



# Corporate Card Statement of Account

**Sign-up For  
Online Statements**

[www.americanexpress.com/gopaperless](http://www.americanexpress.com/gopaperless)

Prepared For  
SONIA M. PEREZ  
UNIDOS US

Account Number  
XXXX-XXXXX9-53008

Closing Date  
02/28/24

Page 1 of 6

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	<b>Balance Due \$</b>
5,006.89	10,754.35	0.00	5,006.89	6,697.88	<b>4,056.47</b>

For important information regarding your account refer to page 2.

Please submit all outstanding expenses.

To manage your Account online or to pay your bill, please visit us at [corp.americanexpress.com](http://corp.americanexpress.com). For additional contact information, please see the reverse side of this page.

▼ Please fold on the perforation below, detach and return with your payment ▼

Do not staple or use paper clips

## Payment Coupon

Account Number 3796-968859-53008

SONIA M. PEREZ  
UNIDOS US  
1126 16TH STREET NW  
WASHINGTON DC 20036

Payable upon receipt in U.S. Dollars.

Enter 15 digit account number on all payments.

**Amount Due  
\$4,056.47**

Checks or drafts must be drawn against banks located in the U.S.

Mail Payment to:

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS  
PO BOX 96001  
LOS ANGELES CA 90096-8000



0000379696885953008 000405647001075435 2844

**Payments:** Your American Express® Corporate Card statement is payable in full upon receipt. Payments received after 5:00pm may not be credited until the next day. Payments must be sent to the payment address shown on your statement and must include the remittance coupon from your statement. Payments must be made in US currency, with a single draft or check drawn on a US bank and payable in US dollars or with a single negotiable instrument payable in US dollars and clearable through the US banking system, or through an electronic payment method clearable through the US banking system. Your Account number must be included on or with all payments. If payment does not conform to these requirements, crediting may be delayed and additional Charges may be imposed. If we accept payment made in a foreign currency, we will choose a conversion rate that is acceptable to us to convert your remittance into US currency, unless a particular rate is required by law. Please do not send post-dated checks. They will be deposited upon receipt. Our acceptance of any payment marked with a restrictive legend will not operate as an accord or satisfaction without our express prior written approval.

**Authorization for Electronic Debit:** We will process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, you authorize us to initiate an electronic debit from your bank or asset account. When we process your check electronically, your payment may be debited to the bank or asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Card, please note that you are eligible to pay your bill online.

**Authorization for Electronic Payments:** By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electron debit to the financial account you specify in the amount you request. Payments received after 5:00pm may not be credited until the next day.

**Transactions Made in Foreign Currencies:** If you incur a Charge in a foreign currency, it will be converted into US dollars on the date it is processed by us or our agents. Unless a particular rate is required by applicable law, we will choose a conversion rate that is acceptable to us for that date. Currently the conversation rate that we use for a Charge in a foreign currency is no greater than (a) the highest official conversion rate published by a government agency, or (b) the highest interbank conversion rate identified by us from customary banking sources, on the conversion date or the prior business day, **in each instance increased by 2.5%**. This conversion rate may differ from rates in effect on the date of your Charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

**In Case of Errors or Questions About Your Bill:** If you think your bill is incorrect, or if you need more information about a transaction on your bill, please call 1-800-528-2122 or the number on the back of your Card. You can also write us on a separate sheet of paper at the Customer Service address noted to the right. Requests for refunds of credit balances (designated "CR") should be made by calling us at 1-800-528-2122 or the number on the back of your Card. Billing disputes can also be initiated online. This applies to Corporate Cards only, not Cards issued under the Corporate Defined Express Program.

**In Case of Errors or Questions About Electronic Transfers:** Please contact us by calling 1-800-IPAY-AXP for Pay By Phone, Pay By Computer issues and automatic payment issues.

**When Contacting Us Regarding Errors or Questions:** We must hear from your no later than 60 days after we send you the first bill on which the error or problem appeared. When contacting us, please give us the following information: 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.



**Manage your Card account online at:**  
[americanexpress.com/checkyourbill](http://americanexpress.com/checkyourbill)



**For all further inquiries or to pay by phone,** please call the number on the back of your Card.

**If your Card has been lost or stolen,** please call 1-800-528-2122

**International Collect:**  
1-336-393-1111

**Hearing Impaired Services:**  
Dial Relay 711 and  
1-800-528-2122

**Large Print and Braille Statements:**  
1-800-528-2122



**Customer Service**  
P.O. Box 981531  
El Paso, TX  
79998-1531

**Payments**  
PO BOX 96001  
LOS ANGELES CA 90096-  
8000

## Change of Address, phone number, email

- Online at [www.americanexpress.com/updatecontactinfo](http://www.americanexpress.com/updatecontactinfo)
- Via Mobile device
- Voice automated: call the number on the back of your card
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care

**Please do not add any written communication or address change on this stub.**



Prepared For  
**SONIA M. PEREZ**  
 UNIDOS US

Account Number  
 XXXX-XXXXX9-53008

Closing Date  
 02/28/24

**Activity** Date reflects either transaction or posting date \*\* Foreign Currency conversion rate is base rate plus 2.5%. See page 2 for details.

Card Number XXXX-XXXXX9-53008		Reference Code	Foreign Spending	Amount \$
02/09/24	CORPORATE REMITTANCE RECEIVED 02/09			-5,006.89
01/31/24	IMG INSURANCE 866-347-6673 IN REF# 5195126PPLGI INSURANCE 01/31/24			321.47
02/01/24	ALLIANZ TRAVEL INS RICHMOND VA REF# KSZWBJAP 8006285404 02/01/24			46.33
02/01/24	American Airlines FT WORTH TX TKT# 0012112747399 AMERICAN AIR 02/01/24 PASSENGER TICKET NARVAEZ GARCIA/ANDREA American Airlines American Airlines FT WORTH TX FROM NEWARK NJ TO CARRIER CLASS PHOENIX AZ AA V TO NEWARK NJ AA V TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00	20240201000		646.20
02/01/24	INDEED JOBS AUSTIN TX REF# #####Oa2SiM EMPLOYMENT AGEN 02/01/24			312.15
02/01/24	JFK LABREA BRD 2 162 Jamaica NY 4fd69f0f1 4FD69F0F1EE44AD6A11430 02/01/24 ROC NUMBER 4fd69f0f1ee44ad6			4.84
02/02/24	DELTA AIR LINES ONBO ATLANTA GA REF# 229630209 404-715-8184 02/01/24	22963020900		12.00
02/02/24	UBER TRIP HTTPS://HELP.UBER.CA ORG0BPA9 OAYXACOO 11430 02/01/24 ROC NUMBER ORG0BPA9 TAX \$4.94			47.38
02/03/24	HYATT REGENCY MEXICO REF# 260054360563 LODGING 02/03/24	26005436056	59.00 **Mexican Pesos	3.55
02/05/24	HYATT REGENCY MEXICO CIUDAD DE MEX REF# 403225267444 8319720000 02/01/24	40322526744	411.00 **Mexican Pesos	24.74
02/05/24	NETPAY*LOMA LINDA II Ciudad De Mexico FOL# 839568 FAST FOOD RES 02/04/24 ARRIVAL DATE DEPARTURE DATE 02/05/24 02/06/24 00 ROOM RATE \$465.75 ROC NUMBER 839568	12817040000	465.75 **Mexican Pesos	28.03
02/05/24	ATL 6088 Goldbergs 1 Atlanta GA 1820 1820 30320 02/04/24 ROC NUMBER 1820 TAX \$0.91	18200000000		12.27

