



Corporate Card Statement of Account

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Prepared For
ELIZABETH CARRILLO
UNIDOS US

Account Number
XXXX-XXXXX7-91000

Closing Date
04/29/25

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$
0.00	950.85	0.00	0.00	0.00	950.85

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. 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 3796-278747-91000

ELIZABETH CARRILLO
UNIDOS US
1126 16TH ST NW #600
WASHINGTON DC 20036-4845

Payable upon receipt in U.S. Dollars.
Enter 15 digit account number on all payments.
Amount Due \$950.85
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
|||||

0000379627874791000 000095085000095085 29HH

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 conversion 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 you 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



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
- 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
ELIZABETH CARRILLO
 UNIDOS US

Account Number
 XXXX-XXXXXX7-91000

Closing Date
 04/29/25

Activity Date reflects either transaction or posting date

Card Number XXXX-XXXXXX7-91000		Reference Code	Amount \$
04/23/25	FOODRESEARC 4344297643 DC REF# 101783689663 4344297643 04/22/25 CHARITY ROC NUMBER 101783689663	10178368966	639.00
04/28/25	PERFECTGIFT.COM, LLC PITTSBURGH PA REF# CH_3RITHCIFL +18774484438 04/28/25		311.85
Total for ELIZABETH CARRILLO		New Charges/Other Debits	950.85
		Payments/Other Credits	0.00

From: [Michelle Ramirez](#)
To: [Elizabeth Carrillo](#)
Subject: Fw: Perfectgift.com Order 20250428-346386
Date: Monday, April 28, 2025 8:39:02 AM
Attachments: [Outlook-az5hahqh.png](#)

Below is the invoice for the 3 gift cards to our speakers.

Thanks!

Best,

Michelle Ramirez, MPH (she/her/ella) | **Program Specialist** | **Health**

UNIDOSUS

working remotely (CA) | † (213) 787-9602 | mramirez@unidosus.org
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From: PerfectGift.com <hello@send.perfectgift.com>

Sent: Monday, April 28, 2025 8:36 AM

To: Michelle Ramirez <mramirez@unidosus.org>

Subject: Perfectgift.com Order 20250428-346386

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.

perfectgift logo



Your order is placed and pending!

Your order 20250428-346386 has been placed and is currently **pending processing**.

Thanks for gifting with us,
Elizabeth.

Here are your order details.

Order information:

Payment method	AMEX *1000
Gift card value	\$300.00
Fees	\$11.85
Order total	\$311.85

Order summary (3):

\$100.00 DIGITAL VISA
GIFT CARD **\$100.00**

To: Thelma Cruz, tcruz@lorainelcentro.org

Estimated delivery within 15 minutes

\$100.00 DIGITAL VISA
GIFT CARD **\$100.00**

To: Cassidy Chait, CChait@maryscenter.org

Estimated delivery within 15 minutes

**\$100.00 DIGITAL VISA
GIFT CARD**

\$100.00

To: Juana Brown, Juanabr@rcma.org

Estimated delivery within 15 minutes

[VIEW MY ORDER STATUS](#)

ALWAYS AT YOUR SERVICE

Get in touch

We are committed to the highest possible level of prompt, professional, and personal service.

Have any questions about your order?

CALL 877-448-4438

Message Us



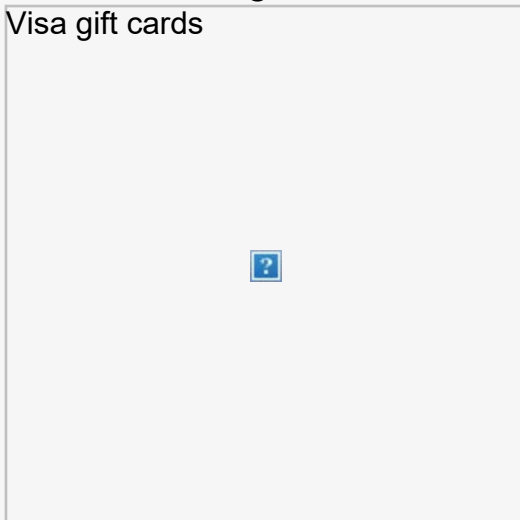
gift-options-image-top

gift-options-image-bottom

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Thank you,

The Perfect Gift Team



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Please add notify@alerts.perfectgift.com to your address book or safe sender list to ensure delivery.

