX HOTEL	13.68	531.92
10/30/08	*84873855	PAYMENT ON ACCOUNT DISCOVER	531.92-	.00
	SUMMARY			
		CHARGES		
		ROOM	656.00	
		ROOM TAX	59.04	
		TOTAL CHARGES		715.04
		PAYMENTS		
		ADVANCED DEPOSIT	183.12-	
		DS	531.92-	
		TOTAL PAYMENTS		715.04-
			.00	

DEPARTURE

Local, toll-free and modem connections will be charged a $1 access fee for the first 30 minutes and $.15 each additional minute. AT&T day rates plus a hotel surcharge will apply for long distance calls.

CHECKOUT TIME IS 11:00 A.M.

DEPARTURE

Local, toll-free and modem connections will be charged a $1 access fee for the first 30 minutes and $.15 each additional minute. AT&T day rates plus a hotel surcharge will apply for long distance calls.

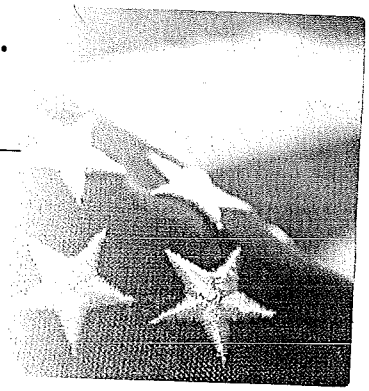
CHECKOUT TIME IS 11:00 A.M.

WESTERN CAB CO.
LAS VEGAS, NEVADA
736-8000

DRIVER: AWEBE CAB #: 206
DATE: 10-26 AMT: 15.00
TO: MGM FROM: Airport
Receipt not valid unless legible driver's signature and cab number appear on face.

NELLIS CAB CO.
est. 1962

Date: 10/30/2008
Amount of fare: 15.00
Taxi number: 323
dispatch:(702)248-1111



WIN CASH! SEE REVERSE.

QUIZNO'S CLASSIC SUBS
McCarran Intl. Airport
Las Vegas, Nevada 89119
702.261.7333

ORDER #199

Host: [illegible]
ORDER #199

30/2[illegible]
12:27
10[illegible]

Regular [illegible]TAL
Pepsi Products

6
2

Sub Total
Tax

9
0

TO GO Total 10.11

CASH 20.00

Change 9.[illegible]

WIN CASH! SEE REVERSE.

WIN CASH

Expense Account

Exp Acct# 150804

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 06/03/08 TO 06/03/08

Title: Ops Mgr Risk F
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N
Outside TDO: N

Purpose: To attend PAICE Annual Meeting

Purpose Dates: From 06/03/08 to 06/03/08

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
06/03	Rail travel expense Round Trip From Newark, NJ To Washington, DC	Y	*	385.00					385.00
06/03	Rail travel expense Round Trip From Secaucus Junction, NJ To Newark, NJ	Y		6.50					6.50
06/03	Washington Metro from Union Square Train Station to HSBC's offices - 1130 Connecticut Avenue, NW, Wash, DC	Y						2.00	2.00

Expense Account

Exp Acct# 150804

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 06/03/08 TO 06/03/08

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	391.50	0.00	0.00	0.00	2.00	393.50
Less Paid by PA.....	385.00	0.00	0.00	0.00	0.00	385.00
Paid by Employee.....	6.50	0.00	0.00	0.00	2.00	8.50
Less Cash Advance on	.....					

Amount to be Reimbursed..... 8.50
Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	093G01	8.50

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Jon C Huxel Date: _____ Submitted: 06/06/08

Approver's Signature: Original Signed By Veronica M Biddle Date: 06/06/08 Emp# P43618 Title: Asst Treasurer

Accountant's Approval: Original Stamped By Jessica Carmona Date: 06/16/08

Employee Number: P43174 Expense Period: 06/03/08 TO 06/03/08
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/03/08 for 385.00; Rail Travel Expense

02 Attach Ticket Stub

Item on 06/03/08 for 6.50; Rail Travel Expense

03 Attach Ticket Stub and paid receipt.

Expense Account

Exp Acct# 146448

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 10/02/07 TO 10/03/07

Title: Ops Mgr Risk F
Address: 225PAS 12012
Telephone: 212-435-5852

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits: _____ Initials

Purpose: Attend Sixth Annual Conference

Sponsor: Captive Insurance Council of the District of Columbia

Purpose Dates: From 10/02/07 to 10/03/07

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
10/02	Registration To attend PA Captive Insurance Association Annual Meeting Sponsored by None From: 10/02/07 To: 10/03/07	Y	*			595.00			595.00
10/02	Rail travel expense Round Trip From Newark Penn Station, NJ To Washington, DC	Y	*	164.00					164.00
10/02	Rail travel expense One Way From Washington, DC To Newark Penn Station, NJ	Y		44.00					44.00
10/02	Round trip Nj Transit from Secaucus Junction to Newark Penn Station	Y						6.50	6.50
10/02	Washington, DC Metrocard	Y						5.00	5.00
10/03	Nightly Lodging (including tax) Single Rate 1 Nights(s)@309.15 Marriott	Y					309.15		309.15

Expense Account

Exp Acct# 146448

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 10/02/07 TO 10/03/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	208.00	0.00	595.00	309.15	11.50	1,123.65
Less Paid by PA.....	164.00	0.00	595.00	0.00	0.00	759.00
Paid by Employee.....	44.00	0.00	0.00	309.15	11.50	364.65
Less Cash Advance on	.....					

Amount to be Reimbursed..... 364.65
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	364.65

#Signature below implies approval of 5 flag(s) listed on attached sheet(s).

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Employee's Signature: Original Signed By Jon C Huxel Date: _____ Submitted: 10/18/07

Approver's Signature: Original Signed By Veronica M Biddle Date: 10/18/07 Emp# P43618 Title: Asst Treasurer

Accountant's Approval: Original Stamped By Antoinette Tahan Date: 10/22/07

Employee Number: P43174
Name: Jon C Huxel
Expense Period: 10/02/07 TO 10/03/07

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 10/02/07 for 595.00; Registration Expense

02 Attach documentation issued by Sponsor indicating dates, place, agenda & fees.

Item on 10/02/07 for 164.00; Rail Travel Expense

03 Attach Ticket Stub

Item on 10/02/07 for 44.00; Rail Travel Expense

04 Attach Ticket Stub and paid receipt.

Item on 10/03/07 for 309.15; Lodging Expense

Employee Number: P43174
Name: Jon C Huxel
Expense Period: 10/02/07 TO 10/03/07

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach itemized hotel bill and/or paid receipt.

Expense Account Exp Acct# 145097

Employee Number: P43174 Expense Period: 06/26/07 TO 06/27/07
Name: Jon C Huxel

Title: Ops Mgr Risk F
Address: 225PAS 12012 Org: 093
Telephone: 212-435-5852 Dir/Comm: N
Represented: N
EA Subject: TRIP International: N
EA Type: Trip Extension: N
Pre-approval obtained to exceed meal limits:_____ Initials Personal Guest: N
TDO: N Outside TDO: N

Purpose: To attend the Annual Board Meeting of the PA Insurance Captive Entity

Purpose Dates: From 06/26/07 to 06/27/07

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
06/26	Rail travel expense Round Trip From Newark, NJ To Washington, DC	N	*	360.00					360.00
06/26	NJ Transit from Secaucus to Newark Penn STation	Y						3.25	3.25
06/26	Purchased Washington Metro fare cards for multiple trips between Union Station, HSBC offices, Hotel and Restaurant	Y						15.00	15.00
06/27	Nightly Lodging (including tax) Single Rate 1 Nights(s)@290.83 Hilton Washington Embassy Row	Y					290.83		290.83
06/27	One way NJ Transit from Secaucus to Newark, NJ	Y						3.25	3.25

Expense Account

Exp Acct# 145097

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 06/26/07 TO 06/27/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	360.00	0.00	0.00	290.83	21.50	672.33
Less Paid by PA.....	360.00	0.00	0.00	0.00	0.00	360.00
Paid by Employee.....	0.00	0.00	0.00	290.83	21.50	312.33
Less Cash Advance on	.....					

Amount to be Reimbursed..... 312.33
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	312.33

#Signature below implies approval of 3 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Jon C Huxel Date: _____ Submitted: 06/28/07

Approver's Signature: Original Signed By Veronica M Biddle Date: 06/28/07 Emp# P43618 Title: Asst Treasurer

Accountant's Approval: Original Stamped By Antoinette Tahan Date: 07/03/07

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 06/26/07 TO 06/27/07

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 06/26/07 for 360.00; Rail Travel Expense

02 Attach Ticket Stub

Item on 06/27/07 for 290.83; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Expense Account Exp Acct# 142801

Employee Number: P43174 Expense Period: 04/29/07 TO 05/03/07
Name: Jon C Huxel

Title: Ops Mgr Risk F
Address: 225PAS 12012 Org: 093
Telephone: 212-435-5852 Dir/Comm: N
Represented: N
EA Subject: TRIP International: N
EA Type: Trip Extension: N
Pre-approval obtained to exceed meal limits: _____ Initials
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Speaker @ the Risk and Insurance Management Society Annual Conference

Sponsor: Risk and Insurance Management Society

Purpose Dates: From 04/29/07 to 05/03/07

Business Destination: New Orleans LA USA
Ticket Destination : New Orleans LA USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
04/29	Registration Speaker @ the Risk and Insurance Management Society Annual Conference Sponsored by Risk and Insurance Management Society From: 04/29/07 To: 05/03/07	Y	*			795.00			795.00
04/29	Travel by personal car Round Trip From: New Windsor, NJ To: Newark Airport, NJ End Odometer: 122728 Start Odometer: 122574 Total: 154 at .485 per mile	N		74.69					74.69
04/29	Air travel Round Trip from Newark Airport, NJ to New Orleans, LA	Y		218.80					218.80
04/29	Nightly Lodging (including tax) Corp Rate 4 Nights(s)@214.57 New Orleans Courtyard	Y					858.28		858.28
04/29	Taxi-From Ritz Carlton Hotel to Courtyard Marriott after 8 p.m. - attended meeting with Berkshire Hathaway underwriters	Y						15.00	15.00
04/30	Taxi- from Sheraton Hotel to Courtyard Marriott after 9 p.m. -- attended meeting with Lexington underwriters	Y						12.00	12.00
05/03	Taxi-from Courtyard Marriott Hotel to New Orleans International	Y						40.00	40.00

Expense Account

Exp Acct# 142801

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 04/29/07 TO 05/03/07

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	293.49	0.00	795.00	858.28	67.00	2,013.77
Less Paid by PA.....	0.00	0.00	795.00	0.00	0.00	795.00
Paid by Employee.....	293.49	0.00	0.00	858.28	67.00	1,218.77
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,218.77
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	1,218.77

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Employee's Signature _____ Date: 5/16/07 Submitted: 5/17/07

Approver's Signature _____ Date: 5/17/07 Emp# 43618 Title: Gen Mgr, Risk

Accountant's Approval _____ Date: _____

Employee Number: P43174 Expense Period: 04/29/07 TO 05/03/07
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Item on 04/29/07 for 795.00; Registration Expense

02 Attach documentation issued by Sponsor indicating dates, place, agenda & fees.

Item on 04/29/07 for 218.80; Air Travel Expense

03 Attach Passenger Receipt, Invoice/Itinerary and paid receipt.

Item on 04/29/07 for 858.28; Lodging Expense

04 Attach itemized hotel bill and/or paid receipt.

Item on 05/03/07 for 40.00; Other Expense - Local Tra

Employee Number: P43174 Expense Period: 04/29/07 TO 05/03/07
Name: Jon C Huxel

Detail Item Flags

(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach an actual receipt.

The Port Authority of NY & NJ
Business Trip and Reservations Authorization Trip Auth# 142800

Employee Number: P43174 Trip Period from: 04/29/07 to 05/03/07
Name: Jon C Huxel

Title: Ops Mgr Risk F Org: 093
Telephone: 212-435-5852 Dir/Comm: N
Address: 225PAS 12012
Account Code: 1000 X 556001 093G01
Spouse/Guest: N
International: N Travel Company Used: N
Blanket Trip: N Trip Extension: N
Outside TDO: N Type:

Purpose: Speaker @ the Risk and Insurance Management Society Annual Conference

Sponsor: Risk and Insurance Management Society

Purpose Dates: 04/29/07 to 05/03/07
Business Destination: New Orleans LA USA
Ticket Destination: New Orleans LA USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	220	Meals	400
Auto	25	Registration	795
Bus	0	Lodging	900
Rail	0	Other	100
Travel Sub-Total	245	Other Sub-Total	2,195
		Total Exp	2,440

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 2/6/07 Submitted: 2/6/07

Approver's Signature (See attached) Date: _____ Emp# 20058 Title: CFO

RIMS 2007
NEW ORLEANS
APRIL 29 - MAY 3

- ☑ LOOK FORWARD TO THE CONFERENCE
- ☑ READ ABOUT THE CONFERENCE
- ☑ DISCUSS THE CONFERENCE
- ☑ ENVISION THE CONFERENCE
- ☑ PREPARE FOR THE CONFERENCE
- ☐ REGISTER FOR THE CONFERENCE

RIMS 2007 continues our tradition of providing the highest-quality educational and networking experience for the risk management industry.

YOU MAY ASK ...

... WHAT CAN I EXPECT TO ACCOMPLISH?

As a participant in the foremost risk management conference, you will hear from some of the industry's most successful leaders, explore the hottest issues of the moment, and identify the next wave of challenges you face—all while immersed in the ultimate knowledge-sharing environment with your peers from U.S. companies and beyond.

... WHO WILL I MEET AT RIMS 2007?

During receptions, working sessions, lunches, and while surfing the exhibit hall, RIMS 2007 New Orleans offers you the chance to meet with thousands of risk managers, insurance professionals, treasurers, brokers, insurers, CEOs, COOs and CFOs. Our conference gathers some of the most resourceful, innovative and successful professionals in the industry.

... WHAT WILL I ENCOUNTER IN THE EXHIBIT HALL?

RIMS 2007 presents a wealth of ideas and solutions for your business needs. RIMS 2007's exhibition will gather over 400 service providers eager to tackle your business obstacles and provide you with the tools for planning, strengthening and executing your risk management strategy.

RIMS 2007 New Orleans is your chance to exchange ideas with your peers and obtain the necessary education, solutions and inspiration for success. **Reserve your place today. www.RIMS.org/RIMS2007**

... WHO ARE THE KEYNOTE SPEAKERS AT RIMS 2007?

Dr. Michael Ostermann

David Maurstad

David Holcombe, CFCU

GENERAL INFORMATION: WHAT CAN YOU EXPECT?