Continued on reverse

<b>Activity Continued</b>		**Foreign Currency conversion rate is base rate plus 2.5%. See page 2 for details.	Reference Code	Foreign Spending	Amount \$
02/06/24	AMERICAN AIRLINES 800-433-7300 TX TKT# 0012112747399 AMERICAN AIR 02/05/24 PASSENGER TICKET NARVAEZ GARCIA/ANDRE AMERICAN AIRLINES AMERICAN AIRLINES 800-433-7300 TX FROM UNAVAILABLE TO CARRIER CLASS UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00		20240206000		-646.20 Credit
02/06/24	DIY AWARDS 8008101216 CT REF# 101422005521 8008101216 02/05/24 GIFT, CARD, NOVELTY ROC NUMBER 101422005521		10142200552		134.99
02/06/24	CLDTKN AMAZON PRIME*R20AU1D AMZN.COM/BILL W REF# S08QCLLX9J0X SUBSCRIPTION 02/06/24				15.89
02/07/24	CLDTKN CHECKR, INC CHECKR.C SAN FRANCISCO C REF# NT_PWBCLVBVP +18558333364 02/07/24				84.79
02/11/24	Staples Inc PUTNAM PUTNAM CT REF# 341545025 Staples Inc 02/11/24 ORD 9918926025 ;REQ SONIA PREZ IT1 CANADA DRY ;UPI 29.2900;QTY1 IT2 POLAND SPRI;UPI 20.9900;QTY2 FRT 0.00;HDL 0.00;ITM3 ROC NUMBER 341545025 TAX \$4.53		34154502500		103.09
02/13/24	EZCATEREL TAMARINDO 8004881803 MA HZ7NYN9W 26P4Y4 20009 02/13/24 EZCATEREL TAMARINDO ROC NUMBER HZ7NYN9W TAX \$62.75				748.50
02/14/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PYY53HF3X +16467866886 02/14/24				125.00
02/15/24	DAYBOOK LISTING PASADENA CA REF# NT_PZG6HDPUL +15713063403 02/15/24				70.00
02/20/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PBIZ6WPPI +16467866886 02/20/24				125.00
02/22/24	1-800-FLOWERS.COM JERICHO NY 589659119 5896591194 20721 02/21/24 ROC NUMBER 5896591194 TAX \$4.38		58965911940		77.35
02/22/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PBWL9CHVR +16467866886 02/22/24				125.00
02/22/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PBWOOUOCS +16467866886 02/22/24				125.00
02/22/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PBWCUJR08 +16467866886 02/22/24				125.00
02/22/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PBWOTYUVE +16467866886 02/22/24				125.00
02/24/24	AMTRAK COM WASHINGTON DC TKT# 0540645587424 PASSENGER RAI 02/23/24 NARVAEZ/ANDREA TICKET-ID 0540645587424 FROM NEWARK ,NJ TO CARRIER WASHINGTON-UNIO,DC 2V				338.00



Prepared For  
**SONIA M. PEREZ**  
 UNIDOS US

Account Number  
 XXXX-XXXXX9-53008

Closing Date  
 02/28/24

Activity Continued	**Foreign Currency conversion rate is base rate plus 2.5%. See page 2 for details.	Reference Code	Foreign Spending	Amount \$
02/24/24	AMTRAK COM WASHINGTON DC TKT# 0540609578195 PASSENGER RAI 02/23/24 PEREZ/SONIA TICKET-ID 0540609578195 FROM WASHINGTON-UNIO,DC TO CARRIER NEW YORK - PENN,NY 2V			170.00
02/25/24	ALLIANZ TRAVEL INS RICHMOND VA REF# PXSTGND 8772524264 02/25/24			448.28
02/25/24	ALLIANZ TRAVEL INS RICHMOND VA REF# 7YSZY3RE 8772524264 02/25/24			-448.28 Credit
02/25/24	DELTA AIR LINES ATLANTA US TKT# 00622132055230 DELTA AIR 02/25/24 PASSENGER TICKET DUANY BLANCO/LUIS DELTA AIR LINES DELTA AIR LINES ATLANTA US FROM J F KENNEDY A/P NY TO CARRIER CLASS AMSTERDAM NETHERLA DL A TO ISTANBUL TURKEY DL K TO PARIS-DE GAULLE FR DL G TO J F KENNEDY A/P NY DL G			2,801.70
02/25/24	DELTA AIR LINES ATLANTA US TKT# 00622132055226 DELTA AIR 02/25/24 PASSENGER TICKET PEREZ/SONIA MARY DELTA AIR LINES DELTA AIR LINES ATLANTA US FROM J F KENNEDY A/P NY TO CARRIER CLASS AMSTERDAM NETHERLA DL A TO ISTANBUL TURKEY DL K TO PARIS-DE GAULLE FR DL G TO J F KENNEDY A/P NY DL G			2,801.70
02/25/24	CLDTKN EASYGROUPER.COM ASHBURN V REF# NT_PCVI658WP +17037245400 02/25/24			161.00
02/26/24	DELTA AIR LINES ATLANTA US TKT# 0062213205522 DELTA AIR 02/26/24 MISC. CHARGE ORDER (MCO)/PREPAID TICKET AUTH PEREZ/SONIA MARY DELTA AIR LINES DELTA AIR LINES ATLANTA US FROM UNAVAILABLE TO CARRIER CLASS UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00			-2,801.70 Credit

Continued on reverse

<b>Activity Continued</b>	**Foreign Currency conversion rate is base rate plus 2.5%. See page 2 for details.	Reference Code	Foreign Spending	<b>Amount \$</b>
02/26/24	DELTA AIR LINES ATLANTA US TKT# 0062213205523 DELTA AIR 02/26/24 MISC. CHARGE ORDER (MCO)/PREPAID TICKET AUTH DUANY BLANCO/LUIS DELTA AIR LINES DELTA AIR LINES ATLANTA US FROM UNAVAILABLE TO CARRIER CLASS UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00			-2,801.70 Credit
02/26/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PDXUNEKXX +16467866886 02/26/24			125.00
02/26/24	IDEALIST.O* IDEALIST NEW YORK CITY NY REF# NT_PDXCAFREO +16467866886 02/26/24			125.00
02/26/24	DAYBOOK LISTING PASADENA CA REF# NT_PDWBXOG2D +15713063403 02/26/24			70.00
02/27/24	ALLIANZ TRAVEL INS RICHMOND VA REF# HQ83BTHW 8772524264 02/27/24			27.00
02/28/24	DELTA AIR LINES ATLANTA US TKT# 00622141032155 DELTA AIR 02/28/24 PASSENGER TICKET PEREZ/SONIA MARY DELTA AIR LINES DELTA AIR LINES ATLANTA US FROM LAGUARDIA INTL A/P TO CARRIER CLASS WASHINGTON NAT'L D DL K TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00			243.10
<b>Total for SONIA M. PEREZ</b>			New Charges/Other Debits Payments/Other Credits	10,754.35 -11,704.77

