

MAR 12 2012

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of)
)
ANN K. NEUHAUS, M.D.)
Kansas License No. 04-21596)
_____)

Docket No. 10-HA-00129
OAH Docket No. 10-HA0014

PETITIONER'S STATEMENT OF COSTS

COMES NOW Petitioner, pursuant to K.S.A. 65-2846(b) and files it's Statement of Costs. After careful review of the Board's records, the following costs have been identified as "costs incurred" under the provisions of K.S.A. 65-2846(b), and copies of the relevant invoice(s) are attached hereto and submitted as Exhibits 1-4.

1.	Transcripts and Court Reporter Fees:	Total \$ 9,911.15
	a. Appino & Biggs Reporting Services, Inc. July 22, 2010, Pre-Hearing Conference	\$ 176.20
	b. Appino & Biggs Reporting Services, Inc. August 4, 2011, K. Allen Greiner, M.D. Volume 1 Deposition	\$ 644.80
	c. Appino & Biggs Reporting Services, Inc. August 5, 2011, K. Allen Greiner, M.D. Volume 2 Deposition	\$ 1,049.65
	d. Appino & Biggs Reporting Services, Inc. August 8, 2011, K. Allen Greiner, M.D. Volume 3 Deposition	\$ 869.60
	e. Appino & Biggs Reporting Services, Inc. August 22, 2011, Prehearing Conference	\$ 40.00
	f. Appino & Biggs Reporting Services Inc. August 31, 2012, Prehearing Conference	\$ 100.00
	g. Appino & Biggs Reporting Services, Inc. September 12, 2011, Hearing	\$1,322.00
	h. Appino & Biggs Reporting Services, Inc. September 13, 2011, Hearing	\$ 1,129.50
	i. Appino & Biggs Reporting Services, Inc. September 14, 2011, Hearing	\$ 1,342.90
	j. Appino & Biggs Reporting Services, Inc. September 15, 2011, Hearing	\$ 1,663.50
	k. Appino & Biggs Reporting Services, Inc. September 16, 2011, Hearing	\$ 878.00

1.	Appino & Biggs Reporting Services, Inc. November 4, 2011, Hearing	\$ 695.00
2.	Administrative Hearing/Presiding Officers Expenses:	Total \$4,445.00
a.	Statement of February 28, 2012 Office of Administrative Hearings Billings for Edward Gaschler, Presiding Officer	\$ 4,445.00
3.	Petitioner's Experts' Expenses and Travel:	Total \$ 75,030.91
	Liza Gold, M.D.	
a.	Billing Invoice May 14, 2009 Detailed invoice attached	\$ 1,500.00
b.	Billing Invoice July 27, 2009 Detailed invoice attached	\$ 11,875.00
c.	Billing Invoice January 8, 2010 Detailed Invoice attached	\$ 3,500.00
d.	Billing Invoice June 1, 2010 Detailed Invoice attached	\$ 500.00
e.	Billing Invoice April 29, 2011 Detailed Invoice attached	\$ 1,000.00
f.	Billing Invoice July 5, 2011 Detailed Invoice attached	\$ 8,216.00
g.	Billing Invoice August 8, 2011 Detailed Invoice attached	\$ 1,200.00
h.	Billing Invoice August 31, 2011 Detailed Invoice attached	\$ 400.00
i.	Billing Invoice September 19, 2011 Detailed Invoice attached This does not include airfare or food expenditures	\$ 35,789.93
j.	Billing Invoice November 7, 2011 Detailed Invoice attached This does not include food expenditures	\$ 11,049.98
4.	Board Counsel Fees/Expenses:	Total \$ 3,285.38
a.	Lori Dougherty, Associate Litigation Counsel 6/23/11 to 6/25/11 Miles, Meals, Tolls, Parking	\$ 268.70
b.	Reese H. Hays, Litigation Counsel 6/23/11 to 6/25/11 Mileage, Meals, Lodging Baggage Fees, Rental Car, Parking Fees	\$ 1,418.30
c.	Lori Dougherty, Associate Litigation Counsel 6/23/11 to 6/25/11 Airline Travel	\$ 696.90
d.	Reese Hays, Litigation Counsel	

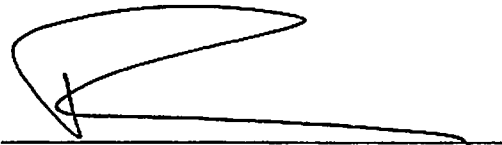
	6/23/11 to 6/25/11 Airline Travel	\$ 696.90
e.	Reese Hays, Litigation Counsel	
	4/21/11 Mileage to and from Witness Interviews	\$ 70.00
f.	Reese Hays, Litigation Counsel	
	5/11/11 Mileage to and from Witness Interviews	\$70.00
g.	Jessica Bryson, Associate Litigation Counsel	
	8/4/11 and 8/5/11 Enterprise Rental Car	\$ 64.58