RIMS 2007

www.RIMS.org/RIMS2007

SCHEDULE OF EVENTS

Sunday, April 29

8:30 am - 5:00 pm	Spencer/Gallagher Golf Tournament
9:00 am - 3:00 pm	Community Service Day
5:30 pm - 7:30 pm	Opening Reception

Monday, April 30

8:00 am - 10:00 am	Opening Session and Keynote Address
10:00 am - 12:00 noon	Exclusive Exhibit Hall Hours
12:00 noon - 1:30 pm	Chapter Awards Presentation and Keynote Speaker Luncheon
1:45 pm - 3:15 pm	Sessions
1:45 pm - 4:15 pm	Workshops
3:30 pm - 5:00 pm	Sessions

Tuesday, May 1

9:00 am - 10:30 am	Sessions
9:00 am - 11:30 am	Workshops
10:45 am - 12:15 pm	Sessions
12:30 pm - 2:30 pm	CEO Leadership Panel Luncheon
2:30 pm - 3:30 pm	Exclusive Exhibit Hall Hour and Dessert Reception
3:30 pm - 5:00 pm	Sessions

Wednesday, May 2

9:00 am - 10:30 am	Sessions
9:00 am - 11:30 am	Workshops
10:45 am - 12:15 pm	Sessions
12:30 pm - 2:00 pm	Exhibit Hall Networking Lunch and RIMS 2008 San Diego Kickoff
2:00 pm - 3:30 pm	Sessions
2:00 pm - 4:30 pm	Workshops
8:00 pm - 10:00 pm	Comedy Benefit

Thursday, May 3

9:00 am - 10:30 am	Sessions
10:45 am - 12:15 pm	Sessions
12:30 pm - 2:00 pm	Keynote Speaker Luncheon

EXHIBIT HALL HOURS

Monday, April 30	10:00 am - 5:00 pm
Tuesday, May 1	9:00 am - 5:00 pm
Wednesday, May 2	9:00 am - 4:00 pm

The risk management community recognizes that the RIMS Annual Conference and Exhibition is the only event of its kind to bring together all the industry players for the ultimate learning and networking experience.

WHY SHOULD I ATTEND?

RIMS 2007 New Orleans offers you the opportunity to ...

- take away **invaluable knowledge and insights.**
- discover **innovative ideas** for maximizing your risk management strategy.
- identify the **next generation of challenges** for the industry, and develop plans for coping with the hurdles that may lie ahead.
- cultivate and strengthen your **network of contacts.**

WHO WILL BE THERE?

Thousands of executives join in the event each year. Among them are top-level risk managers; middle-level risk management professionals; IT, internal audit and operations executives; insurance professionals; CEOs; CFOs; COOs; treasurers; brokers and insurers.

WHERE IS THE CONFERENCE?

Ernest N. Morial Convention Center
900 Convention Center Boulevard
New Orleans, Louisiana 70130
Web: *www.mccno.com*

HOW CAN I BOOK MY HOTEL?

Let RIMS book your accommodations! We have blocked space at a variety of venues in New Orleans, from elegantly appointed, modern high-rises to an eclectic mix of quaint boutique hotels. All recommended hotels will offer special rates for RIMS attendees. Our quick and easy online room reservation service is available at www.RIMS.org/RIMS2007.

HOW CAN I REGISTER?

You can access complete conference information, pricing and live registration on the web. **Remember, the Early Bird deadline is February 23.** You may check your eligibility for other discounts in the registration section of this program or on our website at www.RIMS.org/RIMS2007.

WHAT CAN I EXPECT FROM NEW ORLEANS?

RIMS is proud to support New Orleans in its economic rebuilding efforts. The spirit of New Orleans is to be celebrated as the city is revitalized and gains momentum. The birthplace of jazz offers a wealth of lodging, entertainment, culinary treasures and, of course, southern hospitality. April in New Orleans is marked by enjoyable weather. You can expect a high of 79 degrees and a low of 59 degrees. Join your peers for an unforgettable experience in this city's world of exotic architecture, elegance and charm.

5 DAYS
140+ SESSIONS
400+ EXHIBITORS
THOUSANDS OF PARTICIPANTS
UNLIMITED NETWORKING OPPORTUNITIES
ALL THE INDUSTRY'S LEADERS

JOIN THE INDUSTRY'S MOVERS AND SHAKERS AT THE PREMIER EVENT OF THE YEAR.

Topic Descriptions

Claims Management (CLM)
Provides information on the most up-to-date technology and procedures for managing the claims element of the total cost of risk.

Employment Risks (EMP)
Addresses risks associated with all areas of employment.

Enterprise Risk Management (ERM)
Provides information relating to identification and assessment of enterprise-wide risk.

Finance (FIN)
Integrates the financial aspects of risk into risk management.

Industry (IND)
Presents industry-specific information and hot topics.

Insurance (INS)
Analysis of insurance contracts and coverage. Addresses specific types of coverage in detail.

International (INT)
Analysis of exposures that are unique to multi-national companies and domestic companies with some foreign exposure.

Legal Legislation (LEG)
Incorporates aspects of the legal and regulatory environments into risk management.

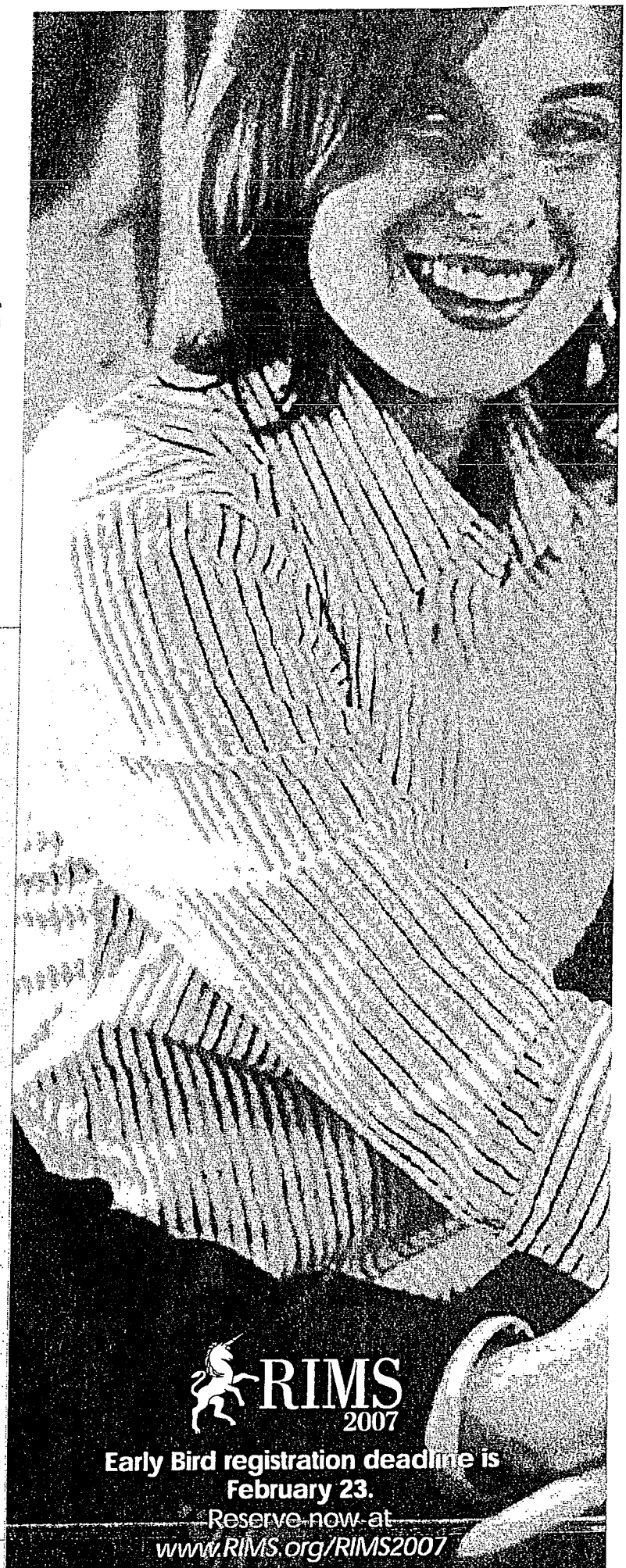
Loss Control (LCT)
Provides a framework and techniques for reducing risk through mitigation programs.

Offsite Sessions
Two offsite educational experiences.

Risk Management (RMG)
Provides insights into and solutions for the identification, assessment and management of risk.

Translated Sessions
Bilingual programs in Japanese and Spanish.

Please visit www.RIMS.org/RIMS2007 for updates on the



CONFERENCE AT A GLANCE

Building a Successful Chapter Workshop 7:30 am - 4:30 pm	Spencer/Gallagher Golf Tournament 8:00 am - 5:00 pm	Breakfast 8:00 am - 8:30 am Hall A			
	House of Delegates Meeting 9:00 am (Invitation only)	Opening Session and Keynote Address Dr. Michael Osterholm *Center for Infectious Disease Research and Policy* 8:00 am - 10:00 am Hall A			
	RIMS Community Service Day 9:00 am - 3:00 pm				
	Spencer/Logic Tennis Tournament 11:00 am	First Timers Orientation 10:15 am - 11:15 am			
		Chapter Awards Presentation and Keynote Speaker Luncheon David Maurstad *FEMA* 12:00 noon - 1:30 pm Hall A	CEO Leadership Panel Luncheon 12:30 pm - 2:30 pm Hall A	Exhibit Hall Networking Lunch and RIMS 2008 San Diego Kickoff 12:30 pm - 2:00 pm Exhibit Hall	Keynote Speaker Luncheon David Holcombe *International Speedway Corporation* 12:30 pm - 2:00 pm Hall A
			Exhibit Hall Dessert Reception 2:30 pm - 3:30 pm		
	First Timers Orientation 4:15 pm - 5:15 pm				
	RIMS Opening Reception 5:30 pm - 7:30 pm Hilton New Orleans Riverside				
				Comedy Benefit featuring Dennis Miller 8:00 pm - 10:00 pm Conference Auditorium	

analytical techniques. The goal is to empower non-accountants and non-finance risk professionals with the tools and insights to better understand, decode and use published financial information.

Speakers
Charles R. Woodman, CPA
Senior Vice President
Willis

Laurie J. Champion, CPCU, MBA
Vice President, Risk Management
Coca-Cola Enterprises Inc.

Finding a Home for My Captive (FIN202)
Tuesday, 9:00 am - 10:30 am

You can create a captive almost anywhere these days. The U.S. alone has 24 jurisdictions with a captive law. Why do some captive domiciles have over 100 captives while others have only one or two? Factors such as local political support, infrastructure, taxes and the legislature all play a role. You will hear a risk manager, regulator and captive manager discuss the key elements of a successful captive domicile. Attendees will learn what areas to focus on when selecting the best location for a captive subsidiary. This session is most relevant for the potential captive owner with a basic background in alternative risk products.

Speakers
Arthur Koritzinsky
Managing Director
Marsh Inc.

Dana Sheppard
Associate Commissioner
DISB

Edward S. Koral
Senior Manager
Deloitte Consulting LLP

Jon C. Huxel, ARM
Operations Manager Risk Finance
Port Authority of New York & New Jersey

How to Talk Balance Sheet with the CFO: Risk Transfer Accounting Techniques (FIN104)
Tuesday, 10:45 am - 12:15 pm

The session will explore risk transfer techniques and their effect on a company's GAAP and statutory balance sheet and income statement. The session will explore fundamental risk transfer techniques such as purchasing commercial insurance, loss portfolio transfers and captive insurance, while demonstrating how each of these techniques may enhance a company's financial statements. The learning objective of this session is to provide you with a basic fundamental approach to balance sheet accounting and set of skills necessary to speak the language with your CFO and upper management. You will take away the confidence to assist top management when discussing financial statements and financial budgets.

This session is hosted by the RIMS Hawaii Chapter.

Speakers
Gary R. Rimler, MBA
President, Risk Management
FirsTier General Agency, Inc.

Soraya Wright
Director, Corporate Risk Management
The Clorox Company

Tony Schmidt, ARM
President
Pacific Risk Solutions LLC

Jambalaya to Pralines: Captive Formation Steps (FIN103)
Thursday, 9:00 am - 10:30 am

From soup to nuts, this session will explore the steps that most companies take toward captive formation. Beginning with the feasibility process and continuing to the formation of a licensed insurance company, presenters will discuss the step-by-step process along with anecdotal advice from those who have traveled this road before. This session is relevant to executives considering captive formation in the future.

This session is hosted by the RIMS Hawaii Chapter.

Speakers
Craig Watanabe, CPA
Captive Insurance Administrator
State of Hawaii

Jason L. Palmer, CPA
Managing Director
Willis

Loss Funding: How IBNR Can Make or Break Your Program (FIN102)
Monday, 1:45 pm - 3:15 pm

An expert panel educates both experienced and beginning risk managers on current thinking in IBNR funding and management. You will learn how claims management, actuarial and finance professionals think about IBNR, and why misalignment can sink a program quickly. Funding surpluses need to be managed and protected, and funding deficits must someday receive proper allocation. In today's mass tort and ever-increasing litigation environment, even simple missteps can lead to fatal errors that my cost up to millions of dollars.

Speakers
Andrew M. Koren, FCAS
Vice President, Reserving
Affirmative Insurance Company

Barbara K. Karkula, CWCP
Workers' Compensation Program Manager
Headquarters Marine Corps

Mark C. Brockmeier, CPCU, ARe
Business Solutions Professor
IBM Business Consulting Services

REGISTRATION FORM

RIMS 2007 Annual Conference & Exhibition Registration Form
April 29 – May 3, 2007 New Orleans, Louisiana
Phone: (212) 286-9292 • www.RIMS.org/RegisterNow

REGISTRATION IS SUBJECT TO "POLICIES AND PROCEDURES" ON REVERSE SIDE OF REGISTRATION FORM.