Goldbergs #88  
Hartsfield-Jackson Atlanta  
International Airport  
Atlanta, GA

1319 Bintou G

-----  
Chk 1820                      Feb04'24 01:41P    Gst 0  
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<b>Dine In</b>	
1 Grilled Cheese	7.92
No Choice	0.94
Sesame Bagel	
Sub Cheddar	
1 Btl Dasani	2.50
Amex	12.27
Subtotal	11.36
Tax	0.91
Payment	12.27
Tax1 Coll	0.91

We would love to hear from you  
regarding your experience today.  
Your valuable feedback is  
crucial in our strive to  
constantly provide great guest  
service and assist us in  
recognizing our associates who  
provide First Class Service.

Please visit

[MyFoodFeedback.smg.com](http://MyFoodFeedback.smg.com)

You will need to provide  
specific information from  
this receipt.

SURVEY CODE:

1280 8324 4000 4280 1100



Ticket de Pagado  
Venta en Mesa

LOMA LINDA AICM 62  
RAW REPUBLIC MEXICO  
CORDILLERA DE LOS ANDES, 310  
PISO 2 MIGUEL HIDALGO CDMX  
11000  
RRM170129DV8

Movimiento: 54756  
Fecha operación: 04/02/2024

Orden: 19  
Mesa: 53  
Personas: 1  
Mesero: RAUL DANIEL ORTIZ GOMEZ  
Hora Entrada: 06:42:12 a. m.

Cant.	Descripción	Importe
1	GRANOLA ORGÁNICA	\$155.00
1	AGUA CIEL 335 ML	\$65.00
1	CAPUCHINO	\$110.00
1	PAN DULCE	\$75.00

Artículos: 4

Subtotal: \$349.14  
IVA: \$55.86  
Gran Total: \$405.00

CUATROCIENTOS CINCO PESOS 00/  
100 M.N.

FORMAS DE PAGO

Nombre	Monto	Propina	Cambio
Tarjeta de crédito	\$465.75	\$60.75	\$0.00

Terminal: 2 -- PDV1  
Fecha impresión: 04/02/2024 7:14:01

FACTURACIÓN EN LÍNEA

Por favor escanea el siguiente código  
QR para emitir tu factura:



O Ingres a la siguiente liga:  
<https://www.wansoft.net/Lomalinda/FE.html>  
con tu código de facturación:  
240204054756121611

La fecha llmite para facturar este ticket son 7  
días a partir del día ultimo del presente mes.



Date of Purchase: Feb 27, 2024

# New York-LaGuardia, NY ► Washington-Reagan National, DC

## Passenger Information

SONIA MARY PEREZ  
SkyMiles#: 2101182133

Confirmation Number: GW2ECJ  
Ticket Number: 0062214103215

## FLIGHT

Date and Flight	Status	Class	Seat/Cabin
LGA ► DCA   Mon 04Mar2024   YX 5655	OPEN	K	

## DETAILED CHARGES

### Air Transportation Charges

Base Fare: \$212.09 USD

### Taxes, Fees and Charges

United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY) \$5.60 USD

United States - Transportation Tax (US) \$15.91 USD

United States - Passenger Facility Charge (XF) \$4.50 USD

United States - Flight Segment Tax (ZP) \$5.00 USD

**Total Price:** \$243.10 USD

Paid with American Express ending 3008 \$243.10 USD

## KEY OF TERMS

- # - Arrival date different than departure date
- \*\* - Check-in required
- \*\*\*- Multiple meals
- \*S\$ - Multiple seats
- AR - Arrives
- B - Breakfast
- C - Bagels / Beverages
- D - Dinner

- F - Food available for purchase
- L - Lunch
- LV - Departs
- M - Movie
- R - Refreshments, complimentary
- S - Snack
- T - Cold meal
- V - Snacks for sale

Check your flight information online at [delta.com](http://delta.com) or call the Delta Flightline at 800.325.1999.

Baggage and check-in requirements vary by airport and airline, so please check with the operating carrier on your ticket.

Please review Delta's [check-in requirements](#) and [baggage](#) guidelines for details.

You must be checked in and at the gate at least 15 minutes before your scheduled departure time for travel inside the United States.

You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel.

For tips on flying safely with laptops, cell phones, and other battery-powered devices, please visit <http://SafeTravel.dot.gov>

Do you have comments about service? Please [email](#) us to share them.

### NON-REFUNDABLE / CHANGE FEE

When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

This ticket is non-refundable unless issued as a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. If you do not show up for any flight in your itinerary without notifying Delta or canceling/changing your flight prior to departure, Delta may cancel the reservation for all remaining flights in the itinerary, and the ticket will have no remaining value.

All Preferred, Delta Comfort+™, First Class, Delta Premium Select, and Delta One seat purchases are non-refundable.

Feedback

TERMS & CONDITIONS

Air transportation on Delta and the Delta Connection® carriers is subject to Delta's [conditions of carriage](#). They include terms governing for example:

- [Limits on our liability](#) for personal injury or death of passengers, and for loss, damage of delay of goods and baggage.
- [Claim restrictions](#) including time periods within which you must file a claim or bring action against us.
- Our right to [change terms](#) of the contract.
- [Check-in requirements](#) and other rules established when we may [refuse carriage](#).
- Our rights and limits of our liability for [delay of failure to perform service](#), including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
- Our policy on [overbooking flights](#), and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these [conditions of carriage](#) on delta.com, or by requesting a copy from Delta.