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From: [Michelle Ramirez](#)
To: tcruz@lorainelcentro.org
Cc: [Rita Carreon](#); [Elizabeth Carrillo](#)
Subject: With Deep Gratitude – Thank You for Sharing Your Voice
Date: Monday, April 28, 2025 8:41:54 AM
Attachments: [Outlook-al1etidn.png](#)

Dear Thelma,

On behalf of the UnidosUS Health team, we'd like to thank you for being a part of our panel during our recent webinar, Supporting Families Through Immigration-Related Uncertainties. We are deeply grateful for the time, thoughtfulness, and expertise you brought to this important conversation, especially during these times.

Your insights helped create a powerful and compassionate space for learning, reflection, and empowerment. By sharing practical tools, uplifting stories of resilience, or strategies for trauma-informed care, your voice and contribution made a meaningful impact on all who attended.

As a small token of our appreciation, we've sent a virtual gift card to your email. You should receive it within the next 20 min of receiving this email. Please reach out if you don't see it come through.

Thank you again for your partnership and for all that you do to support the mental health and well-being of our Latino communities. Your voice helped elevate the realities many Latino families are facing, and your leadership is helping pave the way for healing and hope.

With gratitude,

Rita Carreón
Liz Carrillo
Michelle Ramirez

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From: [Michelle Ramirez](#)
To: [Juana Brown](#)
Cc: [Rita Carreon](#); [Elizabeth Carrillo](#)
Subject: With Deep Gratitude – Thank You for Sharing Your Voice
Date: Monday, April 28, 2025 8:41:12 AM
Attachments: [Outlook-43yajw1l.png](#)

Dear Juana,

On behalf of the UnidosUS Health team, we'd like to thank you for being a part of our panel during our recent webinar, Supporting Families Through Immigration-Related Uncertainties. We are deeply grateful for your time, thoughtfulness, and expertise you brought to this important conversation.

We are especially grateful that, despite the personal challenges you've been facing over the past few weeks, you still made the time to show up for this community. Your dedication and compassion truly embody the spirit of service that uplifts our work—thank you for your strength and generosity.

As a small token of our appreciation, we've sent a virtual gift card to your email. You should receive it within the next 20 min of receiving this email. Please reach out if you don't see it come through.

Thank you again for your partnership and for all that you do to support the mental health and well-being of our Latino communities. Your voice helped elevate the realities many Latino families are facing, and your leadership is helping pave the way for healing and hope.

With gratitude,

Rita Carreón
Liz Carrillo
Michelle Ramirez

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From: [Michelle Ramirez](#)
To: [Cassidy Chait](#)
Cc: [Rita Carreon](#); [Elizabeth Carrillo](#)
Subject: With Deep Gratitude – Thank You for Sharing Your Voice
Date: Monday, April 28, 2025 8:41:36 AM
Attachments: [Outlook-fm5mwdki.png](#)

Dear Cici,

On behalf of the UnidosUS Health team, we'd like to thank you for being a part of our panel during our recent webinar, Supporting Families Through Immigration-Related Uncertainties. We are deeply grateful for the time, thoughtfulness, and expertise you brought to this important conversation, especially during these times.

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With gratitude,

Rita Carreón
Liz Carrillo
Michelle Ramirez

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2025 Registration Confirmation

From National Anti-Hunger Policy Conference <ahpcregistration@mmsmeetings.com>
Date Tue 4/22/2025 10:11 AM
To Selene Tituaña <stituana@unidosus.org>
Cc selene.tituana@gmail.com <selene.tituana@gmail.com>

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.