REGISTRATION INFORMATION

Boxes indicate maximum characters on the conference badge. *This information will also be used to update your RIMS record.*

Name: Huxel (Last Name) Jon (First) C (M)

Title: Operations Mgr Risk Fncing

Company Name: Port Authority of NY & NJ

Address: 225 Park Avenue South 12 Fl

City: New York State/Province: NY

Country: USA Zip/Postal Code: 10003

Phone: 212 435-5852 (include country code) Fax: 212 435-5861 (include country code) E-mail: jhuxel@panynj.gov

Registration Deadlines	EARLY BIRD REGISTRATION *February 23*	REGULAR REGISTRATION *February 24 – March 30* (On-site fees apply after March 30)	ON-SITE REGISTRATION *April 29 – May 3*	ADDITIONAL FULL CONFERENCE REGISTRATION OPTIONS
RIMS Corp. Member/Associate				Affiliate Member $340 ☐
Full Conference Pass	$795 ☑ *Registered on-line (SEE ATTACHED)	$895 ☐	$945 ☐	Retired Member $340 ☐
Corp. 3rd Member Discount	$550 ☐	$600 ☐	$650 ☐	Educational Member $340 ☐
One Day Pass	$335 ☐	$385 ☐	$435 ☐	Student Member $140 ☐
Thursday (Half Day) Pass	$275 ☐	$275 ☐	$275 ☐	Student Non-Member $190 ☐
Non-Member				
Full Conference Pass	$1,095 ☐	$1,195 ☐	$1,245 ☐	
One Day Pass	$385 ☐	$435 ☐	$485 ☐	
Thursday (Half Day) Pass	$275 ☐	$275 ☐	$275 ☐	

The Full Conference Pass is all-inclusive. The One Day Pass entitles you to sessions, entrance to the Exhibit Hall, and admittance to that day's events.
Attendees registered for a One Day Pass for Monday may attend the RIMS Opening Reception on Sunday evening.

* Please check day(s) selected for one day registration.
☐ Mon ☐ Tues ☐ Wed ☐ Thurs [Multiple one day passes may be purchased.]

I would like to participate in the Sunday RIMS Community Service Day. ☐

Credit Card Authorization

Credit Card: ☐ Amex ☐ Visa ☐ MasterCard Card number _____ Expiration Date _____

I have read and agree to the RIMS Conference & Exhibition Policies and Procedures.

Signature _____ Date _____

Print Name Jon Huxel

Is this your first RIMS Annual Conference & Exhibition? ☑ Yes ☐ No

♿ If you require handicap transportation or facilities, check this box and attach a written description of your needs: ☐

☞ RIMS shares the Conference attendee mailing list. Check this box if you would like your name excluded: ☐

To exclude demographic information from your conference badge, check this box: ☐

For immediate registration and hotel reservations, register online and pay by check or credit card at www.RIMS.org/RegisterNow. Confirmation of your registration will be sent via e-mail. If paying by check, your registration and confirmation will not be processed until your check is received by RIMS.

PAYMENT METHOD WITH FORM

Registration fees MUST accompany this form. Registration fees are payable to the Risk and Insurance Management Society, Inc. in U.S. dollars drawn from a U.S. bank. Purchase Orders are not accepted. To verify your membership status, e-mail: *membership@RIMS.org*.

Registrations completed online with credit card payment are processed immediately. Registrations completed online choosing check or bank transfer payments will not be processed until payment is received.

Check payments via regular mail must be sent to: Risk and Insurance Management Society, Inc., P. O. Box 95000-2345, Philadelphia, PA 19195-2345.

Check payments via express or overnight mail must be sent to: Image Remit, 205 North Center Drive, North Brunswick, NJ 08902 - Att: P.O. Box 95000-2345.

Submissions by mail will be processed within 10-15 business days. Payments that are not received and/or postmarked by the respective cut-off date will be subject to additional fees.

Bank Transfers are payable only in U.S. dollars drawn from a U.S. bank. Transferred funds must be sent to: Commerce Bank, 317 Madison Avenue, New York NY 10017, ABA #026013673. Account Name: RIMS Operating Account. Account Number: 7920319089. Registrant is responsible for all bank charges, including a $30 RIMS processing fee, which must be added to the total amount transferred. The bank order must include the registrant name(s) and company. Please enclose a copy of your bank order with your registration materials.

RIMS Federal Tax ID # 13-1860397

PRINT THIS PAGE

Order Acknowledgement for Order No.1071949
Please print this document for your records.
Checks are to be drawn on a US Bank, in US Dollars.

Order Placed on 02/06/2007
By Jon Huxel from Port Authority of New York & New Jersey

Qty.	Product	Price US$	Total
1	RIMS 2007 Annual Conference & Exhibition Registration for Jon Huxel	US$795.00	US$795.00
		Subtotal:	US$795.00
		Shipping (Not Required):	US$0.00
		Total:	US$795.00

Payment Information

Payment Type: Check

Risk and Insurance Management Society, Inc. Federal Tax ID: 13-1860397

For payment by check via regular mail, send to:
Remit check payment (payable in US funds) with copy of invoice to:
Risk and Insurance Management Society, Inc.
P.O. Box 95000-2345
Philadelphia, PA 19195-2345

For payment by check via overnight mail, send to:
Image Remit
205 North Center Drive
North Brunswick, NJ 08902
Attention: P.O. Box 95000-2345

***Your order will be processed once your payment has been received.**

Click on the link below to view the registration policies and procedures:
http://www.rims.org/conferencepolicies

Proceed to Home

Home

REGISTRATION INFORMATION

Why should you attend RIMS 2007?
Where can you ... participate in 140+ industry and educational sessions and interactive workshops? Learn about the critical issues facing risk management professionals? Explore the global issues impacting the risk management profession? Examine the evolving roles and expectations facing risk managers? Develop the skills and resources to become a risk management expert for your organization? Make an assessment of your risk management strategy and learn next steps for planning and implementing an ERM program?

RIMS is the place to be this coming April 29—May 3. Reserve your place today to explore, learn and lead.

Take Advantage of Discounts on Fees

RIMS Members

Whether you are a corporate member, associate, affiliate or another member of RIMS, you are eligible to attend the conference at the member rate. *Please note: RIMS will verify your membership status upon registration to make sure that you receive the full benefits.*

Early Bird

Register by February 23 in order to be eligible for the Early Bird Discount, which offers you the lowest rate possible for the conference.

Registrations received after February 23 will not be eligible for the discount. RIMS is not responsible for delayed mail or incorrectly addressed correspondence.

Register Today

Registration for RIMS 2007 using your credit card is quick and easy! Visit the web to access our seamless registration system: www.RIMS.org/RegisterNow. You will receive an e-mail confirmation shortly after completing the process.

Acceptable forms of payment include American Express, VISA and MasterCard.

If you prefer to mail in your credit card payment, please fill out the enclosed registration form and mail to: RIMS, 1065 Avenue of the Americas, 13th Floor, New York, NY 10018.

If you are paying by check or money order, please fill out the enclosed registration form and mail to the appropriate address below. Make checks payable to: RIMS. Corporate/personal/travelers' checks or money orders must be payable in U.S. funds drawn on a U.S. bank.

For regular mail delivery:
Risk and Insurance Management Society, Inc.
P.O. Box 95000-2345
Philadelphia, PA 19195-2345

For express or overnight mail delivery:
Image Remit
205 North Center Drive
North Brunswick, NJ 08902
Attn: P.O. Box 95000-2345

Please note: Registrations must be received by March 30. All mailed registrations must be postmarked by that date. Any registrations received after March 30 will be treated as on-site registrations and will be subject to additional fees. Registrations received via mail will be processed within 10-15 business days.

REGISTRATION CATEGORIES AND FEES

Take Advantage of the RIMS Member and Early Bird Discounts

Fees and Deadlines	Early Bird February 23	Regular March 30	On-Site April 29 – May 3
RIMS CORPORATE MEMBERS AND ASSOCIATES			
Full Conference Pass	$795	$895	$945
Corp. 3rd Member Discount	$550	$600	$650
One Day Pass	$335	$385	$435
Thursday (half day) Pass	$275	$275	$275
NON-MEMBERS			
Full Conference Pass	$1,095	$1,195	$1,245
One Day Pass	$385	$435	$485
Thursday (half day) Pass	$275	$275	$275
ADDITIONAL FULL CONFERENCE REGISTRATION OPTIONS			
Educational Member	$340	$340	$340
Student Member	$140	$140	$140
Student Non-Member	$190	$190	$190
Affiliate Member	$340	$340	$340
Retired Member	$340	$340	$340

TRAVEL AND ACCOMMODATIONS

To make the reservations process as easy and cost-effective as possible, RIMS has secured discounts for your accommodations, airfare and car rental. We also offer shuttle bus service between the convention center and all designated properties, as well as recommend transportation to and from the airport.

What's more, we offer easy access to all the information and a seamless reservation system on our web site at www.RIMS.org/RIMS2007.

Hotel Reservations

Let RIMS Book Your Accommodations!

New Orleans offers an array of accommodations, from charming boutique properties to world-class hotels. RIMS has blocked space at a variety of venues in New Orleans. All recommended hotels will offer special discounts and amenities for conference attendees.

Wyndham Jade, the official housing bureau for RIMS 2007, will process and confirm your hotel arrangements. View information on 24 properties and book your accommodations today by navigating our quick and easy online reservation system at **www.RIMS.org/RIMS2007**. You may also call Wyndham Jade directly at (800) 347-4372 or (972) 349-7682.

Please note:

- *Reservations must be made by March 30, 2007. After that date our negotiated discounts may no longer apply.*
- *In the case that your hotel choice is no longer available, Wyndham Jade will make suggestions for comparable accommodations.*
- *All reservations, cancellations or changes for designated hotels must be made via Wyndham Jade. If there are discrepancies with reservations, designated venues will honor housing information received through our housing bureau.*

Airline Reservations

Take Advantage of our Negotiated Discounts

RIMS is pleased to announce that we have secured airfare discounts for participants who book their travel arrangements with American Airlines, Continental Airlines or United Airlines. You can obtain schedule information and book reservations with each of these airlines as follows:

AmericanAirlines

Please call the American Airlines Meeting Services Desk at (800) 433-1790 between 5:00 am and midnight Central Time, seven days a week. Please reference authorization number A4347AB.

You can also book your reservations online at **www.RIMS.org/RIMS2007**. In the ENTER PASSENGER DETAILS section, please enter discount code A4347AB to obtain a special rate.

Continental Airlines

Please call Continental Airlines MeetingWorks at (800) 468-7022 (in USA or Canada) between 7:00 am and10:00 pm Central Time, seven days a week. For reservations outside the U.S. and Canada contact your local Continental reservations office. Please reference the Z code number ZUF5 and Agreement Code number BVFRMH.

You can also book your reservations online at **www.RIMS.org/RIMS2007**. In the offer code box, please enter Z code number ZUF5 and Agreement Code number BVFRMH. To avoid a service fee and receive an additional 3% discount off published fares, book your reservations online. Please remember to include the Z code and agreement code in the offer code box.

UNITED AIRLINES

Please call United Airlines at (800) 521-4041. Reference discount code 563SZ.

Car Rentals

As an added service to attendees, RIMS has secured discounted car rental rates with Avis. Avis is offering you special rates that include daily, weekend and weekly rates, as well as unlimited free mileage.

To take advantage of these discounts, please contact Avis at (800) 331-1600. Don't forget to reference the Avis Worldwide Discount (AWD) code J098317.

You can also access this discount through our online reservation system at **www.RIMS.org/RIMS2007**.

Airport Shuttle

Airport Shuttle New Orleans offers service from New Orleans International Airport to the lobby of your hotel. A $2 discount is offered for roundtrip reservations made online at **www.RIMS.org/RIMS2007**.

Visa Information for International Travelers

Visitors to the U.S. may require a visa depending on the purpose of your visit. To obtain more information on acquiring a visa, please visit the International Visitors Office Web site at **http://travel.state.gov**.

Please note: The average processing time for security clearance is 14 days. However, all visa applicants are encouraged to apply at your earliest convenience, or at least three to five months prior to travel to the U.S.

Shuttle Buses

Offering You Top-of-the-Line Transportation Services

For your utmost convenience, RIMS has arranged comfortable and secure shuttle service between designated housing properties and the Ernest N. Morial Convention Center. Shuttles run in 15-minute intervals as follows: Sunday, April 29 from 9:00 am–8:00 pm; Monday, April 30 from 7:00 am–6:00 pm; Tuesday, May 1 from 8:00 am–6:00 pm; Wednesday, May 2 from 8:00 am–6:00 pm; and Thursday, May 3 from 8:00 am–3:00 pm

Shuttle schedules will be available at all designated hotels and the Ernest N. Morial Convention Center.

Please note: There will be no evening shuttle service, with the exception of Sunday as listed above. Shuttle service will not be provided for the Marriott Convention Center, Hampton Inn Convention Center, Hilton Garden Inn and Holiday Inn Select, as they are all located within walking

Huxel, Jon

From: Continental Airlines, Inc. [continentalairlines@continental.com]
Sent: Tuesday, February 06, 2007 1:08 PM
To: Huxel, Jon
Subject: eTicket Itinerary and Receipt for Confirmation BF8H3C

To ensure delivery of this e-mail please add **continentalairlines@continental.com** to your address book or approved senders list. See instructions for adding us to your address book.

Continental Airlines

Confirmation:
BF8H3C

Print your boarding pass at continental.com within 24 hours of your flight

Issue Date: February 06, 2007

Traveler	eTicket Number	Frequent Flyer	Seats
HUXEL/JONC	0052182286674		15C/21C

FLIGHT INFORMATION

Day, Date	Flight	Class	Departure City and Time	Arrival City and Time	Aircraft	Meal
Sun, 29APR07	716	W	NEWARK EWR (EWR) **7:15AM**	NEW ORLEANS (MSY) **9:34AM**	737-700	Snack
Thu, 03MAY07	217	W	NEW ORLEANS (MSY) **2:40PM**	NEWARK EWR (EWR) **6:51PM**	737-500	Snack

FARE INFORMATION

Fare Breakdown

Airfare:	184.20 USD
U.S. Passenger Facility Charge:	9.00
Tax:	13.80
U.S. Flight Segment Tax:	6.80
U.S. Security Service Fee:	5.00
Per Person Total:	218.80 USD
eTicket Total:	**218.80 USD**

Form of Payment:
DISCOVER
Last Four Digits 9677

The airfare you paid on this itinerary totals: 184.20 USD

The taxes you paid on this itinerary total: 34.60 USD

Fare Rules: Additional charges may apply for changes in addition to any fare rules listed.
NONREF/0VALUAFTDPT/CHGFEE;AR NEWARK EWR 651PM;USD FARE TAX-USD TAX-USD USD TTL
Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

eTicket Travel Reminders

- **Check-in Requirement** - Bags must be checked and boarding passes obtained at least 30 minutes prior to scheduled departure. Baggage will not be accepted and advance seat assignments may be canceled if this condition is not met.
- **Boarding Requirement** - Passengers must be prepared to board at the departure gate with their boarding pass at least 15 minutes prior to scheduled departure.
- Failure to meet the **Boarding Requirements** may result in cancellation of reservations, denied boarding, removal of checked baggage from the aircraft and loss of eligibility for denied boarding compensation.
- Bring your boarding pass or this eTicket Receipt along with photo identification to the airport.

Sam's Club® Discover®

Congratulations!
Your REWARDS CHECK is enclosed.