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United States - English

Español



## Reservation Number - 94BA26

### Newark, NJ - Penn Station to Washington, DC - Union Station (Round-Trip)

FEBRUARY 23, 2024

#### Billing Information

<b>American Express</b> ending in 3008 (Purchase) Authorization Code 261766	<b>Total</b> <b>\$338.00</b>
--	------------------------------

#### Purchase Summary - Ticket Number 0540645587424

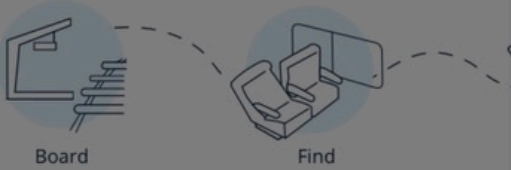
<b>TRAIN 99: Newark, NJ - Penn Station to Washington, DC - Union Station (Round-Trip)</b>	
Depart 1:35 PM, Sunday, March 3, 2024	
1 COACH SEAT	<b>\$206.00</b>
<b>Ticket Terms &amp; Conditions</b> VLD DATE TRAIN TICKETED; NO SHOW: FORFEIT VALUE COACH: CHANGES CANCELS PERMITTED, NO FEE ADULT FULL FARE ID REQUIRED	
<b>Subtotal</b>	<b>\$206.00</b>
<b>TRAIN 2166: Washington, DC - Union Station to Newark, NJ - Penn Station (Round-Trip)</b>	
Depart 1:00 PM, Wednesday, March 6, 2024	
1 ACELA BUSINESS CLASS SEAT	<b>\$132.00</b>
<b>Car 3 - Seat 13C</b>	
<b>Ticket Terms &amp; Conditions</b> ADULT FULL FARE ID REQUIRED VLD DATE/TRAIN TICKETED. NO SHOW: FORFEIT VALUE. ACELA BUSINESS/FIRST: CHANGES CANCELS PERMITTED, NO FEE.	
<b>Subtotal</b>	<b>\$132.00</b>
<b>Total Charged by Amtrak</b>	<b>\$338.00</b>

#### Passengers

Andrea Narvaez

✓ Sonia you're all set.  
Your reservation modification is complete. We've emailed you at sperez@unidosus.org

What's next?



Departure Wed, Mar 6

WAS Washington, DC Union Station → NYP New York, Moynihan



DEPARTS  
3:00p

→  
2h 48m

ARRIVES  
5:48p  
Details

Business Car 2 | Seat 13C

[VIEW/EDIT SEAT](#)

View/Share Details

- Itinerary
- Ticket
- Receipt

Summary

Fare	\$313.00
<b>Total Paid</b>	<b>\$313.00</b>
Amex ****3008	\$143.00
Exchange Voucher	\$170.00

[View terms and conditions](#)

[Share Trip Details](#)

Can't find your receipt?  
Just submit a request and we'll send you a copy.

CONFIRMATION

Reservation: 94B837  
Total: \$143.00  
[View Receipt](#)

Traveler 1



# ezCater Receipt

**Order Number**

# 26P-4Y4

**Customer**

Andrea Narvaez

**Date & Time**

Mon 02/12/24 at 11:15 AM

**Address**

UnidosUS  
1126 16th St NW  
#600  
Washington, DC 20036  
201-639-1958  
35 people

**Caterer**

El Tamarindo (Washington)

**Food Items**

Antojits Salvadoreños Boxed Lunch × 10	\$157.50
Packaging: Individually Packaged	
Taco Kit Boxed Lunch × 10	\$165.00
Packaging: Individually Packaged	
Protein: Shredded Chicken	
Taco Kit Boxed Lunch × 5	\$85.00
Packaging: Individually Packaged	
Protein: Jackfruit Carnitas	
Taco Kit Boxed Lunch × 10	\$175.00
Packaging: Individually Packaged	
Protein: Shredded Beef	

---

<b>Sub Total</b>	<b>\$582.50</b>
Delivery Fee	\$45.00
10.0% Sales Tax	\$62.75
Tip for Driver/Catering Staff	\$58.25
<b>Total</b>	<b>\$748.50</b>

Payment to ezCater or our payment processor constitutes payment to the caterer.

**PAID**

Payment Method: Credit Card - ●●●● ●●●● ●●●● 3008 (American Express). Balance Due: \$0.00  
Transaction hz7nyn9w captured 02/12/2024..



# Order# 9918926025

Order placed: February 09, 2024

Invoice # 341545025  
CHARGED on February 09, 2024  
Item(s) Shipped

Item#	Item Description	Price	Quantity	Discounts	Subtotal
349378	Canada Dry Ginger Ale Soda, 12 oz., 24/Carton (00078000152166)	\$29.29	1	\$0.00	\$29.29
713140	Poland Spring 100% Natural Spring Water, Regular Flavor, 16.9 oz., 24/Carton (12119419)	\$20.99	2	\$0.00	\$41.98
910179	Coca-Cola Original Cola, 12 oz., 24/Carton (00049000028904)	\$27.29	1	\$0.00	\$27.29

Method of payment  
AMEX ending in \*3008 - \$103.09

Subtotal: \$98.56  
Discounts: \$0.00  
Shipping/Fees: \$0.00  
Tax: \$4.53  
Total: \$103.09



American Airlines <no-reply@info.email.aa.com>

To: Andrea Narvaez



Tue 2/6/2024 11:11 AM

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

 [American Airlines home](#)

# Your refund is complete

Confirmation code: **DVNOEV**

Ticket number: **0012112747399**

**Andrea Narvaez Garcia**

## Details

Refund amount: **646.20 USD**

Refund to: **AMERICAN EXPRESS ending 3008**

Date refund issued: **02/05/2024**

Please allow up to 7 business days for your bank to post the funds to your account. For further questions, you may contact your financial institution. (Time frame may vary by country).

Your Order Has Shipped #D3917379

DA DIY Awards  
To: Andrea Narvaez

☺️ ⬅️ ⬅️ ➡️ 📧 ⌵ 🔄 📧 📧 📧 ⋮  
Wed 2/7/2024 12:56 AM

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



📞 (800) 810-1216

**Order Number:** D3917379  
**Order Date:** February 05, 2024

**Your Order Has Shipped!**

Fedex #: [645696795346](#) To: Franklin park, NJ [Track Now](#)

**Order Detail**

Circle Award 6.5" -- With Colorfill	1	\$134.99	\$134.99
--	---	----------	----------

<b>Order Comments</b> Unidos	Subtotal	134.99
	Sales Tax	0.00
	Shipping	0.00
	<b>Order Total</b>	<b>134.99</b>

**Shipping & Billing**

**Ship To**  
Andrea Sabillón  
  
1013 GREEN HILL MANOR DR  
  
FRANKLIN PARK, NJ 08823-2616  
2027851670

**Bill To**  
Sonia Perez  
  
1126 16th Street Northwest  
600  
Washington, DC 20036  
2027851670

**Delivery Option**  
Standard Service

**Payment Method**  
American Express \*\*\*\*3008

Your travel insurance plan: EUSP2394816843



Allianz Global Assistance(Allianz Assistance USA) <donotreplypolicy@allianzassistance.com>  
To: Andrea Narvaez



Thu 2/1/2024 10:4

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



## Here's your plan information

Hi ANDREA,

Thank you for protecting your trip with us.

