

Daniel Ibarra

From: Daniel Ibarra <daniel.ibarra2133@yahoo.com>
Sent: Thursday, May 22, 2025 12:07 PM
To: Daniel Ibarra
Subject: Fwd: Your ride with Martin on May 20

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.

Sent from my iPhone

Begin forwarded message:

From: Lyft Receipts <no-reply@lyftmail.com>
Date: May 20, 2025 at 2:01:42 PM CDT
To: daniel.ibarra2133@yahoo.com
Subject: **Your ride with Martin on May 20**



MAY 20, 2025 AT 1:45 PM

Thanks for riding with Martin!

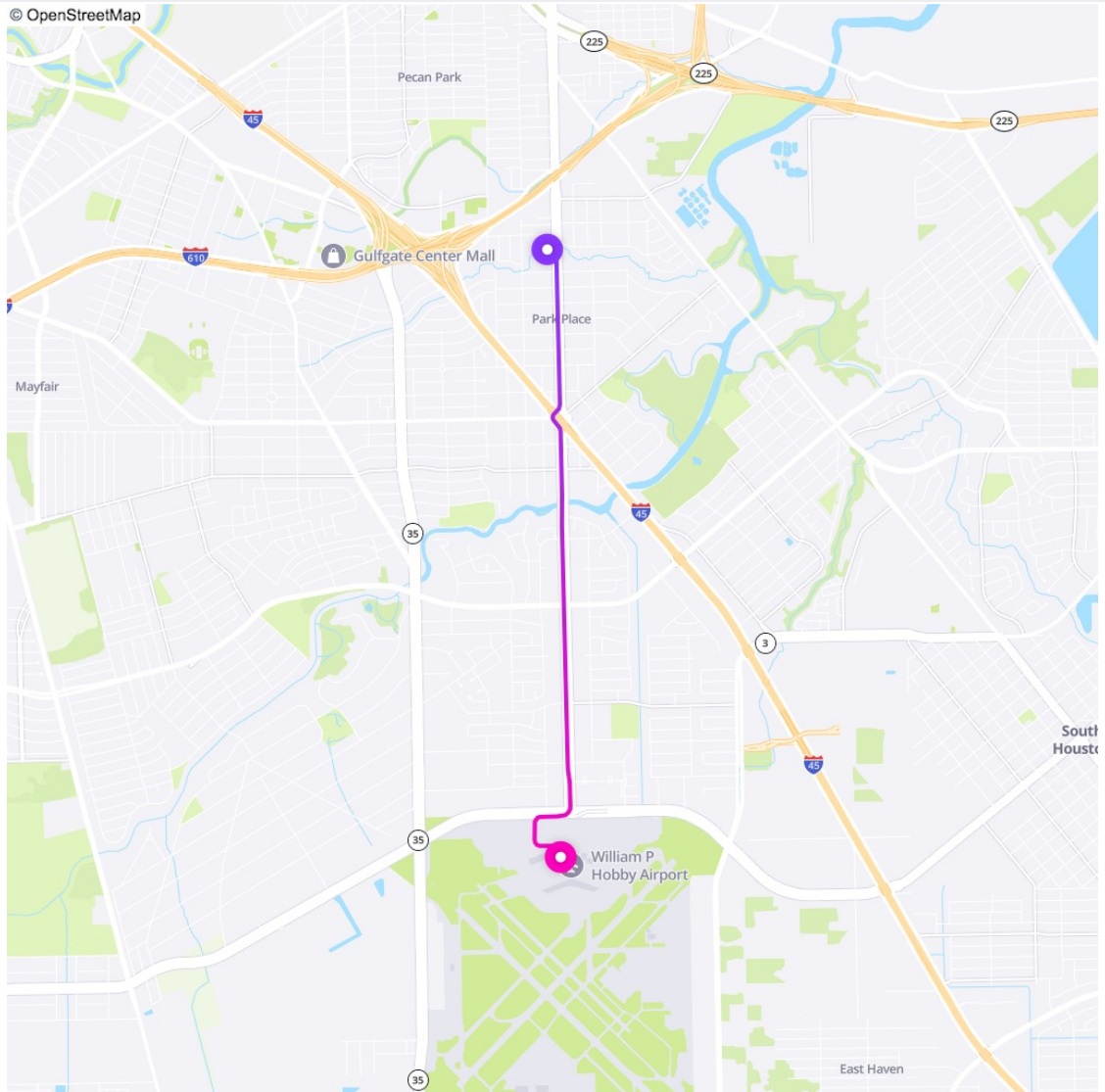
100% of tips go to drivers. [Add a tip](#)