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Prepared For
JON HUXEL

Member Service: 1-866-220-0254
Or Online At samsclubdiscover.com

Account Number
[redacted]9677

ACCOUNT INFORMATION

Statement Date	Days In Billing Period	Minimum Payment This Period	Payment Due Date	Total Minimum Payment
02/19/2007	[redacted]	[redacted]	[redacted]	[redacted]

CASH EARNED SUMMARY

Previous Reward Balance	[redacted]
(+) Rewards Earned	[redacted]
(-) Redeemed This Period	[redacted]
= Cash Reward Balance	[redacted]

Congratulations!
Your 2006 Rewards Check for $242.92 has arrived!

Please see the following pages for your Rewards Check & redemption instructions.

BALANCE SUMMARY

Cash Advance / Quick Cash Limit	Total Credit Limit	Available Cash Limit	Available Credit Limit
[redacted]	[redacted]	[redacted]	[redacted]

Previous Balance	- Payments & Credits	+ Purchases/Balance Transfers/Fees/Debits	+ Cash Advance/Quick Cash	+/- Net FINANCE CHARGE /Transaction Fees	= New Balance
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

0-53667
1-2

TRANSACTION SUMMARY

Post Date	Tran Date	Reference Number	Description	Amount
[redacted]			[redacted]	[redacted]
02/06	02/06	76011011701WPG40H	CONTINENTAL AIRLINES HOUSTON TX	$218.30
[redacted]			[redacted]	[redacted]
			SPECIAL TAX OR DEPOSIT	
			SOFT DRINKS, OIL & CONDIMENTS	
			JUICE/WATER/SPORTS DRINKS	
			DRY GROCERIES, MENS FASHION	

THE PERIODIC RATE SHOWN ON THIS STATEMENT MAY VARY.

FINANCE CHARGE SUMMARY

	Expiration Date	Average Daily Balance	Daily Periodic Rate	Corresponding ANNUAL PERCENTAGE RATE	FINANCE CHARGE Due to Daily Periodic Rate	FINANCE CHARGE Transaction Fees
Regular Purchases	NA	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Cash Advances	NA	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Quick Cash	NA	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ANNUAL PERCENTAGE RATE for purchases	[redacted]	Total FINANCE CHARGE	[redacted]
ANNUAL PERCENTAGE RATE for cash advances	[redacted]		

CARDHOLDER NEWS & INFORMATION

Sam's Club® Travel is now Powered by Expedia®!
Visit travel.samsclub.com.

PAYMENT DUE BY 5 P.M. ON THE DUE DATE. We may convert your payment to an electronic debit. See reverse side for details.
NOTICE: See reverse side for Billing Rights and other important information.

NEW ORLEANS COURTYARD
300 JULIA STREET
NEW ORLEANS LA 70130
504-598-9898

GUEST FOLIO

Thank you for selecting Courtyard by Marriott. We trust that your experience with us has included warm and gracious service, and the type of accommodations expected.

We look forward to serving you again on future trips. For additional reservations, call our toll-free reservation number, (800) 321 2211.

NEW ORLEANS COURTYARD Courtyard Staff

GUEST NAME J. HUXEL

ROOM 439 RIMC
ROOM TYPE QNQN
NO. OF GUESTS 1
RATE 189.00
CLERK

ARRIVE 29Apr07 TIME 03:52p DEPART 03May07 TIME FOLIO # MK-71455

DATE	REFERENCE NUMBER	DESCRIPTION	CHARGES	CREDITS
29Apr07	RG439	ROOM CHARGE	189.00	214.57
29Apr07	RT439	Room Tax	24.57	
29Apr07	CT439	City Tax	1.00	
30Apr07	RG439	ROOM CHARGE	189.00	214.57
30Apr07	RT439	Room Tax	24.57	
30Apr07	CT439	City Tax	1.00	
01May07	RG439	ROOM CHARGE	189.00	214.57
01May07	RT439	Room Tax	24.57	
01May07	CT439	City Tax	1.00	
02May07	RG439	ROOM CHARGE	189.00	214.57
02May07	RT439	Room Tax	24.57	
02May07	CT439	City Tax	1.00	
03May07	AX439	American Express		858.28-

```
*************************************
*  CARD #: AXXXXXXXXXXXX1009/1208   *
*  Amount:    858.28   Auth: 169369 *
*       ** Signature on File  **    *
*************************************
```

** BALANCE ** .00

Want your final hotel bill by email? Just ask the Front Desk!

GUEST SIGNATURE_____

COURTYARD RESERVATIONS (800) 321 2211

4/29 20 07

FARE $ 15.00

CAB # 311

BY EAT

524-9606 522-9771

Will you need a cab later?
Going to the airport?
May we book you for the trip?
Sightseeing and out of town trips.
Package Deliveries
Personalized Service

Over 420 Two-Way Radio Cabs

UNITED CABS, INC.
1634 Euterpe St.
New Orleans, LA 70130

TRIP FROM UNDER - WINTER MEETING TO MOTEL

WE'RE JAZZED YOU'RE HERE!

CAB COMPANY AMAX CAB

TELEPHONE # 524-8505

PASSENGER RECEIPT, TAXI FARE

DATE 4/30

Amount ..... $ 12.00

Other Charges ..... $

Total ..... $ 12.00

Driver's Name Mary Cell

Cab Number 4051

NEW ORLEANS
METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

TRIP FROM SHERATON MEETING TO COURTYARD MOTEL

Telephone #

CAB COMPANY AIRPORT TAXI

PASSENGER'S RECEIPT, TAXICAB FARE

Date 5/3 200 7

Amount of Fare ..... $ 40.00

Other Charges ..... $

Total ..... $ 40.00

Driver's Name

Cab Number 1158

TRIP FROM MOTEL TO AIRPORT

Expense Account

Exp Acct# 141207

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 11/09/06 TO 11/09/06

Title: Ops Mgr Risk F
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Org: 093
Dir/Comm: N
Represented: N
International: N
Trip Extension: N
Personal Guest: N
TDO: N
Outside TDO: N

PORT AUTHORITY
2006 NOV 20 12:41
UNIT

Purpose: Meet with Captive insurance regulators to discuss the Captive Insurance Program

Purpose Dates: From 11/09/06 to 11/09/06

Business Destination: Washington DC USA
Ticket Destination : Washington DC USA

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
11/09	Rail travel expense Round Trip From Newark Penn Station, NJ To Washington, DC	Y	*	366.00					366.00

Expense Account

Employee Number: P43174
Name: Jon C Huxel

Exp Acct# 141207
Expense Period: 11/09/06 TO 11/09/06

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	366.00	0.00	0.00	0.00	0.00	366.00
Less Paid by PA.....	366.00	0.00	0.00	0.00	0.00	366.00
Paid by Employee.....	0.00	0.00	0.00	0.00	0.00	0.00
Less Cash Advance on						

Amount to be Reimbursed..... 0.00
Amount to be Returned..... 0.00

Account Code	Amount
1000 X 556001 093G01	0.00

‡Signature below implies approval of 3 flag(s) listed on attached sheet(s).

'illing out this form with incorrect or false information, receipts or documentation is grounds 'or disciplinary action including dismissal. Please be accurate.

mployee's ignature _____ Date: 11/17/06 Submitted: 11/17/06

›prover's gnature _____ Date: 11/17/06 Emp# 43618 Title: General Manager, Risk Management

countant's proval _____ Date: _____

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 11/09/06 TO 11/09/06

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

01 Attach original Trip Authorization.

Explanation: Attached

Item on 11/09/06 for 366.00; Rail Travel Expense

Please explain why this rail travel is not coach class.

Explanation: Approved by the CFO to minimize travel time within one day

02 Attach Ticket Stub

Explanation: Itinerary Attached

The Port Authority of NY & NJ
Business Trip and Reservations Authorization

Trip Auth# 141143

Employee Number: P43174
Name: Jon C Huxel

Trip Period from: 11/09/06 to 11/09/06

Title: Ops Mgr Risk F
Telephone: 212-435-5852
Address: 225PAS 12012

Org: 093
Dir/Comm: N

Account Code: 1000 X 556001 093G01
Spouse/Guest: N
International: N
Blanket Trip: N
Outside TDO: N

Travel Company Used: Y
Trip Extension: N
Type:

Purpose: Meet with Captive insurance regulators to discuss the Captive Insurance Program

Purpose Dates: 11/09/06 to 11/09/06
Business Destination: Washington DC USA
Ticket Destination: Washington DC USA

ESTIMATED TRIP EXPENSES

Travel	Amount	Other	Amount
Air	0	Meals	50
Auto	0	Registration	0
Bus	0	Lodging	0
Rail	336	Other	25
Travel Sub-Total	336	Other Sub-Total	75
		Total Exp	411

No Flags Occurred

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature _____ Date: 10/16/06 Submitted: 10/17/06

Approver's Signature _____ Date: 10/17/06 Emp# 24761 Title: Treasurer

AMERICAN EXPRESS ® **BUSINESS TRAVEL**

Generated: October 19, 2006 02:31 PM

Travel Arrangements for JON HUXEL

Record Locator DBVYAQ
Trip ID 10806026850

PORT AUTHORITY

Agent ID : JM

4315 South 2700 West - UMC 02 01 75 - Salt Lake City, UT 84184-3900

Invoice Details

Billing Code F7C43174XXXX093G01XXX

Invoices

0036127

**IT IS YOUR RESPONSIBILITY TO EXAMINE ALL DOCUMENTS AND REPORT ANY DISCREPANCIES WITHIN 24HRS FROM 09OCT06.
****
PLEASE CANCEL PRIOR TO DEPARTURE TO AVOID LOSS OF TICKET VALUE.
****
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

Travel Details

Thursday November 9, 2006

Rail Information

Carrier	Amtrak
Train	2109
Origin	NEWARK NJ
Destination	WASHINGTON DC
Departing	8:14 AM
Arriving	10:45 AM
Seat	Confirmed

Amtrak Information : AMTRAK 001KA BSNSS
Amtrak Locator: 1465F8

Rail Information

Carrier	Amtrak
Train	2124
Origin	WASHINGTON DC
Destination	NEWARK NJ
Departing	6:00 PM
Arriving	8:28 PM
Seat	Confirmed

Amtrak Information : AMTRAK 002KA BSNSS
Amtrak Locator: 1465F8

Additional Messages

PER OUR AGREEMENT WITH YOUR COMPANY AT TIME OF
INVOICING YOU WILL BE CHARGED A NON-REFUNDABLE
30.00 PER RAIL TICKET
FEE FOR THE FOLLOWING SERVICE -
30.00 TRAVEL SERVICE FEE WITH AIR/RAIL

---- FOR RESERVATIONS CALL 1-800-291-2039 ----
FOR ASSISTANCE WITH AFTER HOURS EMERGENCY SERVICE
CALL 800-872-3057 WITHIN THE US AND CANADA
FROM INTERNATIONAL CITIES CALL COLLECT - 1-313-322-2130
YOUR EMERGENCY ACCESS CODE IS S-9FVA

PLEASE REVIEW TRAVEL ARRANGEMENTS TO ENSURE ACCURACY.
FARE CANNOT BE GUARANTEED UNTIL TICKET IS PURCHASED.
ANY CHANGES TO ITINERARY MAY RESULT IN A HIGHER FARE.

YOU MAY RECEIVE A SURVEY PERTAINING TO THIS
RESERVATION VIA EMAIL. PLEASE TAKE THE TIME TO
COMPLETE IT. YOUR RESPONSE IS VERY IMPORTANT TO US.

THE FAA NOW REQUIRES 2 HOUR CHECK IN AND
PHOTO I.D. FOR DOMESTIC TRAVEL

ZDS-336.00

For Itinerary changes, please contact your travel office via telephone.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts of omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

Expense Account Exp Acct# 129118

Employee Number: P43174 Expense Period: 09/25/04 TO 09/30/04
Name: Jon C Huxel

Title: Pr Fncl Anal
Address: 225PAS 12012
Telephone: 212-435-5852

EA Subject: TRIP
EA Type:

Pre-approval obtained to exceed meal limits:_____ Initials

Org: 093
Dir/Comm: N
Represented: N
International: Y
Trip Extension: N
Personal Guest: N
TDO: N Outside TDO: N

Purpose: Attend meeting with insurance underwriters to discuss Port Authority Public Liability Insurance Program

Purpose Dates: From 09/25/04 to 09/30/04

Business Destination: London England
Ticket Destination : London England

Date	Description	Rec	P A	Travel	Meal	Regist	Lodging	Other	Total
09/25	Air travel Round Trip from Newark, NJ to London England	N	*	606.30					606.30
09/25		N		50.25					50.25
09/25	Nightly Lodging (including tax) Other Rate 1 Nights(s)@223.25 Thistle Hotel 223.25 pounds @ .5419/US$	Y					411.98		411.98
09/26	Breakfast - Grange City Hotel 19.50 pounds @ .5416/US$	Y			36.00				36.00
09/26	Nightly Lodging (including tax) Corp Rate 4 Nights(s)@155. Grange Hotel 620.00 pounds @ .5416/US$	Y					1,144.76		1,144.76
09/26	Taxi - from Thistle Hotel to Grange City Hotel (misplaced receipt) 5.00 pounds @ .5546/US$	N						9.02	9.02
09/27	Personal phone call to home-call was disconnected, redialed number) .45 pounds @ .5416/US$	Y						.83	.83
09/27	Personal phone call to home 3.50 pounds @ .5416/US$	Y						6.46	6.46
09/27	Breakfast - Grange City Hotel 19.50 pounds @ .5416/US$	Y			36.00				36.00

Expense Account Exp Acct# 129118

Employee Number: P43174 Expense Period: 09/25/04 TO 09/30/04
Name: Jon C Huxel

Date	Description	Rec	PA	Travel	Meal	Regist	Lodging	Other	Total
09/27	Refreshments 7.00 pounds @ .5416/US$		Y					12.92	12.92
09/27	Refreshments 2.00 pounds @ .5416/US$		Y					3.69	3.69
09/28	Breakfast - Grange City Hotel 19.50 pounds @ .5416/US$		Y		36.00				36.00
09/28	Personal phone call to home 1.35 pounds @ .5416/US$		Y					2.49	2.49
09/29	Breakfast - Grange City Hotel 19.50 pounds @ .5416/US$		Y		36.00				36.00
09/30	Personal phone call to home 2.35 pounds @ .5416/US$		Y					4.34	4.34
09/30	Breakfast - Grange City Hotel 19.50 pounds @ .5416/US$		Y		36.00				36.00
09/30	Gratuity to maid-Grange City Hotel 5.00 pounds @ .5416/US$		N					9.23	9.23

Expense Account Exp Acct# 129118

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 09/25/04 TO 09/30/04

	Travel	Meal	Regist	Lodging	Other	Total
Total Expense.....	606.30	180.00	0.00	1,556.74	48.98	2,392.02
Less Paid by PA.....	606.30	0.00	0.00	0.00	0.00	606.30
Paid by Employee.....	0.00	180.00	0.00	1,556.74	48.98	1,785.72
Less Cash Advance on	.....					