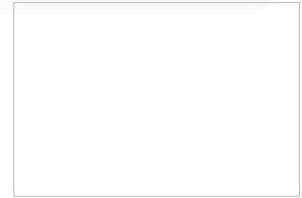
### Your insurance plan at a glance

<b>Plan:</b> Domestic Travel Protector Plus	<b>Purchase Date:</b> February 1, 2024
<b>Plan Number:</b> EUSP2394816843	<b>Effective Date:</b> February 2, 2024
<b>Total Amount Paid:</b> \$46.33	<b>Travel Date(s):</b> Feb. 4, 2024 – Feb. 6, 2024

## Earn 15,000 bonus miles

Plus no annual fee. Terms Apply.

[Learn more](#)



### Your purchase

**Andrea Narvaez Garcia**

[Join the AAdvantage® Program](#)

New ticket (0012112747399) **\$646.20**  
[\$573.02 + Taxes & carrier-imposed fees  
\$73.18]

---

**Total cost** **\$646.20**

### Your payment

AmericanExpress (ending 3008) **\$646.20**

---

**Total paid** **\$646.20**

### Bag information

#### Checked Bag (Airport)

EWR - PHX

1<sup>st</sup> bag \$30.00

2<sup>nd</sup> bag \$40.00

#### Checked Bag (Online\*)

EWR - PHX

1<sup>st</sup> bag \$30.00

2<sup>nd</sup> bag \$40.00

EWR - PHX

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms



Indeed, Inc  
Mail code 5160  
P.O. Box 660367  
Dallas, TX  
75266-0367

## Invoice

Invoice #: 88313306  
Date: 01/31/2024  
Due Date: 01/31/2024

**Bill to:**

1126 16th Street NW 2nd Floor  
Washington, DC, DC 20036  
vcorley@unidosus.org

Total Amount: 312.15 USD

**Total Due: 0.00 USD**

Description / Memo	Amount
January 2024 Sponsored Jobs on Indeed.com	294.48 USD
Sales tax	17.67 USD
<b>Total Amount</b>	<b>312.15 USD</b>

***PAID INVOICE  
THIS INVOICE IS FOR YOUR RECORDS***

Date: 01/31/2024

Terms: Due upon receipt

Due Date: 01/31/2024

Information in "Bill To" section may be updated

## Fwd: Your Thursday morning trip with Uber

Sonia M. Pérez <sperez@unidosus.org>

Thu 2/1/2024 7:34 AM

To: Andrea Narvaez <anarvaez@unidosus.org>

Get [Outlook for iOS](#)

**From:** Uber Receipts <noreply@uber.com>  
**Sent:** Thursday, February 1, 2024 7:30:35 AM  
**To:** Sonia M. Pérez <sperez@unidosus.org>  
**Subject:** Your Thursday morning trip with Uber

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

# Uber

Total **\$47.38**  
February 1, 2024

## Thanks for riding, Sonia

We hope you enjoyed your ride this morning.






# Total

# \$47.38

[Learn more](#) about the government-mandated pricing rules, taxes, and fees that make trips in NYC more expensive.

Trip fare

\$39.59

<b>Subtotal</b>	<b>\$39.59</b>
Wait Time 	\$0.35
JFK Airport Surcharge	\$2.50
NY State Black Car Fund 	\$1.17
Sales Tax 	\$3.77

Affiliated with TRI-CITY,LLC (B03406)

Dispatched by UBER USA, LLC (B03404)


To submit a complaint to the NYC TLC, please call 311.

### Download PDF

This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

## You rode with Jinjian

4.98 ★ Rating

 Has passed a multi-step safety screen

Drivers are critical to communities right now. Say thanks with a tip.



License Plate: T629820C

FHV License Number: 5466504

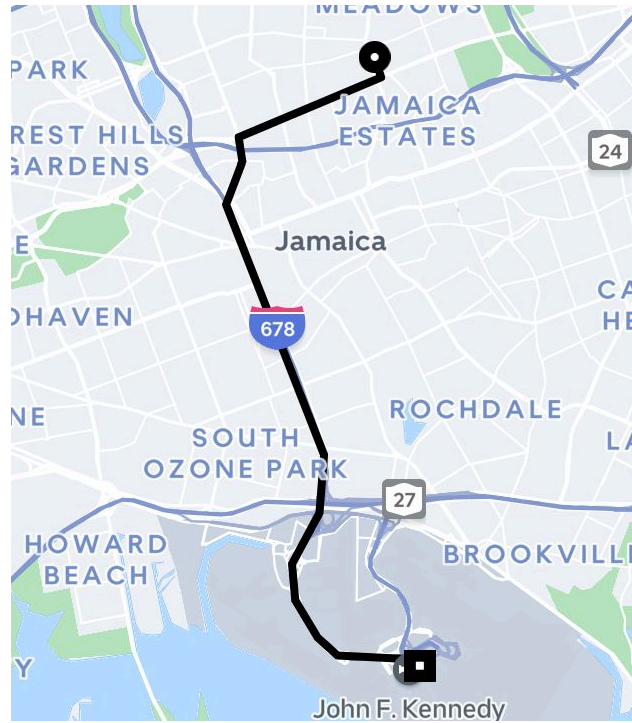
Driver's TLC License Number: 5462357

When you ride with Uber, your trips are insured in case of a covered accident.

[Learn more >](#)

UberX 8.06 miles | 20 min

- 7:09 AM**  
 7348 177th St, Fresh Meadows, NY 11366, US
  
- 7:30 AM**  
 Jamaica, NY 11430, US



[Report lost item >](#)

[Contact support >](#)

[My trips >](#)

[Forgot password](#)

[Privacy](#)

[Terms](#)

Uber Technologies  
 1725 3rd Street,  
 San Francisco,  
 California  
 94158

**Thank You!**

Your application was successful. Your credit card or applicable account has been charged 321.47 USD. Please print this page for your records. You will receive a fulfillment kit with your insurance documents and ID cards via email or mail. Please use your ID card to present to providers.

 [Print](#)**CERTIFICATE NUMBER:** PPLGI84267619

## Medical Coverage Information

<b>Product</b>	Patriot Platinum Group Travel Medical Insurance <sup>SM</sup>
<b>Product Type</b>	Travel Group
<b>Application Type</b>	0523
<b>Maximum Limit</b>	2,000,000.00 USD
<b>Deductible</b>	0.00 USD
<b>Chaperone/Faculty Leader Replacement Rider</b>	No

## Important Dates

<b>Requested Coverage</b>	01-Feb-2024
<b>Effective Date</b>	
<b>Requested Expiration Date</b>	31-Jan-2025 (Minimum length of coverage is 5 days)

