MCA EXPENSE STATEMENT

NAME: Hasmukh C. Shah | DATE(s): April 13-15, 1980

FOR: Site visit to: Bio/Test Labs | PLACE(s): Northbrook, Illinois

	Charged (To be paid direct by MCA)	For Reimbursement
Transportation: *state mode of travel (vouchers attached)*	$ 224.00	$
American #637 Washington/Chicago, roundtrip		
National Car Rental		81.56
Hotels: *name & city (vouchers attached)*		
Holiday Inn Highland Park, Illinois		$71.28
Meals: *(including meal tips)*		$16.00
Taxis: *(detail on reverse side)*		
Entertainment: *(detail on reverse side)*		44.31
Other: *(detail on reverse side)*		13.50

Unused transportation tickets for refund herewith (list):

Charge to VC

TOTAL	$ 226.65
LESS ADVANCES	
BALANCE	$ 226.65

THIS SPACE FOR ACCOUNTING OFFICE USE					
Memo Account Number	Memo Account Amount	ACCOUNT NUMBER	✓	LEDGER DESCRIPTION	AMOUNT
	$				$

2/78-2M

I hereby certify that the above expenses were necessary and proper in the conduct of business for Manufacturing Chemists Association

Signed: Hasmukh Shah 4/19

H. C. Shah

Authorized by

G. V. Cox

Manager of Staff Services

Approved (over $250)

(Officer)

Approved ($1,000)

(Officer)

Check signed by:

&

Revised 2/78

CMA 117543

Date	Details (see below)	Taxis	Entertainment	Other
		$	$	$
4/13/80	HC Shah w/ JT Seawell Dinner		34.31	
4/14	HC Shah w/ JT Seawell Breakfast		10.00	
4/15	Parking System Auto Parks, Wash. Nat. Airport			13.50
	TOTALS - Forwarded to Front Side	$	$ 44.31	$ 13.50

Details: Business purpose on each entry, unless self-evident.

Taxis — Terminal points and name and business affiliation of each person, if any, in addition to self.

Entertainment — Place, name and business affiliation of each guest; self listed if included in expenditure. Receipts attached for each case involving more than $25 (required by IRS).

Other — Appropriate identification. For dues - period covered and percentage charged to MCA.

Separate statement for each out-of-town trip, to include all expenses whether paid direct or charged. Calendar month statements for miscellaneous local expenses.

MCA OFFICE MANUAL PROVIDES GENERAL INSTRUCTI NS AND LIMITATIONS ON REIMBURSABLE EXPENSE

MCA EXPENSE STATEMENT

NAME: Hasmukh C. Shah DATE(s): April 13-15, 1980

FOR: Site visit to: Bio/Test Labs PLACE(s): Northbrock, Illinois

	Charged (To be paid direct by MCA)	For Reimbursement
Transportation: state mode of travel (vouchers attached)	$ 224.00	$
American #637 Washington/Chicago, roundtrip		
National Car Rental		81.56
Hotels: name & city (vouchers attached)		
Holiday Inn Highland Park, Illinois		$71.28
Meals: (including meal tips)		$16.00
Taxis: (detail on reverse side)		
Entertainment: (detail on reverse side)		44.31
Other: (detail on reverse side)		13.50

Unused transportation tickets for refund herewith (list):

Charge all to VC Proise

TOTAL	$ 226.65
LESS ADVANCES	
BALANCE	$ 226.65

THIS SPACE FOR ACCOUNTING OFFICE USE

Memo Account Number	Memo Account Amount	ACCOUNT NUMBER	✓	LEDGER DESCRIPTION	AMOUNT
	$				$

I hereby certify that the above expenses were necessary and proper in the conduct of business for Manufacturing Chemists Association

Signed:

H. C. Shah

Authorized by

G. V. Cox

Manager of Staff Services

Approved (over $250)

(Officer)

Approved ($1,000)

(Officer)

Check signed by:

&

2/78-2M

Revised 2/78

CMA 117545

Date	Details (see below)	Taxis	Entertainment	Other
~~4/13/80~~	~~HC Shah w/ JT Seawell Dinner~~	$	$ 34.31	$
4/14	HC Shah w/ JT Seawell Breakfast		10.00	
~~4/15~~	~~Parking System Auto Parks, Wash. Nat. Airport~~			13.50
	TOTALS - Forwarded to Front Side	$	$ 44.31	$ 13.50

Details: Business purpose on each entry, unless self-evident.