Amount to be Reimbursed..... 1,835.97
Amount to be Returned..... 0.00

Account Code				Amount
1000	X	556001	093G01	1,835.97

#Signature below implies approval of 10 flag(s) listed on attached sheet(s).

Filling out this form with incorrect or false information, receipts or documentation is grounds for disciplinary action including dismissal. Please be accurate.

Employee's Signature: Original Signed By Jon C Huxel Date: _____ Submitted: 10/22/04

Approver's Signature: Original Signed By Iran H Engel Date: 10/22/04 Emp# P27322 Title: Ast Dir, Audit

Accountant's Approval: Original Stamped By Linda Gligorijevic Date: 10/26/04

Employee Number: P43174
Name: Jon C Huxel

Expense Period: 09/25/04 TO 09/30/04

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

Explain why more than one personal call was made in a day.09/27 - 2

Explanation: Phone call was dropped.

01 Attach original Trip Authorization.

Item on 09/25/04 for 606.30; Air Travel Expense

02 Attach Passenger Receipt and Invoice/Itinerary.

Item on 09/25/04 for 411.98; Lodging Expense

03 Attach itemized hotel bill and/or paid receipt.

Item on 09/26/04 for 36.00; Meal Expense - BFST

04 Attach an actual receipt.

Item on 09/26/04 for 1,144.76; Lodging Expense

Employee Number: P43174 Expense Period: 09/25/04 TO 09/30/04
Name: Jon C Huxel

Detail Item Flags
(Place the number preceding the Flag Description on the Attachment or Receipt)

05 Attach itemized hotel bill and/or paid receipt.

Item on 09/27/04 for 36.00; Meal Expense - BFST

06 Attach an actual receipt.

Item on 09/28/04 for 36.00; Meal Expense - BFST

07 Attach an actual receipt.

Item on 09/29/04 for 36.00; Meal Expense - BFST

08 Attach an actual receipt.

Item on 09/30/04 for 36.00; Meal Expense - BFST

09 Attach an actual receipt.

Pay Period En	Gross Labor	ID	Name	Descr	Short Desc	Check #	Check Dt
1/27/2007	226.49	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1587164	2/9/2007
2/10/2007	132.54	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1592255	2/23/2007
4/21/2007	198.00	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1623237	5/4/2007
5/5/2007	1,822.16	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1629396	5/18/2007
6/16/2007	1,437.88	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1648129	6/29/2007
7/14/2007	776.28	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1660859	7/27/2007
10/20/2007	2,147.45	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1704734	11/2/2007
4/19/2008	2,131.52	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1788821	5/2/2008
5/17/2008	659.79	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1802095	5/30/2008
6/14/2008	20.00	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1815574	6/27/2008
6/28/2008	2,031.83	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1822387	7/11/2008
10/4/2008	2,169.20	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1871369	10/17/2008
4/18/2009	1,949.32	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	1970313	5/1/2009
9/5/2009	150.00	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2042210	9/18/2009
10/17/2009	2,018.01	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2063955	10/30/2009
11/28/2009	101.93	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2085463	12/11/2009
5/15/2010	1,452.44	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2173626	5/28/2010
7/10/2010	18.00	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2202914	7/23/2010
10/2/2010	1,812.03	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2246790	10/15/2010
10/16/2010	112.83	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2255083	10/29/2010
5/14/2011	1,871.15	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2365411	5/27/2011
9/17/2011	33.50	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2432282	9/30/2011
10/1/2011	2,094.01	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2439659	10/14/2011
5/12/2012	1,593.10	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2559939	5/25/2012
8/18/2012	27.75	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2612637	8/31/2012
9/29/2012	2,082.16	24761	Mulligan,Anne Marie C	Expense Account Reimbursement	Exp. Acct	2634834	10/12/2012
5/19/2007	1,218.77	43174	Huxel,Jon C.	Expense Account Reimbursement	Exp. Acct	1635685	6/1/2007
6/30/2007	312.33	43174	Huxel,Jon C.	Expense Account Reimbursement	Exp. Acct	1654356	7/13/2007

THE PORT AUTHORITY OF NY & NJ

AI 20-1.06

Office of the Executive Director

Revised: May 31, 1979

GIVING OR ACCEPTING GIFTS OR GRATUITIES

I. Introduction

The Port Authority has established a reputation as a public service agency with the highest standards of integrity. In order to maintain this reputation, it discourages any practice which might reflect unfavorably upon either itself or its staff.

II. Instruction

Port Authority instruction forbids any employee:

A. To offer gifts or gratuities of any kind to any individual or organization with whom we do business or are likely to do business.

B. To accept gifts of any kind from any patron, tenant, concessionaire, vendor, or from anyone else with whom we do business or are likely to do business; or accept payment in any form for any services rendered to anyone with whom we do business or are likely to do business.

C. To accept cash discounts on merchandise or services obtained in any way connected with his/her, or a colleague's, employment at the Port Authority (except for discounts granted to employee organizations or other formal groups).

D. To accept any favors such as entertainment, meals, transportation, etc., either free or at reduced rates which might tend to obligate the employee to any individual or organization with whom we do business or are likely to do business.

III. Interpretation

It is recognized that there may be rare occasions when employees are offered tokens of trifling value, when public transportation or meals are not available, or when the best interests of the Port Authority require that the Port Authority Instruction be varied. The Executive Director has delegated to the Director, Human Resources the responsibility for advising as to the circumstances under which variations to this Instruction are justified. In the absence of previous guidance, an employee should clear through his/her department director, with

the Director, Human Resources, before giving or accepting any article, discount, or other favor. In an extreme case, when a Port Authority employee is impelled to accept a gift or gratuity, it must be forwarded it to his/her supervisor. Gifts are to be returned to the donor with a note explaining that it is contrary to Port Authority policy to accept gifts.

This Instruction is not to be construed as restricting the distribution of Port Authority advertising material; nor does it apply to the acceptance of tips by Redcaps. Finally, it is not intended to prevent tipping for specific services when rendered, nor the entertainment of business guests, where this is the normal business practice and it does not conflict with the policy of the employer of the outside person involved.

DISCLAIMER

Although issued in revised format, the information contained in these Administrative Instructions (AIs) reflects the content of previously issued Administrative Policy Statements (APs) and, in certain limited instances, Port Authority Instructions (PAIs). The rules set forth in these AIs will remain in effect until changing conditions require their revision. This body of instructions is not intended to be exhaustive with respect to all the responsibilities of employees and it does not constitute a contract. These AIs will be updated from time to time to reflect changes or additions as appropriate, at the direction of the Executive Director.

Office of the Executive Director **AI 20-1.06**

Revised: March 11, 2014

GIFTS, GRATUITIES, BUSINESS EXPENSES, AND OFFERS OF EMPLOYMENT

I. Introduction

The Port Authority has established a reputation as a public service agency with the highest standards of integrity. In order to maintain this reputation, it discourages any practice which might reflect unfavorably upon either itself or its staff.

II. Instruction

Port Authority employees are prohibited from:

A. Offering gifts or gratuities of any kind to any individual or organization with whom we do business or are likely to do business.

B. Accepting gifts of any kind from any patron, tenant, concessionaire, vendor, or from anyone else with whom we do business or are likely to do business; or accepting payment in any form for any services rendered to anyone with whom we do business or are likely to do business.

C. Accepting cash discounts on merchandise or services obtained in any way connected with his/her, or a colleague's, employment at the Port Authority (except for discounts granted to employee organizations, other formal groups or to “Port Authority employees” as a generic classification).

D. Accepting any favors of any kind, including entertainment, meals, transportation, etc., either free or at reduced rates from any patron, tenant, concessionaire, vendor or anyone else with whom we do business or are likely to do business.

E. Accepting payment or reimbursement for, or permitting payment to be made on their behalf of, any expenses that would constitute business expenses, whether or not reimbursable by the Port Authority, that are incurred by such employee, including entertainment, meals, transportation, etc., from any patron, tenant, concessionaire, vendor or anyone else with whom we do business or are likely to do business.

F. Soliciting, demanding, accepting, or agreeing to accept from any patron, tenant, concessionaire, vendor or anyone else with whom we do business or are likely to do business, an offer of employment, for himself or herself or for a member of the Port Authority employee's immediate family, which offer of employment is related in any way to the performance of the public duties and responsibilities of the Port Authority employee. This prohibition does not preclude consideration of the experience and expertise of a Port Authority employee by a prospective employer.

Patrons, tenants, concessionaires, vendors or anyone else with whom the Port Authority does business or is likely to do business, are prohibited from:

A. Offering gifts of any kind or payment in any form to a Port Authority employee for any services rendered by the Port Authority employee.

B. Offering cash discounts on merchandise or services connected in any way with a Port Authority employee's employment at the Port Authority (except for discounts granted to employee organizations, other formal groups or to "Port Authority employees" as a generic classification).

C. Offering any favors of any kind, including entertainment, meals, transportation, etc., either free or at reduced rates, to a Port Authority employee.

D. Offering payment or reimbursement for, or making payment on behalf of a Port Authority employee of, any expenses that would constitute a Port Authority employee's business expenses, whether or not reimbursable by the Port Authority, including entertainment, meals, transportation, etc.

E. Extending an offer of employment, to a Port Authority employee or to a member of the Port Authority employee's immediate family, which offer of employment is related in any way to the performance of the public duties and responsibilities of the Port Authority employee. This prohibition does not preclude consideration of the experience and expertise of a Port Authority employee by a prospective employer.

III. Interpretation

It is recognized that there may be rare occasions when the best interests of the Port Authority require that this Port Authority Instruction be varied. Questions pertaining to the application of this Administrative Instruction should be directed to an attorney designated by General Counsel ("Designated Attorney") under AI 20-1.15, "Code of Ethics and Financial Disclosure" (the "Code").

This Administrative Instruction is not intended to preclude:

- the offer or acceptance of items made available to the general public;

- reimbursement directly to the Port Authority for an employee's business expenses by another governmental entity or a non-profit organization; provided, that, if direct reimbursement to the Port Authority would not be permitted under the rules or regulations applicable to any of such entities, then payment or reimbursement of such business expenses may be made directly to, or on behalf of, the employee upon review and approval of a Designated Attorney in the context of this Administrative Instruction and the Code;

- the offer or acceptance of unsolicited gifts or benefits of trivial or nominal value, provided such acceptance does not create a breach of ethical standards under the Code;

- the offer or acceptance of awards, plaques, and other ceremonial items, provided such items are publicly presented, or intended to be publicly presented, and in recognition of service related to a Port Authority employee's official duties and responsibilities, and provided further that such awards, plaques, and other ceremonial items are of the type customarily bestowed at similar ceremonies and are otherwise reasonable under the circumstances;

- the offer or acceptance of nominal refreshments, such as nonalcoholic beverages and snacks, at a business meeting away from the employee's work location that is sponsored or co-sponsored by an actual or potential Port Authority business partner;

- gifts given to or received from a co-worker, a supervisor or a subordinate, provided that the gift is not excessive or inappropriate for a business environment, and provided, further, that supervisors are not to solicit gifts from their subordinates;

- distribution of Port Authority advertising material;

- the offer to or acceptance by Redcaps of tips;

- tipping by Port Authority employees for specific services when rendered;

- the entertainment by Port Authority employees of business guests, where this is the normal business practice and it does not conflict with the business practices of the employer of the outside person involved; or

- modest and appropriate retirement gifts received by an employee from outside entities.

DISCLAIMER

Although issued in revised format, the information contained in these Administrative Instructions (AIs) reflects the content of previously issued Administrative Policy Statements (APs) and, in certain limited instances, Port Authority Instructions (PAIs). The rules set forth in these AIs will remain in effect until changing conditions require their revision. This body of instructions is not intended to be exhaustive with respect to all the responsibilities of employees and it does not constitute a contract. These AIs will be updated from time to time to reflect changes or additions as appropriate, at the direction of the Executive Director.

2007-2008

THE PORT AUTHORITY OF NY & NJ

MEMORANDUM
TREASURY DEPARTMENT

INS AUTH #'s 6565 6566 6567

TO: Cassandra Harris
FROM: Frantz D. Bricourt
DATE: June 25, 2007
SUBJECT: **WIRE TRANSFER OF FUNDS – CONTRACTORS' INSURANCE PROGRAM EFFECTIVE JUNE 1, 2007 TO JUNE 1, 2008**

COPY TO: V. Biddle, S. Dzamba, I. Engel, W. Fung, J. Huxel, B. Lam, J. Liso, A.M. Mulligan, L. Yim

In reference to the April 26, 2006 Board Meeting authorizing the placement of coverage for Contractors' Insurance Program (CIP), please release a wire transfer in the amount of $33,012,238.14 on ~~Thursday~~ WEDNESDAY June ~~28~~ 27, 2007, 2007 as per the following instructions. This transfer of funds represents the first of three installments for the General Liability, Excess Liability and TRIA of theMaster CIP premiums.