## Primary Destination(s)

**Destination 1:** Mexico

*Select United States if any of your destinations include the U.S.*

**Destination 2:** ---

**(Optional)**

**Destination 3:** ---

**(Optional)**

---

## Group Contact and/or Sponsoring Organization

**Sponsoring** UnidosUS

**Organization Name (if applicable)**

**Group Contact Name** Liliana Del Mar

**Address** 1126 16th Street NW

**Address 2** ---

**City** Washington

**County/Region** DC

**State/Province** DC

**Zip/Postal Code** 20036

**Country** United States

**Telephone** 2027761771

**Mobile/Other** ---

**Telephone**

**Fax** ---

**Email Address** ldelmar@unidosus.org

**Other Email Address** ---

---

## Group Information

**JANET MURGUIA**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	06-Sep-1960
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**MAURO MORALES**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	29-May-1959
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**SONIA PEREZ**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	04-Apr-1963
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**KEVIN SMITH**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	10-May-1959
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**DELIA DE LA VARA**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	28-Aug-1972
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**ERIC RODRIGUEZ**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	31-Jul-1971
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**MAURICIO GARCIA**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	04-Mar-1979
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**IRENE CUYUN**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	05-Aug-1976
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**CLARISSA MARTINEZ DE CASTRO**

<b>Start Date</b>	01-Feb-2024
<b>End Date</b>	05-Feb-2024
<b>Date of Birth</b>	10-Oct-1966
<b>Insured Email</b>	---
<b>Government Issued</b>	---
<b>ID Number</b>	
<b>Country of</b>	United States
<b>Citizenship</b>	
<b>Country of Residence</b>	United States

**LAURA ARCE**

**Start Date** 01-Feb-2024  
**End Date** 05-Feb-2024  
**Date of Birth** 06-Dec-1972  
**Insured Email** ---  
**Government Issued** ---  
**ID Number**  
**Country of Citizenship** United States  
**Country of Residence** United States

**OCTAVIO ESPINAL**

**Start Date** 01-Feb-2024  
**End Date** 05-Feb-2024  
**Date of Birth** 13-Jul-1978  
**Insured Email** ---  
**Government Issued** ---  
**ID Number**  
**Country of Citizenship** United States  
**Country of Residence** United States

## Fulfillment Email Options

**Attach my group's ID Cards to the fulfillment email.** Yes

First Name	Last Name	Age	Term Length	Cost
Laura	Arce	51	5 Day(s)	29.81 USD

First Name	Last Name	Age	Term Length	Cost
<b>Total Premium</b>				321.47 USD
				<b>Total Due Calculation</b>
<b>Online Fulfillment</b>				0.00 USD
<b>Patriot Platinum Group International<sup>SM</sup> Total Cost</b>				321.47 USD
<b>Total Due at Checkout</b>				321.47 USD

**SUBSCRIPTION.** The undersigned on behalf of herself/himself, the Group Contact, Sponsor, Organization, and/or the individual insureds ("applicant(s)") represents and warrants it is signing on his/her own behalf or is the authorized agent of the applicant(s) and hereby applies and subscribes to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for the insurance coverage requested above and as underwritten and offered by Sirius Specialty Insurance Corporation (the Company) on the date of receipt hereof and as administered by the Company's authorized representative and plan administrator, International Medical Group, Inc. (IMG). The applicant(s) understand and agree: (i) the insurance applied for is not an employee welfare benefit plan, accident & health product, health insurance, major medical, nor a health plan subject to or complying with U.S. laws, but is intended for use as travel medical coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) the applicant(s) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until the required premium has been paid and this application has been accepted in writing by the Company, (iii) no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) the Company relies on the accuracy, truthfulness, and completeness of the information provided herein and any misrepresentation or omission contained herein will void the insurance contract and any and all claims and benefits thereunder will be forfeited and waived, (v) by submission of this application and/or any future claim for benefits, the applicant(s) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any legal proceeding relating to the insurance will be in Marion County, Indiana, for which the applicant(s) hereby consent. The applicant(s) consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the insurance contract.

**MERCHANT LOCATION.** International Medical Group's corporate headquarters is located at 9200 Keystone Crossing Suite 800 Indianapolis, IN 46240 USA.

**ACKNOWLEDGEMENT.** The applicant(s) understand and agree that: (i) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the applicant(s) and IMG acts in fulfillment of its contractual duties to the Company and on behalf of the Company, (ii) the insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the time frame outlined in the contract prior to the effective date, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage as described in the Certificate of Insurance, which is incorporated and is available for reference within the beginning of the online application, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular jurisdiction, and (iv) the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract and IMG has no direct or independent liability under any insurance contract.

**AUTHORIZATION FOR RELEASE OF INFORMATION.** The applicant(s) authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to them or on their behalf, has any records or knowledge of their health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of them, and any non-medical information about them, to disclose their entire medical record, file, history, medications, and any other information concerning them and to give any and all such information to their agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries.

**CERTIFICATION.** The applicant(s) hereby certify, represent and warrant that: (i) they have read the foregoing statements and any marketing materials and sample insurance contract which were made available upon request and prior to the application or that they have been read to them, and the applicant(s) understand them, (ii) they are eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) they are currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which the applicant(s) foresee may require treatment during the insurance or for which the applicant(s) intend to claim under the insurance, and (iv) each applicant is not hospitalized, disabled, or HIV+. If signed as the legal representative of the applicant, the signer warrants their authority and capacity to so act and to bind each applicant. By acceptance of coverage and/or submission of any claim for benefits, each applicant ratifies the authority of the signer to so act and bind the applicant(s).

**THE APPLICANT(S)** represent and warrant that under the insurance offered to the applicant(s), participation in the program is completely voluntary; the sole functions of the Sponsor with respect to the insurance is, without endorsing the program, to permit the insurer to publicize the program to applicant(s), to collect premiums and to remit them to the insurer; and the Sponsor receives no consideration in the form of cash or otherwise in connection with the insurance. The Sponsor acknowledges it must and agrees it will disclose certain material, including reports, statements, notices, and other documents, to applicant(s), beneficiaries

and other specified individuals including but not limited to furnishing certain material to all applicant(s) covered under the insurance contract and beneficiaries receiving benefits under the insurance contract at stated times or if certain events occur; furnishing certain material to applicant(s) and beneficiaries upon their request; and making certain material available to applicant(s) and beneficiaries for inspection at reasonable times and places. The Sponsor represents and warrants it will use measures reasonably calculated to ensure actual, prompt receipt of the material by applicant(s), beneficiaries and other specified individuals.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA).** The applicant(s) have been informed that they, and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. The applicant(s) understand and agree that this insurance is not subject to, and does not provide benefits required by, PPACA. PPACA requires U.S. citizens, U.S. nationals, and resident aliens to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely the applicant(s)' responsibility to determine if the insurance requirements are applicable to them, and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the applicant(s) may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA. The undersigned hereby arranges for insurance to be offered to the applicant(s). The applicant(s) have voluntarily authorized this action in writing, and the applicant(s) were also given the opportunity to make other arrangements to obtain insurance. These authorizations are kept on file by the undersigned and will be made available to the Company upon request.