Lyft fare (3.23mi, 10m 52s)	\$14.56
Texas Surcharge	\$0.43
Priority Pickup Upgrade	\$2.79
Tip	\$3.56



American Express *1002

\$21.34



- **Pickup** 1:45 PM
2950 Broadway St, Houston, TX
- **Drop-off** 1:56 PM
7800 Airport Blvd, Houston, TX

Tip driver

Find lost item

Request

To protect against unauthorized behavior, you may see [an authorization hold](#) on your bank statement. This is to verify your payment method and will not be charged.

[Help Center](#)

Receipt #2085045770242649042

We never share your address with your driver after a ride.
[Learn more](#) about our commitment to safety.

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548 Market St., P.O. Box 68514
San Francisco, CA 94104
CPUC ID No. TCP0032513 - P

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[Become a Driver](#)

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. Expenses up to \$1000 per fiscal year approved by your manager/VP will be covered by HR (CC 1811-10)

RECEIPT

Leanne Ryder
Phone: 8609929651
680 Rhode Island Avenue Northeast
Washington
DC
20002
United States

Invoice Date
07 May 2025

Invoice Number
TMC-62726



The Management Center
1802 Vernon Street NW PMB2308
Washington
DC
20009
Phone: 202-559-7475
Email: admin@managementcenter.org

Description	Quantity	Unit Price	Amount USD
Giving Feedback (FEEDBACK-026), 19-May-2025 10:00 AM, Leanne Ryder (lryder@unidosus.org)	1.00	250.00	250.00
		Subtotal	250.00
		Invoice Total USD	250.00
		Total Net Payments USD	250.00
		Amount Due USD	0.00

Daniel Ibarra

From: Daniel Ibarra <daniel.ibarra2133@yahoo.com>
Sent: Thursday, May 22, 2025 12:07 PM
To: Daniel Ibarra
Subject: Fwd: Your ride with Raed on May 20

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.

Sent from my iPhone

Begin forwarded message:

From: Lyft Receipts <no-reply@lyftmail.com>
Date: May 20, 2025 at 1:47:10 PM CDT
To: daniel.ibarra2133@yahoo.com
Subject: Your ride with Raed on May 20



MAY 20, 2025 AT 10:25 AM

Thanks for riding with Raed!

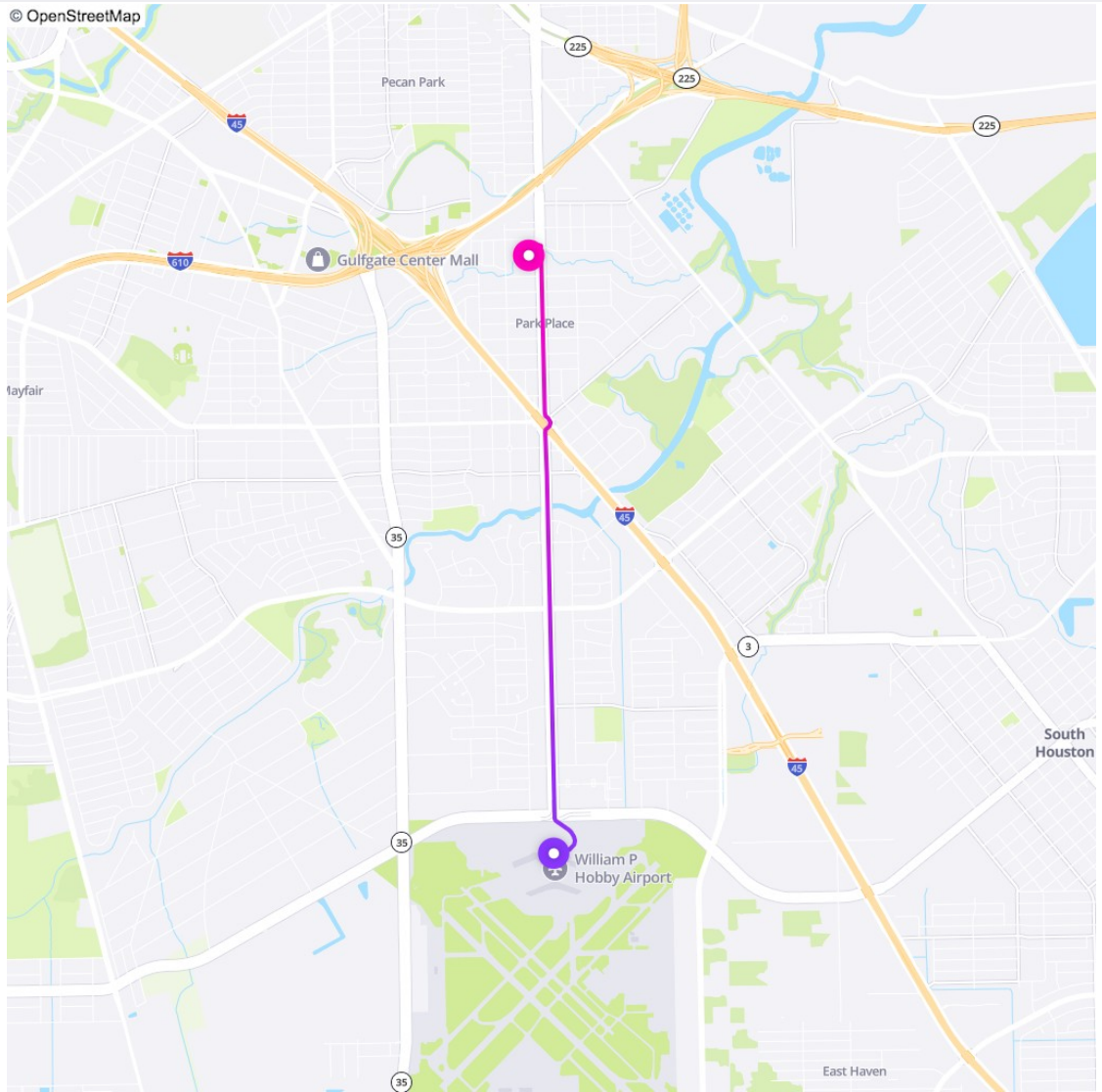
100% of tips go to drivers. [Add a tip](#)