Amount of Transfer: $33,012,238.14

Date of Transfer: ~~Thursday June 28, 2007~~ WEDNESDAY JUNE 27, 2007 FD

Beneficiary Account Name: Aon Risk Services, Inc. of New York
Beneficiary Account Number: Exemption (1/4)

Invoices: 3786, 3787, 3788, 3789, 3790, 3791
Contact : Michael Berger

Should you have any questions on this matter, please call me at 435-5854

Frantz D. Bricourt
Financial Analyst
Risk Management

Monica Andal 6/25/07
Approved Date

Approved Date

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3787
Date of Invoice: 6/5/2007

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Various Lloyds syndicates WE 0700107	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability			
		22,000,000 XS 3,000,000	$ 22,869,000.00		
		ELANY	$ 823,284.00		
		Stamping Fee	$ 45,738.00		
		Total Due			$ 8,492,021.24
	Installments	Due Date			
	$ **7,622,999.24**	**7/1/2007**			
	$ 7,622,999.24	7/1/2008			
	$ 7,623,001.52	7/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 22M XS 3M)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3788
Date of Invoice: 6/5/2007

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lloyds Syndicates WE 0700108	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability			
		25,000,000 XS 25,000,000	$ 2,124,000.00		
		ELANY	$ 76,464.00		
		Stamping Fee	$ 4,248.00		
		Total Due			$ 788,713.42
	Installments	Due Date			
	$ 708,001.42	**7/1/2007**			
	$ 707,999.29	7/1/2008			
	$ 707,999.29	7/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M Lloyds)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3789
Date of Invoice: 6/5/2007

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lloyds Syndicates WE 0700108	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability			
		25,000,000 XS 25,000,000	$ 2,102,760.00		
		ELANY	$ 75,699.36		
		Stamping Fee	$ 4,205.52		
		Total Due			$ 780,826.28
	Installments	Due Date			
	$ 700,921.40	**7/1/2007**			
	$ 700,919.30	7/1/2008			
	$ 700,919.30	7/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M Lloyds)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3790
Date of Invoice: 6/5/2007

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700108	**Contractors Insurance Program MASTER CIP PROGRAM** TRIA			
		25,000,000 XS 25,000,000	$ 21,240.00		
		ELANY	$ 764.64		
		Stamping Fee	$ 42.48		
		Total Due			$ 7,887.13
	Installments	Due Date			
	$ 7,080.01	**7/1/2007**			
	$ 7,079.99	7/1/2008			
	$ 7,080.00	7/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M TRIA)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3791
Date of Invoice: 6/5/2007

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Various Lloyds syndicates WE 0700107	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability			
		22,000,000 XS 3,000,000	$ 231,000.00		
		ELANY	$ 8,316.00		
		Stamping Fee	$ 462.00		
		Total Due			$ 85,777.99
	Installments	Due Date			
	$ 76,999.99	**7/1/2007**			
	$ 76,999.99	7/1/2008			
	$ 77,000.02	7/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 22M XS 3M non tria)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3786
Date of Invoice: 6/5/2007

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700109	**Contractors Insurance Program MASTER CIP PROGRAM** General Liability			
		2,500,000 XS 500,000	$ 61,553,898.00		
		ELANY	$ 2,215,940.33		
		Stamping Fee	$ 123,107.80		
		Total Due			$ 22,857,012.08
	Installments	Due Date			
	$ 20,517,963.95	**7/1/2007**			
	$ 20,517,963.95	7/1/2008			
	$ 20,517,970.10	7/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 1st layer)

101700 AON GROUP, INC. +1 (516) 342-270
P.O. BOX 342
JERICHO NY 11753

Page: 1
Date: 07/24/2013
User: ASVIDRO

Assignment	Reference	Doc. Date	Amt in loc.cur.	Check number	Clearing	Date	Payee/er	Text
AUTH #6565	3786	06/25/2007	22,857,012.08-		06/29/2007			POLICY#WE0700109 - 06/01/07-0...
AUTH #6566	3787	06/25/2007	[illegible]		06/29/2007			POLICY#WE0700107 - 06/01/07-0...
AUTH #6566	3788	06/25/2007	758,713.42-		06/29/2007			POLICY#WE0700108 - 06/01/07-0...
AUTH #6566	3789	06/25/2007	780,826.28-		06/29/2007			POLICY#WE0700108 - 06/01/07-0...
AUTH #6567	3790	06/25/2007	7,887.13-		06/29/2007			POLICY#WE0700108 - 06/01/07-0...
AUTH #6566	3791	06/25/2007	85,777.99-		06/29/2007			POLICY#WE0700107 - 06/01/07-0...
*			33,012,238.14-					
**			33,012,238.14-					
***			33,012,238.14-					

2008-2009

INSF a

THE PORT AUTHORITY OF NY & NJ

MEMORANDUM
TREASURY DEPARTMENT

TO: Cassandra Harris
FROM: Frantz D. Bricourt
DATE: May 23, 2008
SUBJECT: **WIRE TRANSFER OF FUNDS – CONTRACTORS' INSURANCE PROGRAM (MASTER-CIP) EFFECTIVE JUNE 1, 2008 TO JUNE 1, 2009**

COPY TO: V. Biddle, J. Corbley, S. Dzamba, I. Engel, J. Hogan, J. Huxel, O. Jacobs, A.M. Mulligan, A. Svidro.

In reference to the April 26, 2006 Board Meeting authorizing the placement of coverage for Contractors' Insurance Program (Master-CIP), please release a wire transfer in the amount of $29,633,962.95 on Thursday May 29, 2008 as per the following instructions. This transfer of funds represents the second of three installments for the General Liability, Excess Liability and TRIA of the Master CIP premiums.

Amount of Transfer: $29,633,962.95

Date of Transfer: Thursday May 29, 2008

Beneficiary Account Name: Aon Risk Services, Inc. of New York
Beneficiary Account Number: Exemption (1/4)

Invoices: 3807, 3808, 3809, 3810, 3811, 3812
Contact : Michael Berger

Should you have any questions on this matter, please call me at 435-5854

Frantz D. Bricourt
Financial Analyst
Risk Management

A M Mulligan 5/23/08
Approved Date

Vnonen Biddle 5/23/08
Approved Date

THE PORT AUTHORITY OF NY & NJ
INSURANCE AUTHORIZATION

Treasury Department
Auth. No. 6595

5 23/2008
Fins'Auth'x

- [ ] Original
- [ ] Copy - Fin Acctng
- [ ] Copy - Risk Mgmt'1
- [ ] Copy - Risk Mgmt'2

VENDOR / BROKER: Aon Group, Inc.
300 Jericho Quadrangle, Suite 300
P.O. Box 342
Jericho, New York 11753
Attn: Jim Hayes

For the Purchase and/or Renewal of the following Insurance:

COVERAGE:
Contractor Insurance Program - Master CIP - Excess Liability, General Liability & TRIA.

LOCATION:
All PA Facilities

AMOUNTS OR LIMITS:
Excess Liability $22M x/o $3M; $25M x/o $25M

TERM:
YEARS... 3 MONTHS.... 0 | FROM.... June 1, 2007 TO.... June 1, 2010

DESCRIPTION AND AMOUNT OF PREMIUM PAYABLE:

The Contractor Insurance Program - MASTER CIP - Premium Payments.
Second of Three Installments

Coverage		Invoice No.	Premium $$ Payable
General Liability, $2.5M XS $500K Lexington W07000109	Second of 3 installments	3807	20,517,963.95
Excessl Liability, $22M x/o $3M Lloyds Syndicates WE0700107-04	Second of 3 installments Non-TRIA	3808	77,000.00
Excessl Liability, $22M x/o $3M Lloyds Syndicates WE0700107-03	Second of 3 installments	3809	7,623,000.00
Excessl Liability, $25M x/o $25M Lexington WE0700108-02	Second of 3 installments	3810	708,000.00
Excessl Liability, $25M x/o $25M Lloyds Syndicates WE0700108-03	Second of 3 installments Non-TRIA	3811	700,919.00
TRIA $25M x/o $25M Lexington WE0700108-04	Second of 3 installments	3812	7,080.00
			29,633,962.95

POLICY NO. See Attached Invoices.

INSURER: See Attached Invoices.

PREPARED BY: F. Bricourt

DATE: 05/23/08

C Code	B Area	G/L A/C	Cost Center	Intern Order	PREMIUM
1000	C	120002			$29,633,962.95
Facility Cost Allocations Attached.					

Asst. Director Risk Management

TREASURER

SPECIAL AUTHORIZATION:

Approved by the Committee on Finance at its meeting of August 4, 2004.
Memo: Mulligan to Eastman, August 31, 2004. Copies attached.

May 2, 2008

AON

Port Authority of NY & NJ
Service Team

Mr. Jon Huxel
The Port Authority of NY & NJ
225 Park Avenue South
New York, NY 10003

Re: Contractors Insurance Program (CIP)
General and Excess Liability

Dear Jon,

Enclosed are the original invoices as respects the captioned programs as detailed below:

Invoice Number	Description	Amount
3807	GL $2.5M XS $500K Carrier: Lexington Eff: 06/01/2007 – 06/01/2010 Second installment	$20,517,963.95
3809	Excess Liability $22M XS $3M Carrier: Lloyds Syndicates Eff: 06/01/2007 – 06/01/2010 Second installment	$7,623,000
3808	Excess Liability $25M XS 25M Carrier: ~~Lexington~~ LLOYDS SYNDICATES Eff: 06/01/2007 – 06/01/2010 Second installment	$77,000
3810	Excess Liability $25M XS 25M Carrier: Lexington Eff: 06/01/2007 – 06/01/2010 Second installment	$708,000
3811	Excess Liability $25M XS 25M Carrier: Lloyds Eff: 06/01/2007 – 06/01/2010 Second installment	$700,919
3812	TRIA Eff: 06/01/2007 – 06/01/2010 Second installment	$7,080
TOTAL DUE		**$29,633,962.95**

Also enclosed are debit notes for back-up purposes

Please remit payment on or before May 28, 2008. If you have any further questions, please let us know.

Very truly yours,
Michael Berger, ARM

Assistant Vice President
Enclosures

Aon Risk Services
300 Jericho Quadrangle, Suite 300 • PO Box 342 • Jericho, New York 11753
tel: 516.342.2700 • fax: 516.342.2727 • www.aon.com

Aon
300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3807
Date of Invoice: 5/1/2008

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700109	**Contractors Insurance Program MASTER CIP PROGRAM** General Liability			
		2,500,000 XS 500,000	$ 61,553,898.00		
		ELANY	$ 2,215,940.33		
		Stamping Fee	$ 123,107.80		
		Total Due			**$ 20,517,963.95**
	Installments	Due Date			
	$ 20,517,963.95	7/1/2007			
	$ 20,517,963.95	**6/1/2008**			
	$ 20,517,970.10	6/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2007 renewal 1st layer, 2nd installment invoice # 3807)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3808
Date of Invoice: 5/1/2008

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Various Lloyds syndicates WE 0700107	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability - Non- TRIA			
		22,000,000 XS 3,000,000	$ 231,000.00		
		ELANY	$ 8,316.00		
		Stamping Fee	$ 462.00		
		Total Due			$ **77,000.00**
	Installments	Due Date			
	$ 76,999.99	7/1/2007			
	$ 77,000.00	**6/1/2008**			
	$ 77,000.00	6/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 22M XS 3M non tria, 2nd installment)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3809
Date of Invoice: 5/1/2008

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Various Lloyds syndicates WE 0700107	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability			
		22,000,000 XS 3,000,000	$ 22,869,000.00		
		ELANY	$ 823,284.00		
		Stamping Fee	$ 45,738.00		
		Total Due			$ 7,623,000.00
	Installments	Due Date			
	$ 7,622,999.24	7/1/2007			
	$ 7,623,000.00	**6/1/2008**			
	$ 7,623,001.00	6/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 22M XS 3M 2nd installment)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3810
Date of Invoice: 5/1/2008

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700108	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability			
		25,000,000 XS 25,000,000	$ 2,124,000.00		
		ELANY	$ 76,464.00		
		Stamping Fee	$ 4,248.00		
		Total Due			$ 708,000.00
	Installments	Due Date			
	$ 708,001.42	7/1/2007			
	$ 708,000.00	**6/1/2008**			
	$ 708,000.00	6/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M Lexington 2nd installment)

Aon
300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3811
Date of Invoice: 5/1/2008

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lloyds Syndicates WE 0700108	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability Non-TRIA			
		25,000,000 XS 25,000,000	$ 2,102,760.00		
		ELANY	$ 75,699.36		
		Stamping Fee	$ 4,205.52		
		Total Due			$ **700,919.00**
	Installments	Due Date			
	$ 700,921.40	7/1/2007			
	$ 700,919.00	**6/1/2008**			
	$ 700,919.00	6/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M Lloyds-Non Tria 2nd installment)

Aon
300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700

Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3812
Date of Invoice: 5/ /2008

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700108	**Contractors Insurance Program MASTER CIP PROGRAM** TRIA			
		25,000,000 XS 25,000,000	$ 21,240.00		
		ELANY	$ 764.64		
		Stamping Fee	$ 42.48		
		Total Due			$ **7,080.00**
	Installments	Due Date			
	$ 7,080.01	7/1/2007			
	$ **7,080.00**	**6/1/2008**			
	$ 7,080.00	6/1/2009			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

Transaction Detail Advice Report

Bank Name	CITIBANK	
Customer Number / Name	5001201	THE PORT AUTHORITY OF NY AND NJ
Branch Number / Name	930	NEW YORK CITIBANK - CORPORATE
Account Number / Name	40570569	PA OF NY NJ/PORT AUTH OF NY NJ
Account Currency / Type	USD	

Exemption (1/4)

Bank Reference	
Customer Reference	
Value Date	05/28/2008
Statement Date	05/28/2008
Entry Date	05/28/2008
Posted Time	12:03
Product Type	**Funds Transfer**
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)
Transaction Amount	**29,633,962.95-**
Payment Details	INVOICES:3807,3808,3809,3810,3811,3812 CONTACT:MICHAEL BERGER
Batch/Track Number	650000000571
Beneficiary Account/ID	
Name/Address	AON RISK SERVICES NORTHEAST INC WITH PFTA SWEEP ATTN ACCOUNT RECONCILEMENT DEPT 1000 MILWAUKEE AV GLENVIEW IL 60025
Ordering Party Account/ID	
Name/Address	PORT AUTHORITY OF NY & NJ ATTENTION; FINANCIAL ACCOUNTING SECTION ONE PATH PLAZA/7TH FL

Credit Count	Total Credit Amount	Debit Count	Total Debit Amount	Cheque Count	Cheque Amount	Net Amoun:
0	0.00	1	29,633,962.95	0	0.00	29 633,962.95-

2009-2010

THE PORT AUTHORITY OF NY & NJ

MEMORANDUM
TREASURY DEPARTMENT

TO: Cassandra Harris
FROM: Allan Svidro
DATE: May 15, 2009
SUBJECT: **WIRE TRANSFER OF FUNDS – CONTRACTORS' INSURANCE PROGRAM (MASTER-CIP) EFFECTIVE JUNE 1, 2009 TO JUNE 1, 2010**

COPY TO: V. Biddle, F. Bricourt, J. Corbley, S. Dzamba, J. Hogan, J. Huxel, O. Jacobs, A.M. Mulligan

In reference to the April 26, 2006 Board Meeting authorizing the placement of coverage for Contractors' Insurance Program (Master-CIP), please release a wire transfer in the amount of $29,633,970.23 on Wednesday May 27, 2009 as per the following instructions. This transfer of funds represents the third of three installments for the General Liability, Excess Liability and TRIA of the Master CIP premiums.

Amount of Transfer: $29,633,970.23

Date of Transfer: Wednesday May 27, 2009

Beneficiary Account Name: Aon Risk Services, Inc. of New York
Beneficiary Account Number: Exemption (1/4)

Invoices: 3845, 3846, 3847, 3848, 3849, 3850
Contact: Michael Berger

Should you have any questions on this matter, please call me at 435-5817

Allan Svidro
Risk Management

5/14/09
Approved Date

Veronica Maddu 5/14/09
Approved Date

THE PORT AUTHORITY OF NY & NJ
INSURANCE AUTHORIZATION

Treasury Department
Auth. No. 6619

5/ 5/2009
Fin'l Ins'Auth'x

- [ ] Original
- [ ] Copy - Fin Acctng
- [ ] Copy - Risk Mgmt'1
- [ ] Copy - Risk Mgmt'2

VENDOR / BROKER: Aon Group, Inc.
300 Jericho Quadrangle, Suite 300
P.O. Box 342
Jericho, New York 11753
Attn: Jim Hayes

For the Purchase and/or Renewal of the following Insurance:

COVERAGE:
Contractor Insurance Program - Master CIP - Excess Liability, General Liability & TRIA.