**AUTHORIZATION.** If paying by credit card, I authorize IMG to debit my credit card for the total amount due. I hereby elect to pre-authorize future credit card payment installments for the balance of the policy period and for renewals. Thus, I request and authorize IMG to charge my credit card periodically as payment installments become due for premiums, including for premiums of additional group members or renewal premiums for existing group members. This authorization will remain in effect until revoked by me in writing, and until IMG receives the notice of revocation. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Coverage purchased by eCheck is subject to confirmation of available funds. I agree to comply with the cardholder agreement and financial institution. You understand that the amount we charge for premium may be more than the amount on the rate sheet based on your medical history and the underwriting process and you authorize such payment amount.

All applications must be fully completed, signed and dated to be considered. The application must be signed by the applicant, a guardian, or proxy. A guardian must be legally authorized to sign on behalf of an applicant, especially a minor. A guardian would include a parent. A guardian's signature is required for any applicant under the age of sixteen (16). A Proxy is a person authorized by the applicant to act on their behalf.

A guardian or proxy that signs an application warrants their authority and capacity to sign for and bind the applicant. By accepting coverage and/or submitting a claim for benefits, the applicant ratifies the authority of the guardian or proxy to sign for and bind the applicant.

- I am an authorized representative of the group members and the group members agree to the processing of their personal information to provide the services they have purchased, including to administer claims,**

---

**and to receive member communications, in accordance with IMG's [Privacy Policy](#).**

- I am an authorized representative of the group members and the group members agree to receive relevant information and other communications from IMG about insurance coverages and service options. The group members understand that they can withdraw consent at any time.

**Signature of Applicant, Guardian, or Proxy (Required):**

- By checking this box, I agree to have my credit card or applicable account charged 321.47 USD and I have read and agree to all terms, conditions, and other statements on this page.

Liliana Del Mar

**Date** 31-Jan-2024

← Reply

→ Forward

**From:** Allianz Global Assistance (Allianz Assistance USA) <donotreplypolicy@allianzassistance.com>  
**Sent:** Tuesday, February 27, 2024 9:23 AM  
**To:** Sonia M. Pérez <sperez@unidosus.org>  
**Subject:** Your travel insurance plan: EUSP2400684763

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



## Here's your plan information

Hi Sonia,

Thank you for protecting your trip with us.

### Your insurance plan at a glance

**Plan:**

Domestic Passenger Protector  
III

**Plan Number:**

EUSP2400684763

**Total Amount Paid:**

\$27.00

**Purchase Date:**

February 27, 2024

**Effective Date:**

February 28, 2024

**Travel Date(s):**

March 4, 2024

[Read full plan details](#)

3/21/24, 5:35 PM

Invoice #3021550 - Idealist

# Invoice #3021550 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/14/2024  
**Status** Paid  
**Memo**

**Item**  
[Job Listing for "Senior Policy Advisor \(Tax Policy\), Economic Policy Project" in Washington for up to 30 days.](#)  
Payment: [Credit Card](#) (\$125.00 USD of \$125.00 USD)

**Price**  
\$125 USD

**Due:** \$0 USD

3/21/24, 5:35 PM

Invoice #3022272 - Idealist

# Invoice #3022272 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/20/2024  
**Status** Paid  
**Memo**

Item	Price
<a href="#">Job Listing for "Senior State Policy Strategist, California" in Sacramento for up to 30 days.</a>	\$125 USD

Payment: [Credit Card](#) (\$125.00 USD of \$125.00 USD)

**Due:** \$0 USD

[Back to Dashboard](#)

# Media Relations Director, Marketing & Communications

[View](#)

✓ Published

UnidosUS Communications Washington, DC, USA

[Edit Listing](#) [Analytics](#)

## Job Details

Title	Media Relations Director, Marketing & Communications	<a href="#">Edit</a>
Organization	UnidosUS	<a href="#">Edit</a>
Location	Washington, DC, USA	<a href="#">Edit</a>
Position Focus	Communications	<a href="#">Edit</a>
Position Level	Senior Level	<a href="#">Edit</a>
Application url/email	<a href="https://unidosus.org/about/jobs/careers-job-listing/?gh_jid=4330045006">https://unidosus.org/about/jobs/careers-job-listing/?gh_jid=4330045006</a>	<a href="#">Edit</a>
Listing Type	<div style="border: 1px solid #add8e6; padding: 5px;"><p>Sponsored Listing <a href="#">Extend Sponsorship</a></p><p> Sponsorship expires on March 7th 2024, 8:08 pm</p></div>	
Description	SUMMARY	<a href="#">Edit</a>

ES

EasyGrouper Support <support@easygrouper.com>



To: Andrea Narvaez; Leandro Travieso; LaTia Littlejohn; Anita Youngkin; Liliana Del Mar

Sun 2/25/2024 6:00 AM

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The following payment was made for the UNIDOSUS **EasyGrouper** account:

**Payment Plan:** EasyGrouper Pro Monthly  
**Amount Charged:** US \$161.00  
**Description:** Renewing UNIDOSUS EasyGrouper account  
**Card Used:** 2000 (Last 4 digits of card)  
**Transaction ID:** ch\_2OnfRcEF8s9FLNiP18zV60ss  
**Date Charged:** 2024-02-25

Thank you for your business! If you have any questions please don't hesitate to contact us at [support@easygrouper.com](mailto:support@easygrouper.com).

Sincerely,

The EasyGrouper Team

3/21/24, 5:36 PM

Invoice #3022923 - Idealist

# Invoice #3022923 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/22/2024  
**Status** Paid  
**Memo**

Item	Price
<a href="#">Job Listing for "Senior Policy Advisor (Tax Policy), Economic Policy Project" in Washington for up to 30 days.</a>	\$125 USD
Payment: <b>Credit Card</b> (\$125.00 USD of \$125.00 USD)	

**Due:** \$0 USD

3/21/24, 5:36 PM

Invoice #3022925 - Idealist

# Invoice #3022925 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/22/2024  
**Status** Paid  
**Memo**

Item	Price
<a href="#">Job Listing for "Operations Supervisor, UCC" in Phoenix for up to 30 days.</a>	\$125 USD

Payment: **Credit Card** (\$125.00 USD of \$125.00 USD)

**Due:** \$0 USD

3/21/24, 5:36 PM

Invoice #3022926 - Idealist

# Invoice #3022926 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/22/2024  
**Status** Paid  
**Memo**

Item	Price
<a href="#">Job Listing for "Legislative Affairs Associate" in Washington for up to 30 days.</a>	\$125 USD

Payment: **Credit Card** (\$125.00 USD of \$125.00 USD)

**Due:** \$0 USD

3/21/24, 5:37 PM

Invoice #3022934 - Idealist

# Invoice #3022934 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/22/2024  
**Status** Paid  
**Memo**


Item	Price
<a href="#">Job Listing for "Media Relations Director, Marketing &amp; Communications" in Washington for up to 30 days.</a>	\$125 USD
Payment: <b>Credit Card</b> (\$125.00 USD of \$125.00 USD)	

**Due:** \$0 USD

Check out your order details below

[View as webpage](#)