Taxis — Terminal points and name and business affiliation of each person, if any, in addition to self.

Entertainment — Place, name and business affiliation of each guest; self listed if included in expenditure. Receipts attached for each case involving more than $25 (required by IRS).

Other — Appropriate identification. For dues - period covered and percentage charged to MCA.

Separate statement for each out-of-town trip, to include all expenses whether paid direct or charged. Calendar month statements for miscellaneous local expenses.

MCA OFFICE MANUAL PROVIDES GENERAL INSTRUCTIONS AND LIMITATIONS ON REIMBURSABLE EXPENSE

COMPANY (RENTOR) (02) CITY NO. STA. NO. (01) R.A. NO.

NATIONAL CAR RENTAL SYSTEM, INC.
O'HARE INTERNATIONAL AIRPORT
P.O. BOX 66064
CHICAGO, ILLINOIS 60666
TEL: 312/686-7722

011 Nº 1169812 0

(05) CAR NO.	112136
(10) CAR WILL BE RETURNED TO CITY	
CAR WILL BE RETURNED BY DATE	4-15-80
CAR MODEL	
CAR LIC. NO. / STATE	
OWNING CITY NO.	

MILEAGE DETERMINED BY READING FACTORY INSTALLED ODOMETER

MILES IN	5 8 6 5
MILES OUT	5790
MILES DRIVEN	7 5
MILES ALLOWED	
MILES CHARGED	7 5

(04) ALTERNATE R.A. NO

CAR CHECKED IN AT: CHICAGO

(36) CHECK-IN CITY NO. 0 1 1 STATION NO. 0 4

STAMPS ON TIME/MILES ISSUE 700 TO BE MAILED

PREPARED BY / COMPUTED BY

(37) DATE/TIME IN: 1541 04-15-80

(15) DATE/TIME OUT: 1525 APR 13

(67) CREDIT CARD IMPRINT

3720 421549 21003

003/80 THRU 03/81 80 AX

HHASNUKH SHAH

ALTERNATE CAR AND DATE

MILES IN / MILES OUT / MILES DRIVEN

75	MILES @	.40	(41)	30.00
2	DAYS @	27.95	(42)	55.90
	WEEKS @	230.65	(43)	
1	EXTRA HOURS @	8.25	(44)	8.25
VAC / SPC / WE / HOL	(86)		(45)	
		SUB-TOTAL	(46)	104.15
		RATE CODE	(47)	31.25
		TOTAL TIME AND MILEAGE OR MINIMUM CHARGE	(48)	72.90
		INTER-CITY FEE	(49)	
		C. DAYS WEEKS D. W. 3.00 & 21.00	(50)	
		GAS REPLACEMENT TAXABLE PER MILE	(51)	
		SUB-TOTAL		72.90
		(52) TAX 2 %		1.46
		C. DAYS WEEKS	(53)	
		GAS REPLACEMENT NON-TAXABLE PER MILE		7.20
		P. DAYS WEEKS A. I. 1.00 & 7.50	(54)	
		TOTAL CHARGES	(55)	81.56
		MISC. CREDITS	(56)	
		MISC. CHARGES	(80)	
		NET CHARGE	(57)	81.56
		LESS DEPOSIT	(59)	
		AMOUNT DUE (IN U.S. $)	(60)	81.56

(74) N.C.R. C.B. | AMERICAN EXPRESS A.X. | CARTE BLANCHE B.L. | DINERS D.N. | VISA B.A. | MASTER CHARGE M.C. | LOCAL REC. L.C.
AVIS AV | AIR TRAVEL A.T. | HERTZ H.Z. | EUROPCAR E.C. | TILDEN T.L. | OTHER