Extra Comfort fare (3.15mi, 9m 5s)	\$15.73
Texas Surcharge	\$0.38
Tip	\$4.00



American Express *1002

\$20.11



- **Pickup 10:25 AM**
7690 Airport Blvd, Houston, TX
- **Drop-off 10:34 AM**
2950 Broadway St, Houston, TX

[Tip driver](#)

[Find lost item](#)

[Request](#)

To protect against unauthorized behavior, you may see [an authorization hold](#) on your bank statement. This is to verify your payment method and will not be charged.

[Help Center](#)

Receipt #2084993791899088096

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CPUC ID No. TCP0032513 - P

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Corporate Card Statement of Account

**Sign-up For
Online Statements**

www.americanexpress.com/gopaperless

Prepared For
LEANNE M RYDER
UNIDOS US

Account Number
XXXX-XXXXX1-11002

Closing Date
05/29/25

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$
419.63	291.45	0.00	419.63	0.00	291.45

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 3794-219391-11002

LEANNE M RYDER
UNIDOS US
680 RHODE ISLAND AVE
WASHINGTON DC 20002-1269

Payable upon receipt in U.S. Dollars.
Enter 15 digit account number on all payments.
Amount Due \$291.45
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
|||

0000379421939111002 000029145000029145 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:
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For all further inquiries or to pay by phone, please call the number on the back of your Card.

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International Collect:
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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

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- Online at www.americanexpress.com/updatecontactinfo
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- 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
LEANNE M RYDER
 UNIDOS US

Account Number
 XXXX-XXXXX1-11002

Closing Date
 05/29/25

Activity Date reflects either transaction or posting date

Card Number XXXX-XXXXX1-11002		Reference Code	Amount \$
05/14/25	CORPORATE REMITTANCE RECEIVED	05/14	-419.63
05/08/25	The Management Cente WASHINGTON DC REF# TMC-62726 2025597475	05/07/25	250.00
05/20/25	LYFT *RIDE TUE 10A SAN FRANCISCO CA CH_2RQRYG 2084993791899088094104 05/20/25 2084993791899088096 ROC NUMBER CH_2RQRYGJBKGSJT TAX \$2.75		20.11
05/20/25	LYFT *RIDE TUE 1PM SAN FRANCISCO CA CH_2RQV7S 2085045770242649094104 05/20/25 2085045770242649042 ROC NUMBER CH_2RQV7SJBKGSJT TAX \$2.75		21.34
Total for LEANNE M RYDER		New Charges/Other Debits Payments/Other Credits	291.45 -419.63

