X

JOHN T. BARR
162 Brandywood Dr.
Easley, SC 29640

1 September 1995

Bruce Whitney, Esq.,
APCI
Allentown, Pa

Dear Bruce, Re: Ross v Conoco

My billings for the above case for the months of July and August are:

July	10-15	discussions, literature review	4 hours
	17-22	literature review, summary	14
August	1	telephone calls, update	1
	22	trip arrangements, update	1
	28-30	travel, meetings	26
	31	report	1
		Total	47
		Total time	$4700
		Direct expenses	364.58
		Total billed	$5064.58

Thank you for this opportunity. A separate report is being mailed to you.

Very truly yours,

JBarr

AP00056030

Instructions For Completion Of These Sections Can Be Found In The Expense Report Preparation Guidelines

EMPLOYEE EXPENSE REPORT

AIR PRODUCTS

AP00056031

NAME (LAST)	(FIRST)	(MI)	EMPLOYEE NO.	ORGANIZATION NAME	ORGANIZATION CODE	WORK PHONE	PERIOD COVERED FROM MONTH / DAY / YEAR	TO MONTH / DAY
Barr	John	T	90868			(803) 855 5084	07 / 28 / 95	08 / 31

BUSINESS PURPOSE FOR EXPENSES	FORWARD CHECK TO: STREET	CITY	STATE	ZIP CODE	LOCATION	MAIL
Ross J Conaro	162 Brandywood Dr	Easley	SC	29640		

EMPLOYEE OUT OF POCKET EXPENSES

DATE	LOCATION	TRANSPORTATION	TOLLS & PARKING	LODGING	TELEPHONE	ENTERTAINMENT	BUSINESS MEALS	MISCELLANEOUS	NOT TAX DEDUCTIBLE	DAILY TOTAL
28 Aug	Home - Wash, DC	19 23								19
29	Wash									—
30	Wash - Home	10 73	18 00	307 82			6 30	2		344
		2 96	18 00	307 82			6 30	2		(1) 344

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
009086

36282 8481 09 1000 247 62571

PASSENGER RECEIPT SITI

ARC

USAIR
ROSENBLUTH INTL TKTNG ALLENTOWN
BARR/JOHN T
GF19900199 A39833894 BARR/JOHN T
PAUS18AUG95 GSPCLTUS1820 Y28AU
6 5880/ XCLTDCAUS2300 Y28AU
YOUR RECEIPT DCACLTUS 917 Y30AU
LDM25 XCLTGSPUS 915 Y30AU

AUG GSP US X/CLT
211.91 USD423.82

PAID 3#
B....260No.
95-08-30I
030-21:10EX
028-12:58EN
C...18.00$

US42.38
XE3.00 3916946247
USD469.20

0 037 1423406087 6
NOT VALID FOR TRAVEL
0 037 1423406087 6

Total Out-Of-Pocket Expenses - This Report (From Line 1)		$ 364
Leased Company Car Expenses (Form 5200 - attached)	(2)	
Total Expenses Paid By Employee (Sum of Lines 1 & 2)	(3)	
Less: Outstanding Advances Due Company*	(4)	
Total Reimbursement Due Employee (If Line 3 Is Greater Than Line 4		$ 364
*Attach a copy of each Travel Authorization, Form 5001 (yellow copy).		☐ Cash ☒ Ch
Total Funds Due Company (If Line 4 Is Greater Than Line 3)		$

SIGNATURES/APPROVALS

EMPLOYEE DATE Sept 95

APPROVED EMPLOYEE NO. DATE

TRANSPORTATION

DATE	DESCRIPTION	CODE	AMOUNT	
28		D	9	
		B	10	73
30		B	10	73

Via Codes: A = Rental Car B = Personal Car C = Limo D = Taxi E = Plane F = Train G = Other

TOTAL 30 46

NOT TAX DEDUCTIBLE

DATE	DESCRIPTION	AMOUNT

TOTAL

ENTERTAINMENT

DATE	TYPE OF ENTERTAINMENT	LOCATION – NAME AND CITY	GUESTS – NAME AND COMPANY	PURPOSE	AMOUNT

TOTAL

BUSINESS MEALS

DATE	TYPE OF MEAL	LOCATION – NAME AND CITY	EMPLOYEES – NAME AND DEPARTMENT	PURPOSE	AMOUNT

MISCELLANEOUS

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION

AP00056032

JW MARRIOTT HOTEL
ON PENNSYLVANIA AVENUE

1331 Pennsylvania Avenue, N.W., Washington, D.C.
202.393.2000 FAX: 202.626.6991

GUEST FOLIO

405 BARR/JOHN 129.00 08/30/95 07:24 ACCT# 17712

ROOM NAME RATE DEPART TIME

NKG 1 08/28/95 16:35

TYPE ARRIVE TIME

37 AIR PRO AND CHEMICAL
ALLENTOWN PA DS6011002236505913 /0298
18198 HG#:

CLERK ADDRESS

DATE		REFERENCE	CHARGES	CREDITS	BALANCE DUE
08/28	ROOM.	405, 1	129.00		
08/28	RM.TX	405, 1	17.97		
08/29	NATLCAFE	5652 405	13.88		
08/29	ROOM.	405, 1	129.00		
08/29	RM.TX	405, 1	17.97		
08/30	CCARD-DS			307.82	
					.00

JW MARRIOTT HOTEL
ON PENNSYLVANIA AVENUE

1331 Pennsylvania Avenue, N.W., Washington, D.C. 20004
202.393.2000 FAX: 202.626.6991

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. [The credit card company will bill in the usual manner.] If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X ______________________________

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