(75) AUTHORIZATION NO. | (96) RECAP NO. 6100154

BILL DIRECT ADDRESS:
(68) YOUR COMPANY'S NAME
(69) RENTER'S (CUSTOMER'S) NAME (Full) UAL
(70) ADDRESS
(71) CITY (72) STATE (73) ZIP

BIRTHDATE 12/3/39 | HEIGHT | WEIGHT | EYES | HAIR

DRIVER'S LICENSE NO. STATE

EXPIRATION DATE | HOME AND/OR BUSINESS PHONE 703-757-3785

RENTER'S (CUSTOMER) NAME H. SHAH

ADDRESS 10623 CAVALCADE

CITY STATE ZIP

LOCAL ADDRESS PHONE NO.

I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND AGREE THERETO. RENTER'S SIGNATURE X

ADDITIONAL DRIVER PRINT NAME ALSO

SIGNATURE

ACCEPTS C.D.W. | C.D.W. | DECLINES C.D.W.

COLLISION DAMAGE WAIVER

BY INITIALS CUSTOMER ACCEPTS OR DECLINES C.D.W. AT RATE SHOWN IN COLUMNS 50 OR 53. SEE PARAGRAPH 4(b), ON REVERSE SIDE. C.D.W. APPLICABLE ONLY IF ACCEPTED. C.D.W. IS NOT INSURANCE. WHEN C.D.W. NOT ACCEPTED, LIABILITY WILL NOT EXCEED $350 UNLESS CONTRACT IS VIOLATED.

GAS INCLUDED | NO GAS INCLUDED

GASOLINE QUANTITY OUT IN

ACCEPTS P.A.I. | P.A.I. PERSONAL ACCIDENT INSURANCE | DECLINES P.A.I.

CUSTOMER ACCEPTS OR DECLINES P.A.I. AT RATE SHOWN IN SEPARATE BROCHURE. ACCEPTANCE IS PROOF OF COVERAGE UNDER POLICY ISSUED TO LESSOR AS OUTLINED IN SEPARATE BROCHURE.

(16) CASH | COUPON | N.C.R.

(17) $ ORIGINAL DEPOSIT (58) $ ADDITIONAL

INVOICE SUBJECT TO FINAL AUDIT (SEE PG 1, PARA 4d)
MINIMUM RENTAL—ONE DAY PLUS MILEAGE.
INTERCITY FEE MAY BE APPLIED IF VEHICLE IS NOT RETURNED TO LOCATION SPECIFIED ABOVE.
CUSTOMER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS (SEE PG 1, PARA 6a)
LESSOR'S INSURANCE VOID IN MEXICO (SEE PG 1, PARA 5e)
NO REIMBURSEMENT WILL BE MADE WITHOUT GAS RECEIPTS.
SEE PAGE 1 (REVERSE SIDE)

(63) UNUSED DEPOSIT $
(64) GAS, ETC. $
(65) TOTAL REFUND $

(51) PAID BY: CASH OR CHECK | BILL DIRECT | CREDIT CARD CHARGE

REFUND RECEIVED BY: X | STAMP | DATE

COMMENTS (99)

CITY NAME AND ADDRESS

RENTAL AGREEMENT NO.

011 Nº 1169812 0

CHICAGO, ILLINOIS 60666

THIS RENTAL AGREEMENT NO. MUST APPEAR ON ALL PAYMENTS AND CORRESPONDENCE.