4/22/2025
Elizabeth Carrillo
UnidosUS

Dear Elizabeth,

Thank you for registering for the 2025 National Anti-Hunger Policy Conference to be held May 4-6, 2025 at the Omni Shoreham Hotel in Washington, DC.

We are pleased to confirm that we have received and processed your registration in the amount listed below. Please print this message for your records and [click here](#) for a copy of your receipt.

Transaction Details

4/22/2025		
1 Full Conference Registration		\$ 639.00
Selene Tituaña Jurado (8724774)		
E-Commerce Credit Card Payment (American Express)		\$ 639.00
XXXXXXXXXXXX1000		
Total Purchase:		\$ 639.00
Total Payment:		\$ 639.00
Total Due:		\$ 0.00

Hotel Reservations

Omni Shoreham Hotel
2500 Calvert St NW
Washington, DC 20008 ([view map](#))

AHPC attendees have a special discounted room rate of \$292 per night, plus applicable tax.

The last day to receive the discounted rate is Friday, April 11 or when the room block sells out, whichever comes first.

[Click Here to Reserve Room at the Group Rate](#)

Alternatively, guests can call 1-800-THE-OMNI (1-800-843-6664) and book using the group code "2025 Anti Hunger Policy Conference".

Air Travel

We have worked with United Airlines to be able to offer a discount for air travel to Dulles International Airport (IAD) and Reagan Washington National Airport (DCA) for AHPC participants.

To access discounted air fare, [click here](#). The link will bring you to a reservation page with a pre-filled discount code, **ZQKZ647678**.

- United MileagePlus members earn valuable miles for their travel when using the Meetings discount code.
- You may also call the United Meetings Reservation Desk Monday – Friday at (800) 426-1122 for booking assistance and reference Meetings discount code **ZQKZ647678**.
- Booking fees are waived for Meeting reservations. International customers may contact their local United Reservation Desk.

Cancellations, Refunds & Substitutions

Conference cancellations must be received in writing no later than April 1, 2025. All cancellations are subject to a \$100 administrative fee. No refunds will be granted after April 1, 2025; however, substitutions without penalty are welcome. No refunds will be given for no-shows. Partial refunds will be reviewed on a case-by-case basis for situations involving documented flight or medical emergencies within four days of the conference start date. To be considered for a refund, request must be submitted in writing via ahpcregistration@mmsmeetings.com.

Contact Information

For additional questions, please contact us at 202-624-1748 (weekdays, 9 am to 5 pm ET), email ahpcregistration@mmsmeetings.com, or chat via our [Online Help Desk](#).



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in cooperation with the National CACFP Forum



[Unsubscribe/Change Preferences](#)

You are receiving this email because you are signed up for 2025 Anti-Hunger Policy Conference.

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Professional Development Fund Request Form

USER INSTRUCTIONS

Form Purpose: Use this form to request approval for professional development activities.

How to Complete this Form: Fill out this form, to include manager and component VP signature and submit to HR.

Deadline: This form must be received and approved at least one month in advance of the professional development activity.

Upon Completion of Activity: Submit Certification of Completion or another related document to HR to include in personnel file.

EMPLOYEE INFORMATION

Name: _____

Date: _____

PROFESSIONAL DEVELOPMENT PLAN DETAILS:

Name of training/workshop/conference: _____

Training/workshop/conference Provider: _____

Date(s): _____

Location: _____

Provide details describing objectives, topics, and content that should be covered during this activity.

Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.

How does this training/development relate to your primary role at UnidosUS?

(Managers only) How will your attendance at this activity benefit the staff you supervise or the people you work with?

PROJECTED EXPENDITURE:

Registration cost: _____

APPROVAL:

Employee signature: _____ Date: _____

Manager signature: _____ Date: _____

VP signature: _____ Date: _____

HR signature: _____ Date: _____

Please note: The Professional Development Fund is subject to annual company budgets established for external trainings and memberships.

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