LOCATION:
All PA Facilities

AMOUNTS OR LIMITS:
Excess Liability $22M x/o $3M; $25M x/o $25M

TERM:
YEARS... 3 MONTHS.... 0 | FROM.... June 1, 2007 TO.... June 1, 2010

DESCRIPTION AND AMOUNT OF PREMIUM PAYABLE:

The Contractor Insurance Program - MASTER CIP - Premium Payments.
Second of Three Installments

Coverage		Invoice No.	Premium $$ Payable
General Liability, $2.5M XS $500K Lexington W07000109	Third of 3 installments	3845	20,517,970.10
Excess Liability, $22M x/o $3M Lloyds Syndicates WE0700107-04	Third of 3 installments Non-TRIA	3847	77,000.02
Excess Liability, $22M x/o $3M Lloyds Syndicates WE0700107-03	Third of 3 installments	3846	7,623,001.52
Excess Liability, $25M x/o $25M Lexington WE0700108-02	Third of 3 installments	3848	707,999.29
Excess Liability, $25M x/o $25M Lloyds Syndicates WE0700108-03	Third of 3 installments Non-TRIA	3849	700,919.30
TRIA $25M x/o $25M Lexington WE0700108-04	Third of 3 installments	3850	7,080.00
			29,633,970.23

POLICY NO. See Attached Invoices.

INSURER: See Attached Invoices.

PREPARED BY: A. Svidro

DATE: 5/15/09

C Code	B Area	G/L A/C	Cost Center	Intern Order	PREMIUM
1000	C	120002			$29,633,970.23
Facility Cost Allocations Attached.					

MANAGER, RISK MANAGEMENT

ASST. TREASURER

SPECIAL AUTHORIZATION:

Approved by the Committee on Finance at its meeting of August 4, 2004. Memo: Mulligan to Eastman, August 31, 2004.

AON

April 27, 2009

Port Authority of NY & NJ
Service Team

Mr. Jon Huxel
The Port Authority of NY & NJ
225 Park Avenue South
New York, NY 10003

Re: Contractors Insurance Program (Master CIP)
General and Excess Liability

Dear Jon,

Enclosed are the original invoices as respects the captioned programs as detailed below:

Invoice Number	Description	Amount
3845	$2.5M XS $500K Carrier: Lexington Eff: 06/01/2007 – 06/01/2010 Third installment	$20,517,970.00
3846	Excess Liability $22M XS $3M Carrier: Lloyds Syndicates Eff: 06/01/2007 – 06/01/2010 Third installment	$7,623,001.52
3847	Excess Liability $22M XS $3M Carrier: Lloyds Syndicates – NON- TRIA Eff: 06/01/2007 – 06/01/2010 Third installment	$77,000.02
3848	Excess Liability $25M XS $25M Carrier: Lexington Eff: 06/01/2007 – 06/01/2010 Third installment	$707,999.29
3849	Excess Liability $25M XS $25M Carrier: Lloyds Eff: 06/01/2007 – 06/01/2010 Third installment	$700,919.30
3850	TRIA Eff: 06/01/2007 – 06/01/2010 Third installment	$7,080.00
TOTAL DUE		**$29,633,970.13**

Also enclosed are debit notes for back-up purposes

Please remit payment on or before May 27, 2009. If you have any further questions, please let us know.

Very truly yours,
Michael Berger, ARM

Assistant Vice President
Enclosures

Aon Risk Services
300 Jericho Quadrangle, Suite 300 • PO Box 342 • Jericho, New York 11753
tel: 516.342.2700 • fax: 516.342.2727 • www.aon.com

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 **Fax: (516) 342-4727**

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3845
Date of Invoice: 4/27/2009

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700109	**Contractors Insurance Program** **MASTER CIP PROGRAM** General Liability			
		2,500,000 XS 500,000	$ 61,553,898.00		
		ELANY			
		Stamping Fee			
		Total Due			**$ 20,517,970.00**
	Installments	Due Date			
	$ 20,517,963.95	7/1/2007			
	$ 20,517,963.95	6/1/2008			
	$ 20,517,970.00	**6/1/2009**			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2007 renewal 1st layer, 3rd installment invoice # 3845)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 **Fax: (516) 342-2727**

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3846
Date of Invoice: 4/27/2009

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Various Lloyds syndicates WE 0700107	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability			
		22,000,000 XS 3,000,000	$ 22,869,000.00		
		ELANY			
		Stamping Fee			
		Total Due			**$ 7,623,001.52**
	Installments	Due Date			
	$ 7,622,999.24	7/1/2007			
	$ 7,623,000.00	6/1/2008			
	$ 7,623,001.52	**6/1/2009**			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2007 renewal 22M XS 3M 3rd installment)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-1727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3847
Date of Invoice: 4/27/2009

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Various Lloyds syndicates WE 0700107	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability - Non- TRIA			
		22,000,000 XS 3,000,000 ELANY	$ 231,000.00		
		Stamping Fee			
		Total Due			**$ 77,000.02**
	Installments	Due Date			
	$ 76,999.99	7/1/2007			
	$ 77,000.00	6/1/2008			
	$ 77,000.02	**6/1/2009**			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 22M XS 3M non tria, 3rd installment)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 **Fax: (516) 342-2727**

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3848
Date of Invoice: 4/27/2009

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700108	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability			
		25,000,000 XS 25,000,000	$ 2,124,000.00		
		ELANY			
		Stamping Fee			
		Total Due			$ **707,999.29**
	Installments	Due Date			
	$ 708,001.42	7/1/2007			
	$ 708,000.00	6/1/2008			
	$ 707,999.29	**6/1/2009**			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M Lexington 3rd installment)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 **Fax: (516) 342-2727**

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3849
Date of Invoice: 4/27/2009

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lloyds Syndicates WE 0700108	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability			
		25,000,000 XS 25,000,000	$ 2,102,760.00		
		ELANY Stamping Fee			
		Total Due			**$ 700,919.30**
	Installments	Due Date			
	$ 700,921.40	7/1/2007			
	$ 700,919.00	6/1/2008			
	$ 700,919.30	**6/1/2009**			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2007 renewal 25M XS 25M Lloyds, 3rd installment)

Aon
300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753
Tel: (516) 342-2700
Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3850
Date of Invoice: 4/27/2009

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2007 to 6/1/2010	Lexington WE 0700108	**Contractors Insurance Program** **MASTER CIP PROGRAM** TRIA			
		25,000,000 XS 25,000,000	$ 21,240.00		
		ELANY			
		Stamping Fee			
		Total Due			$ **7,080.00**
	Installments	Due Date			
	$ 7,080.01	7/1/2007			
	$ 7,080.00	6/1/2008			
	$ 7,080.00	**6/1/2009**			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2007 renewal 25M XS 25M TRIA, 3rd installment)

Transaction Detail Advice Report

Bank Name	CITIBANK	
Customer Number / Name	5001201	THE PORT AUTHORITY OF NY AND NJ
Branch Number / Name	930	NEW YORK CITIBANK - CORPORATE
Account Number / Name	40570569	PA OF NY NJ/PORT AUTH OF NY NJ
Account Currency / Type	USD	
Bank Reference		
Customer Reference	Exemption (1/4)	
Value Date	05/27/2009	
Statement Date	05/27/2009	
Entry Date	05/27/2009	
Posted Time	02:49	
Product Type	**Funds Transfer**	
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)	
Transaction Amount	**29,633,970.23-**	
Payment Details	CONTACT: ALLAN SVIDRO 212-435-5817 GENERAL INSURANCR 6/1/09-6/1/10 MASTER CIP PROGRAM	
Batch/Track Number	650000000571	
Beneficiary Account/ID		
Name/Address	AON RISK SERVICES NORTHEAST INC AON RISK SRVCS ATTN FELICIA COIT 10461 MILL RUN CIRCLE OWINGS MILLS MD 21117 USA	
Ordering Party Account/ID		
Name/Address	PORT AUTHORITY OF NY & NJ ATTENTION; FINANCIAL ACCOUNTING SECTION ONE PATH PLAZA/7TH FL	

Credit Count	Total Credit Amount	Debit Count	Total Debit Amount	Cheque Count	Cheque Amount	Net Amount
0	0.00	1	29,633,970.23	0	0.00	29,633,970.23-

2010 - 2011

THE PORT AUTHORITY OF NY & NJ

MEMORANDUM
TREASURY DEPARTMENT

TO: Cassandra Harris
FROM: Allan Svidro
DATE: June 21, 2010
SUBJECT: **WIRE TRANSFER OF FUNDS – CONTRACTORS' INSURANCE PROGRAM (MASTER-CIP) EFFECTIVE JUNE 1, 2010 TO JUNE 1, 2011**

COPY TO: V. Biddle, F. Bricourt, J. Corbleys, J. Tomasulo, J. Huxel, O. Jacobs, A.M. Mulligan

In reference to the April 26, 2006 Board Meeting authorizing the placement of coverage for Contractors' Insurance Program (Master-CIP), please release a wire transfer in the amount of $13,869,355.27 on Wednesday June 23, 2010 as per the following instructions.

Amount of Transfer: $13,869,355.27

Date of Transfer: Wednesday June 23, 2010

Beneficiary Account Name: Aon Risk Services, Inc. of New York
Beneficiary Account Number: Exemption (1/4)

Invoices: 3874,3875A,3876
Contact: Michael Berger

Should you have any questions on this matter, please call me at 435-5817

Allan Svidro
Risk Financing

6/22/10
Approved Date

Veronica Biddle 6/23/10
Approved Date

THE PORT AUTHORITY OF NY & NJ
INSURANCE AUTHORIZATION

Treasury Department
Auth. No. 6640

VENDOR / BROKER: Aon Group, Inc.
300 Jericho Quadrangle, Suite 300
P.O. Box 342
Jericho, New York 11753
Attn: Jim Hayes

3/18/2010
F:Ins'Auth'x

- Original
- Copy - Fin Acctng
- Copy - Risk Mgmt'1
- Copy - Risk Mgmt'2

For the Purchase and/or Renewal of the following Insurance:

COVERAGE:
Contractor Insurance Program - Master CIP - Excess Liability, General Liability.

LOCATION:
All PA Facilities

AMOUNTS OR LIMITS:
Excess Liability $22M x/o $3M; $25M x/o $25M

TERM:
YEARS... 1 MONTHS.... 0 | FROM.... June 1, 2010 TO.... June 1, 2011

DESCRIPTION AND AMOUNT OF PREMIUM PAYABLE:

The Contractor Insurance Program - MASTER CIP - Premium Payments.

Coverage	Invoice No.	Premium $$ Payable
General Liability, $2.5M XS $500K Lexington W01000199	3874	9,732,215.27
Excessl Liability, $22M x/o $3M Lloyds Syndicates WE1000200	3875A	3,362,700.00
Excessl Liability, $25M x/o $25M Lexington WE0700108-02	3876	774,440.00
		13,869,355.27

POLICY NO. See Attached Invoices. INSURER: See Attached Invoices.

PREPARED BY: A. Svidro DATE: 6/22/10

C Code	B Area	G/L A/C	Cost Center	Intern Order	PREMIUM
1000	C	120002			$13,869,355.27
Facility Cost Allocations Attached.					

MANAGER, RISK MANAGEMENT

Veronica Riddle
ASST. TREASURER

SPECIAL AUTHORIZATION:

Approved by the Committee on Finance at its meeting of August 4, 2004. Memo: Mulligan to Eastman, August 31, 2004.

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3874
Date of Invoice: 6/18/2010

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2010 to 6/1/2011	Lexington WE 1000199	Contractors Insurance Program MASTER CIP PROGRAM General Liability			
		2,500,000 XS 500,000	$ 9,550,751.00		
		ELANY	$ 171,913.52		
		Stamping Fee	$ 9,550.75		
		Total Due	$ 9,732,215.27		$ 9,732,215.27

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2010 renewal 1st layer)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3875A
Date of Invoice: 6/18/2010

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2010 to 6/1/2011	Various Lloyds syndicates WE 1000200	**Contractors Insurance Program MASTER CIP PROGRAM** Excess Liability			
		22,000,000 XS 3,000,000	$ 3,300,000.00		
		ELANY	$ 59,400.00		
		Stamping Fee	$ 3,300.00		
		Total Due	**$ 3,362,700.00**		**$ 3,362,700.00**

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2010 renewal 22M XS 3M)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3876
Date of Invoice: 6/18/2010

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2010 to 6/1/2011	Lexington and Lloyds WE 1000201	Contractors Insurance Program MASTER CIP PROGRAM Excess Liability			
		25,000,000 XS 25,000,000	$ 760,000.00		
		ELANY	$ 13,680.00		
		Stamping Fee	$ 760.00		
		Total Due	$ 774,440.00		$ 774,440.00

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2010 renewal 25M XS 25M Lexington)

Transaction Detail Advice Report

Bank Name	CITIBANK	
Customer Number / Name	5001201	THE PORT AUTHORITY OF NY AND NJ
Branch Number / Name	930	NEW YORK CITIBANK - CORPORATE
Account Number / Name	40570569	PA OF NY NJ/PORT AUTH OF NY NJ
Account Currency / Type	USD	
Bank Reference	Exemption (1/4)	
Customer Reference		
Value Date	**06/23/2010**	
Statement Date	06/23/2010	
Entry Date	06/23/2010	
Posted Time	15:14	
Product Type	**Funds Transfer**	
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)	
Transaction Amount	**13,869,355.27-**	
Payment Details	CONTACT: ALLAN SVIDRO 212-435-5817	
Batch/Track Number		
Beneficiary Account/ID		
Name/Address	AON RISK SERVICES NORTHEAST INC AON RISK SRVCS ATTN FELICIA COIT 10461 MILL RUN CIRCLE OWINGS MILLS MD 21117 USA	
Ordering Party Account/ID		
Name/Address	PORT AUTHORITY OF NY & NJ ATTENTION; FINANCIAL ACCOUNTING SECTION ONE PATH PLAZA/7TH FL	

Credit Count	Total Credit Amount	Debit Count	Total Debit Amount	Cheque Count	Cheque Amount	Net Amoun
0	0.00	1	13,869,355.27	0	0.00	13 869,355.27-

THE PORT AUTHORITY OF NY & NJ

MEMORANDUM
TREASURY DEPARTMENT

TO: Cassandra Harris
FROM: Allan Svidro
DATE: June 21, 2010
SUBJECT: **WIRE TRANSFER OF FUNDS – CONTRACTORS' INSURANCE PROGRAM (MASTER-CIP) EFFECTIVE JUNE 1, 2010 TO JUNE 1, 2011**

COPY TO: V. Biddle, F. Bricourt, J. Corbley, J. Hogan, J. Huxel, O. Jacobs, A.M. Mulligan

In reference to the April 26, 2006 Board Meeting authorizing the placement of coverage for Contractors' Insurance Program (Master-CIP), please release a wire transfer in the amount of $700,000 on Wednesday June 23, 2010 as per the following instructions.