NATIONAL CAR RENTAL | europcar

In Canada, It's TILDEN

Make check payable to NATIONAL CAR RENTAL
Mail to 5501 GREEN VALLEY DRIVE, MINNEAPOLIS, MINN 55437
PLEASE DETACH AND RETURN THIS STUB WITH PAYMENT

PAGE TWO (FRONT SIDE)
GOLDENROD CUSTOMER MEMO 5

CMA 117547

SOLD SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

AMERICAN AIRLINES 0011 ATC

PASSENGER TICKET AND BAGGAGE CHECK PASSENGER'S COUPON

See below for Airline Form, Serial Number

9 APR 80

FROM TO	CARRIER	FARE CALCULATION
WAS		
CHI	AA	11200
WAS	AA	11200

UNIVERSAL TRVL SERVICE INC WASHINGTON DC 09 90817 6 A

NAME OF PASSENGER: SHAH H DR

NOT VALID BEFORE: 2 3 4

NOT VALID AFTER: 2 3 4

NOT GOOD FOR PASSAGE	FARE BASIS	CARRIER	FLIGHT CLASS	DATE	TIME	STATUS
FROM VOID						
TO VOID						
WASHINGTON NATN	Y	AA	637Y	13APR	200P	OK
CHICAGO OHARE	Y	AA	268Y	14APR	645P	OK
WASHINGTON NATN						

FORM OF PAYMENT: AGENCY CHECK

FARE: 22400

207.40
16.60

TOTAL: 224.00

AIRLINE CODE: 001

FORM AND SERIAL NUMBER: 8862634709 5

Universal Travel Service, Inc.

UNIVERSAL BUILDING
1825 CONNECTICUT AVENUE, N. W.
WASHINGTON, D. C. 20009

NORTH 7-3202

C.M.A.
Washington, D.C.

April 9, 1980

Dr. H. Shah
American 637 - Apr13
Washington/Chicago, roundtrip
Economy class, all year
Ticket # 0018862-634709 $ 224.00

Please pay from this bill, as statements are not rendered.

CMA 117548

Cardmember Acct. No.
3720 421549 21003

AP 1

Cardmember
03/80 THRU 03/81 60 AX

Approval Code
91455

Check or Bill No.

HASMUKH SHAH

Service Establishment

Date of Charge

HY [illegible]

[illegible]

C11293370[illegible] BROOK 4 13 80

3121031447 IL

Any delayed charges are listed below

Merchandise/Services 27 65

Type of Delayed Chg.

Taxes 1 66

Amt. of Delayed Chg.

Tips/Misc. 5 00

Revised Total

Establishment agrees to transmit to American Express Company (Amexco) or Authorized Representative for payment. Merchandise and/or service purchased on this card shall not be resold or returned for cash refund.

Cardmember Signature

X Hasmukh Shah

Total 34 31

Amexco Use Only

Equivalent Amount

Invoice Number

AMERICAN EXPRESS

910491

Please Print Firmly

Cardmember Copy

Record of Charges

ROC Form 20249-SR-Rev. 4-78 Printed in USA 9-79

Cardmember Acct. No.
3720 421549 21003

Cardmember
03/80 THRU 03/81 60 AX

Approval Code
[illegible]

Check or Bill No.

HASMUKH SHAH

Service Establishment

Date of Charge

[illegible]

[illegible]

11293370[illegible] BROOK 4 14 80

121031447 IL

Any delayed charges are listed below

7 75

Merchandise/Services 67

Type of Delayed Chg.

Taxes

Amt. of Delayed Chg.

Tips/Misc. 1 78

Revised Total

Establishment agrees to transmit to American Express Company (Amexco) or Authorized Representative for payment. Merchandise and/or service purchased on this card shall not be resold or returned for cash refund.

Cardmember Signature

Hasmukh Shah

Total 10 00

Amexco Use Only

Equivalent Amount

Invoice Number

AMERICAN EXPRESS

910500

Please Print Firmly

Cardmember Copy

Record of Charges

ROC Form 20249-SR-Rev. 4-78 Printed in USA 9-79

CMA 117549

ROOM	LAST NAME	INITIALS	RATE	OUT DATE

01-013130

A	C	STREET	IN DATE

CITY STATE

TRANSFERRED FROM FOLIO NO

DATE	TO ROOM	RATE

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK UP
					C* .00
		2.		35.04	

3720 421549 21003

03/80 THRU 03/81 80 AX

HASMUKH SHAH

HI HP 150004984
1598 712050390
HILN 2612106795
PKIL 5402740905

DATE OF CHARGE 4 13 80

TYPE OF CREDIT CARD: AX

FOLIO OR CHECK NO. 013130

AUTHORIZATION INITIAL

CARD MEMBER'S SIGNATURE X Hasmukh Shah

TOTAL AMOUNT 35.04

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

INVOICE NO.