  
[1-800-Flowers.com](https://www.1-800-flowers.com)

 Order Confirmation

[Birthday](#)   [Same-Day](#)   [Sympathy](#)   [Best Sellers](#)

 Your Order Has Been Placed. Thanks for sending a smile

**Order #:** W01005896591194  
**Order Date:** 2/21/2024  
**Billing ZIP:** 20036  
**Order Details**

 [View Your Order](#)

**Recipient Address**

Latia Littlejohn  
10602 Vista Linda Dr  
Mitchellville, MD 20721

 Fields Of Europe Get Well-Lg



**Fields Of Europe Get Well-Lg**

**Product Number:** 191360L

**Price:** \$64.99

**Arrives On:** 02/22/2024

**Quantity:** 1

**Gift Message:**

Dear LaTia, We hope these flowers brighten your days and make you feel better every day. - Your HR Team

**Billing Details**

**Billing Address**

SONIA PEREZ  
1126 16TH STREET NW #600  
WASHINGTON, DC 20036 USA

**Payment Method**

AMEX  
Last four digits: 3008

**Order Total**

Subtotal:	\$64.99
Discount:	-\$13.00
Service Charge:	\$20.98
Tax:	\$4.38
<hr/>	
Order total:	<b>\$77.35</b>

**Please note:** Your gift will be expertly crafted and delivered by one of our local shops, who put their passion into every order. Local shops may substitute variety, color & container to ensure the freshest gift and timely delivery.

3/21/24, 5:37 PM

Invoice #3023355 - Idealist

# Invoice #3023355 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/26/2024  
**Status** Paid  
**Memo**

Item	Price
<a href="#">Job Listing for "Administrative Coordinator, Economic Initiatives" in Washington for up to 30 days.</a>	\$125 USD

Payment: [Credit Card](#) (\$125.00 USD of \$125.00 USD)

**Due:** \$0 USD

3/21/24, 5:37 PM

Invoice #3023357 - Idealist

# Invoice #3023357 - Paid

Idealist.org  
389 5th Ave, FL 9  
New York, NY 10016

---

**To** UnidosUS  
**Name** Karen Reyes  
**Email** kreyes@unidosus.org  
**Address** 1126 16th Street, NW, Washington, DC, 20036, United States  
**Posted** 2/26/2024  
**Status** Paid  
**Memo**

Item	Price
<a href="#">Job Listing for "Program Specialist, Workforce Development" in Washington for up to 30 days.</a>	\$125 USD

Payment: [Credit Card](#) (\$125.00 USD of \$125.00 USD)

**Due:** \$0 USD

**Checkr Inc.**  
1 Montgomery Street  
Suite 2400  
San Francisco CA 94104  
US

**Bill To:**  
UnidosUS  
1126 16th St NW #600  
Washington DC DC 20036  
US

# INVOICE

UnidosUS

**UNIDOSUS-A07ABA3D23-0010**

**Invoice #** 1122320

**PO #**

**Invoice Date:** 01/31/2024



**USD \$84.79**

**Due Date:** 02/07/2024

**AutoPay:** ON

Item	Quantity	Unit Price	Amount
Greenhouse Professional	1	\$79.99	\$79.99
<b>Subtotal</b>			\$79.99
<b>Sales Tax (6.0000%)</b>			\$4.80
<b>Total</b>			\$84.79



# Receipt from Daybook

Receipt #1711-7460

**AMOUNT PAID**

\$70.00

**DATE PAID**

Feb 15, 2024, 4:14:21 PM

**PAYMENT METHOD**

AMERICAN EXPRESS - 3008

**SUMMARY**

Daybook Listing \$70.00

**Amount charged \$70.00**

If you have any questions, contact us at [support@daybook.com](mailto:support@daybook.com) or call at **+1 571-306-3403**.



## MEMORANDUM

To: Johanna Greene, Deputy Vice President of Finance  
From: Sonia Pérez, COO  
Date: 10/11/24  
Re: Amex Reconciliation – February 2024 Statement, Missing Receipt

---

Please allow this memo to serve as documentation for the missing receipt on my February Amex Statement.

Date: 2/25/24 & 2/26/24  
Charge: Delta Airlines  
Amount: Charge and reimbursement \$2,801.70  
Cost Center: 1765 Cabinet Discretionary

I inadvertently used the UnidosUS Amex card to purchase two airline tickets and then cancelled the tickets. If you have any questions or require further information, please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Sonia Pérez".

Sonia Pérez, COO



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Sonia Pérez, COO



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Respectfully,

A handwritten signature in black ink, appearing to read "Sonia Pérez", enclosed in a thin black rectangular border.

Sonia Pérez, COO



## MEMORANDUM

To: Johanna Greene, Deputy Vice President of Finance  
From: Sonia Pérez, COO  
Date: 10/11/24  
Re: Amex Reconciliation – February 2024 Statement, Missing Receipt

---

Please allow this memo to serve as documentation for the missing receipt on my February Amex Statement.

Date: 2/25/24  
Charge: Delta Airlines  
Amount: Charge and reimbursement \$448.28  
Cost Center: 1765 Cabinet Discretionary

I inadvertently used the UnidosUS Amex card to purchase two airline tickets and then cancelled the tickets. If you have any questions or require further information, please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Sonia Pérez", enclosed in a thin black rectangular border.

Sonia Pérez, COO



## MEMORANDUM

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From: Sonia Pérez, COO  
Date: 10/11/24  
Re: Amex Reconciliation – February 2024 Statement, Missing Receipt

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Date: 2/25/24  
Charge: Delta Airlines  
Amount: Charge and reimbursement \$448.28  
Cost Center: 1765 Cabinet Discretionary

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Respectfully,

A handwritten signature in black ink, appearing to read "Sonia Pérez", enclosed in a thin black rectangular border.

Sonia Pérez, COO



Details for Order # D01-5218408-3853036

[Print this page for your records.](#)

Amazon.com order number: D01-5218408-3853036

Order Total: \$15.89

Digital Order: February 6, 2024	
<b>Items Ordered</b>	<b>Price</b>
<b>Prime Membership Fee</b>	\$14.99
Quantity: 1	
Sold By: Amazon.com Services LLC	
	Item(s) Subtotal: \$14.99
	----
	Total Before Tax: \$14.99
	Tax Collected: \$0.90
	----
	<b>Total for this Order: \$15.89</b>

Payment Information	
<b>Payment method</b>	Item(s) Subtotal: \$14.99
AMEX ending in 3008	Total Before Tax: \$14.99
<b>Billing address</b>	Tax Collected: \$0.90
UnidosUS Human Resources 1126 16TH ST NW STE 600 WASHINGTON, DC 20036-4845 United States 202.785.1670	<b>Grand Total: \$15.89</b>

[Return to the Order Summary.](#)

**Please note:** This is not a VAT invoice.

[Back to top](#)

English

United States

[Help](#)