Amount of Transfer: $700,000

Date of Transfer: Wednesday June 23, 2010

Beneficiary Account Name: Aon Limited
Beneficiary Account Number: Exemption (1/4)

Policy #: WE 1000205
Contact: Ian Hacker, Rachel Mora

Should you have any questions on this matter, please call me at 435-5817

Allan Svidro
Risk Management

6/23/10
Approved Date

Veronica Biddle 6/23/10
Approved Date

THE PORT AUTHORITY OF NY & NJ
INSURANCE AUTHORIZATION

Treasury Department
Auth. No. 5641

6 18/2010
Fins'Auth'x

- [ ] Original
- [ ] Copy - Fin Acc'ng
- [ ] Copy - Risk Mgmt'1
- [ ] Copy - Risk Mgmt'2

VENDOR / BRDKER: Aon Limited (XL Insurance Company)
Hexagon House
5 Mercury Gardens
Romford
Essex RM1 3EL

For the Purchase and/or Renewal of the following Insurance:

COVERAGE:
Contractor Insurance Program - Master CIP - Excess Liability

LOCATION:
All PA Facilities

AMOUNTS OR LIMITS:
Excess Liability $22M x/o $3M

TERM:
YEARS... 1 MONTHS.... 0 | FROM.... June 1, 2010 TO.... June 1, 2011

DESCRIPTION AND AMOUNT OF PREMIUM PAYABLE:

The Contractor Insurance Program - MASTER CIP - Premium Payments.

Coverage	Invoice No.	Premium $$ Payable
Excess Liability, $22M x/o $3M XL Insurance Company WE1000205	WP7J01444	700,000.00
		700,000.00

POLICY NO. See Attached Invoices. INSURER: See Attached Invoices.

PREPARED BY: A. Svidro DATE: 6/22/10

C Code	B Area	G/L A/C	Cost Center	Intern Order	PREMIUM
1000	C	120002			$700,000.00
Facility Cost Allocations Attached.					

MANAGER, RISK MANAGEMENT

Veronica Holder
ASST. TREASURER

SPECIAL AUTHORIZATION:

Approved by the Committee on Finance at its meeting of August 4, 2004. Memo: Mulligan to Eastman, August 31, 2004.

Aon Limited

Hexagon House
5 Mercury Gardens
Romford
Essex RM1 3EL

Tel : 01708 780333
Fax : 01708 727160
Extension : 2724
VAT Regd. No. 480 8401 48

CONTACT: RACHEL MORA

DEBIT NOTE

PORT AUTHORITY NEWYORK & NEW JERSEY
225 PARK AVENUE SOUTH
12TH FLOOR
NEW YORK
NEW YORK NY 10003
USA

YOUR REFERENCE : PONY

POLICY NUMBER : WE1000205

TRANSACTION NUMBER: WP7J01444

ASSURED	: PORT AUTHORITY NEWYORK & NEW JERSEY
PERIOD	: FROM 1ST JUNE 2010 TO 1ST JUNE 2011
INTEREST	: EXCESS LIABILITY INSURANCE - 2010 - 2011
LIMITS	: USD 22,000,000 EXCESS OF USD 3,000,000
DETAILS	: PREMIUM IN FULL FOR THE ABOVE PERIOD.
TYPE OF ENTRY	: FLAT PREMIUM
ORDER HERETO	: 17.5000000X
CLIENT AMOUNT	: USD700,000.00DR

IF AMOUNT DUE HAS NOT ALREADY BEEN PAID WE SHALL BE
GRATEFUL IF YOU WILL ARRANGE PAYMENT AS SOON AS POSSIBLE

DATE: 18TH JUNE 2010

Transaction Detail Advice Report

Bank Name	CITIBANK	
Customer Number / Name	5001201	THE PORT AUTHORITY OF NY AND NJ
Branch Number / Name	930	NEW YORK CITIBANK - CDRPORATE
Account Number / Name	40570569	PA OF NY NJ/PORT AUTH OF NY NJ
Account Currency / Type	USD	
Bank Reference		
Customer Reference	Exemption (1/4)	
Value Date	**06/23/2010**	
Statement Date	06/23/2010	
Entry Date	06/23/2010	
Posted Time	15:15	
Product Type	**Funds Transfer**	
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)	
Transaction Amount	**700,000.00-**	
Payment Details	CONTACT: ALLAN SVIDRO 212-435-5817 POL# WE 1000205	
Batch/Track Number		
Beneficiary Account/ID		
Name/Address	AON LIMITED	
Beneficiary Bank Account/ID	10928048	
Name/Address	ROYAL BANK OF SCOTLAND LTD. INTERNATIONAL DIV. LONDDN OFFICE 67 LOMBARD STREET LONDON EC3P 3DL ENGLAND	
Ordering Party Account/ID		
Name/Address	PORT AUTHORITY OF NY & NJ ATTENTION; FINANCIAL ACCOUNTING SECTION ONE PATH PLAZA/7TH FL	

Credit Count	Total Credit Amount	Debit Count	Total Debit Amount	Cheque Count	Cheque Amount	Net Amount
0	0.00	1	700,000.00	0	0.00	700,000.00-

2011 - 2012

THE PORT AUTHORITY OF NY & NJ

MEMORANDUM
TREASURY DEPARTMENT

TO: Cassandra Harris
FROM: Allan Svidro
DATE: June 23, 2011
SUBJECT: **WIRE TRANSFER OF FUNDS – CONTRACTORS' INSURANCE PROGRAM (MASTER-CIP) EFFECTIVE JUNE 1, 2011 TO JUNE 1, 2012**

COPY TO: V. Biddle, F. Bricourt, J. Kournidakis, J. Tomasulo, J. Huxel, O. Jacobs, A.M. Mulligan

In reference to the April 26, 2006 Board Meeting authorizing the placement of coverage for Contractors' Insurance Program (Master-CIP), please release a wire transfer in the amount of $11,639,484 on Tuesday June 28, 2011 as per the following instructions.

Amount of Transfer: $11,639,484

Date of Transfer: Tuesday June 28, 2011

Beneficiary Account Name: Aon Risk Services, Inc. of New York
Beneficiary Account Number: Exemption (1/4)

Invoices: 3905,3906,3907
Contact: Michael Berger

Should you have any questions on this matter, please call me at 435-5817

Allan Svidro
Risk Financing

6/23/11
Approved Date

A M Mulligan 6/23/11
Approved Date

THE PORT AUTHORITY OF NY & NJ
INSURANCE AUTHORIZATION

Treasury Department
Auth. No. **6665**

6/23/2011
F=Ins'Auth'x

- Original
- Copy - Fin Acctng
- Copy - Risk Mgmt'1
- Copy - Risk Mgmt'2

VENDOR / BROKER: Aon Group, Inc.
300 Jericho Quadrangle, Suite 300
P.O. Box 342
Jericho, New York 11753
Attn: Jim Hayes

For the Purchase and/or Renewal of the following Insurance:

COVERAGE:
Contractor Insurance Program - Master CIP - Excess Liability, General Liability.

LOCATION:
All PA Facilities

AMOUNTS OR LIMITS:
Excess Liability $22M x/o $3M; $25M x/o $25M

TERM:
YEARS... 1 MONTHS.... 0 | FROM.... June 1, 2011 TO.... June 1, 2012

DESCRIPTION AND AMOUNT OF PREMIUM PAYABLE:

The Contractor Insurance Program - MASTER CIP - Premium Payments.

Coverage	Invoice No.	Premium $$ Payable
General Liability, $2.5M XS $500K Lexington WE1100226	3905	7,655,400.00
Excessl Liability, $22M x/o $3M Ltoyds Syndicates WE1100171	3906	3,212,800.00
Excess Liability, $25M x/o $25M Lexington WE1100200	3907	771,284.00
		11,639,484.00

POLICY NO. See Attached Invoices. INSURER: See Attached Invoices.

PREPARED BY: A. Svidro DATE: 6/23/11

C Code	B Area	G/L A/C	Cost Center	Intern Order	PREMIUM
1000	C	120002			$11,639,484.00
Facility Cost Allocations Attached.					

MANAGER, RISK FINANCING

TREASURER

SPECIAL AUTHORIZATION:

Approved by the Committee on Finance at its meeting of August 4, 2004.
Memo: Mulligan to Eastman, August 31, 2004.

AON

Port Authority of NY & NJ
Service Team

June 9, 2011

Mr. Jon Huxel
The Port Authority of NY & NJ
225 Park Avenue South
New York, NY 10003

Re: Contractors Insurance Program (Master CIP)
General and Excess Liability

Dear Jon,

Enclosed are the original invoices as respects the captioned programs as detailed below:

Invoice Number	Description	Amount
3905	$2.5M XS $500K Carrier: Lexington Eff: 06/01/2011 – 06/01/2014 First installment	$7,655,400
3906	Excess Liability $22M XS $3M Carrier: Lloyds Syndicates Eff: 06/01/2011 – 06/01/2014 First installment	$3,212,800
3907	Excess Liability $25M XS $25M Carrier: Lexington/Aspen/Aegis Eff: 06/01/2011 – 06/01/2014 First installment	$771,284
TOTAL DUE		**$11,639,484**

Also enclosed are debit notes for back-up purposes

Please remit payment on or before June 23, 2011. If you have any further questions, please let us know.

Very truly yours,
Michael Berger, ARM

Michael Berger

Assistant Vice President
Enclosures
Cc: Jim Hayes
Adrian Rabinowitz
Jeff Yuhasz

Aon Risk Services
300 Jericho Quadrangle, Suite 300 • PO Box 342 • Jericho, New York 11753
tel: 516.342.2700 • fax: 516.342.2727 • www.aon.com

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3905
Date of Invoice: 6/9/2011

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2011 to 6/1/2014	Lexington WE 1100226	**Contractors Insurance Program MASTER CIP PROGRAM** General Liability			
		2,500,000 XS 500,000	$ 23,750,000.00		
		ELANY	$ 478,800.00		
		Stamping Fee	$ 26,600.00		
		ELANY and Stamping fee are due in first installment			
		Total Due	**$ 24,255,400.00**		
	installments				
	6/23/2011	$ 7,150,000.00			**$ 7 655,400.00**
	6/1/2012	$ 8,400,000.00			
	6/1/2013	$ 8,200,000.00			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\invoices\CIP Master GL June 1 2011 renewal 1st layer)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3906
Date of Invoice: 6/9/2011

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2011 to 6/1/2014	Lloyds- Aspen, Aegis, CV Starr, Generalli WE1100171	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability			
		22,000,000 XS 3,000,000	$ 10,000,000.00		
		ELANY	$ 201,600.00		
		Stamping Fee	$ 11,200.00		
		ELANY and Stamping fee are due in first installment			
		Total Due	**$ 10,212,800.00**		
	installments				
	6/23/2011	$ 3,000,000.00			**$ 3 212,800.00**
	6/1/2012	$ 3,750,000.00			
	6/1/2013	$ 3,250,000.00			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2011 renewal 22M XS 3M)

Aon

300 Jericho Quadrangle Suite 300
P.O. Box 342
Jericho N.Y. 11753

Tel: (516) 342-2700 Fax: (516) 342-2727

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003

Invoice No.: 3907
Date of Invoice: 6/9/2011

POLICY PERIOD	CARRIER & POLICY NO.	COVERAGE	PREMIUM	CREDIT	AMOUNT DUE
6/1/2011 to 6/1/2014	Lexington and Lloyds WE 1100227 WE 1100200	**Contractors Insurance Program** **MASTER CIP PROGRAM** Excess Liability			
		25,000,000 XS 25,000,000	$ 2,175,000.00		
		ELANY	$ 43,848.00		
		Stamping Fee	$ 2,436.00		
		ELANY and Stamping fee are due in first installment			
		Total Due	**$ 2,221,284.00**		
	installments				
	6/23/2011	$ 725,000.00			**$ 771,284.00**
	6/1/2012	$ 725,000.00			
	6/1/2013	$ 725,000.00			

PREMIUMS ARE DUE AND PAYABLE ON THE DATE INSURANCE BECOMES EFFECTIVE

(share\income schedules\Invoices\CIP Master GL June 1 2011 renewal 25M XS 25M Lexington and Lloyds)

Transaction Detail Advice Report

Exemption (1/4)

Bank Reference	
Customer Reference	
Value Date	06/28/2011
Statement Date	06/28/2011
Entry Date	06/28/2011
Posted Time	02:45
Product Type	Funds Transfer
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)
Transaction Amount	3,416,861.52-
Payment Details	CONTACT; SHONDELLE RODNEY 201_216_6403
Batch/Track Number	
Beneficiary Account/ID	
Name/Address	TUTOR PERINI CORPORATION
Beneficiary Bank Account/ID	0959
Name/Address	BANK OF AMERICA NA NY NEW YORK NY USA
Ordering Party Account/ID	
Name/Address	PORT AUTHORITY OF NY & NJ ATTENTION; FINANCIAL ACCOUNTING SECTION ONE PATH PLAZA/7TH FL
Bank Clearing ID	0101054
Clearing ID Type	

Bank Reference	
Customer Reference	
Value Date	06/28/2011
Statement Date	06/28/2011
Entry Date	06/28/2011
Posted Time	02:45
Product Type	Funds Transfer
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)
Transaction Amount	11,639,484.00-
Payment Details	CONTACT; ALLAN SVIDRO 212_435_5817 INVOICE# 3891
Batch/Track Number	
Beneficiary Account/ID	
Name/Address	AON RISK SERVICES NORTHEAST INC AON RISK SRVCS ATTN FELICIA COIT 10461 MILL RUN CIRCLE OWINGS MILLS MD 21117 USA
Ordering Party Account/ID	
Name/Address	PORT AUTHORITY OF NY & NJ ATTENTION; FINANCIAL ACCOUNTING SECTION ONE PATH PLAZA/7TH FL

Bank Reference	
Customer Reference	
Value Date	06/28/2011
Statement Date	06/28/2011
Entry Date	06/28/2011
Posted Time	02:46
Product Type	Funds Transfer
Transaction Description	SAME DAY DR TRANSFER (We Have Debited Your Account)
Transaction Amount	26,934,486.66-
Payment Details	CONTACT; ALLAN SVIDRO 212_435_5817 INVOICE# PROP/1112, TRIAPROP/1112
Batch/Track Number	