276058

CARD MEMBER'S COPY

PAY LAST AMOUNT IN THIS COLUMN

Holiday Inn®

P. & S. MANAGEMENT CO., INC.
ROSEMONT, ILL. 60018

HIGHLAND PARK
LAKE-COOK ROAD AND EDENS EXPRESSWAY
P. O. BOX 250
HIGHLAND PARK, ILLINOIS 60036
(312) 835-4000

NAME (PLEASE PRINT) Hasmukh Shah	BILL TO 01-013130
STREET 10693 Cavalcade St.	
CITY Great Falls STATE Va 22066	STREET
REPRESENTING Chem. Mfrs Assoc.	CITY STATE
GUEST'S SIGNATURE x Hasmukh Shah	GUEST'S SIGNATURE x

DATE	NO. OF ADULTS IN PARTY	CHILDREN UNDER 12	MAKE OF CAR	STATE & LICENSE NO.
4/13	1			

ROOM	RATE	ARRIVE	DEPART	DAYS	CLERK
204	33	4/13	4/14	1	Bud

RESERVATION YES ☐ NO ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ OTHER ☐

A SAFE IS PROVIDED FOR THE DEPOSIT OF VALUABLES - THE MANAGEMENT CANNOT BE RESPONSIBLE FOR VALUABLES NOT LEFT IN THE SAFE. BILLS ARE PAYABLE UPON PRESENTATION OR DEPARTURE

CMA 117550

ROOM	LAST NAME	INITIALS	RATE	OUT DATE	01-013177
	STREET			IN DATE	TRANSFERRED FROM FOLIO NO
	CITY	STATE			

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK UP
					.00
				35.64	
			1.00	35.64	

3720 421549 21003

03/80 THRU 03/81 80 AX

HASMUKH SHAH

HI HP 150004984
1598 7120503909
HILN 2612106795
PKIL 5402740905

DATE OF CHARGE 4 14 80

FOLIO OR CHECK NO 013177

AUTHORIZATION INITIAL

TYPE OF CREDIT CARD

CARD MEMBER SIGNATURE Hasmukh Shah

TOTAL AMOUNT 35.64

CARD MEMBER'S COPY

INVOICE NO.

276085

PAY LAST AMOUNT IN THIS COLUMN

Holiday Inn®

P. & S. MANAGEMENT CO., INC.
ROSEMONT, ILL. 60018

HIGHLAND PARK
LAKE-COOK ROAD AND EDENS EXPRESSWAY
P. O. BOX 250
HIGHLAND PARK, ILLINOIS 60036
(312) 835-4000

NAME PLEASE PRINT	BILL TO 01-013177
Hasmukh Shah	
STREET 11623 Cavalcade St.	
CITY Great Falls, STATE Va 22066	STREET
REPRESENTING Chem. Mfg. Assoc.	CITY STATE
GUEST'S SIGNATURE x Hasmukh Shah	GUEST'S SIGNATURE x

DATE	NO OF ADULTS IN PARTY	CHILDREN UNDER 12	MAKE OF CAR		STATE & LICENSE NO
4-14-80	1				
ROOM 204	RATE 33	ARRIVE 4-14	DEPART 4/15	DAYS 1	CLERK

RESERVATION YES ☐ NO ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ OTHER ☐

A SAFE IS PROVIDED FOR THE DEPOSIT OF VALUABLES. THE MANAGEMENT CANNOT BE RESPONSIBLE FOR VALUABLES NOT LEFT IN THE SAFE. BILLS ARE PAYABLE UPON PRESENTATION OR DEPARTURE

CMA 117551