Estimated Total Costs \$ 92,672.44

WHEREFORE, Petitioner requests that the Board assess the above stated cost and order

Licensee pay the Board the amount of \$ 92,672.44

Respectfully submitted,



Reese H. Hays, #22700
 Litigation Counsel
 Jessica Bryson, #22669
 Associate Litigation Counsel
 Kansas Board of Healing Arts
 800 SW Jackson
 Lower Level, Suite A
 Topeka, Kansas 66612
 (785) 296-7413

CERTIFICATE OF SERVICE

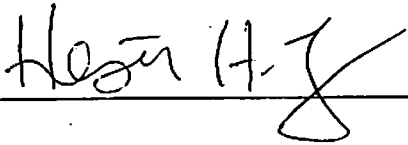
I, hereby certify that a true and correct copy of the above and foregoing
PETITIONER'S STATEMENT OF COSTS was sent via United States mail, first class
postage pre-paid on this 2nd day of March, 2012 to the following:

Robert V. Eye
Kelly J. Kauffman
KAUFFMAN & EYE
The Dibble Building
123 S.E. 6th Avenue, Suite 200
Topeka, Kansas 66603

Edward J. Gaschler, Presiding Officer
Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, Kansas 66612

and the original was filed with the office of:

Kathleen Selzler Lippert
Executive Director
Kansas State Board of Healing Arts
800 SW Jackson Ave
Lower Level, Suite A
Topeka, Kansas 66612



INVOICE

Appino & Biggs Reporting Service, Inc.
 TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
 785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
62282	8/3/2010	18088
Job Date	Case No.	
7/22/2010	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

KELLI J. STEVENS
 KANSAS STATE BOARD OF HEALING ARTS
 235 S TOPEKA BOULEVARD
 TOPEKA, KS 66603-3068

ORIGINAL TRANSCRIPT OF:
 PREHEARING CONFERENCE

Appearance Fee - Hourly	22.00	Pages	@	2.40	52.80
Delivery	2.00	Hours	@	20.00	40.00
CD				10.00	10.00
Condensed/Word Index - 1 cy				65.00	65.00
	6.00		@	1.40	8.40
TOTAL DUE >>>					\$176.20

Contract #10424
 Start time - 11:11 a.m./ Stop time - 11:38 a.m.

WE APPRECIATE YOUR BUSINESS

Appino & Biggs Reporting Service will be utilizing electronic billing beginning June 1, 2010. Please email Billing@appinobiggs.com with the contact name and email address that you desire your invoices be sent to. This is not required if you have already provided billing instructions. If no information is received the invoices will be emailed to you until we are directed differently. Thank you!

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852

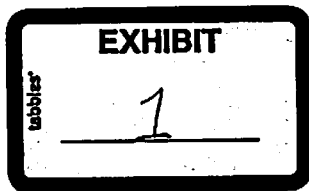
Please detach bottom portion and return with payment.

Job No. : 18088 BU ID : 1-MAIN
 Case No. : 10-HA00129; 10HA0014
 Case Name : ANN NEUHAUS, M.D.




Invoice No. : 62282 Invoice Date : 8/3/2010
 Total Due : \$176.20

KELLI J. STEVENS
 KANSAS STATE BOARD OF HEALING ARTS
 235 S TOPEKA BOULEVARD
 TOPEKA, KS 66603-3068

Remit To: Appino & Biggs Reporting Service, Inc.
 5111 S.W. 21st Street
 Topeka, KS 66604



PAYMENT WITH CREDIT CARD

Cardholder's Name: _____
 Card Number: _____
 Exp. Date: _____ Phone#: _____
 Billing Address: _____
 Zip: _____ Card Security Code: _____
 Amount to Charge: _____
 Cardholder's Signature: _____

GAB
ok
8/26/2011

INVOICE

Appino & Biggs Reporting Service, Inc.
TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
66857	8/25/2011	22505
Job Date	Case No.	
8/4/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:
K. ALLEN GREINER, M.D., VOL 1 644.80

TOTAL DUE >>> \$644.80

Start Time: 3:00 p.m./Stop Time: 5:00 p.m.
Contract No. 10424

If corrections are made by the witness to the transcript they will now be inserted into the electronic transcript on the Repository.

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852


Please detach bottom portion and return with payment.

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

Job No. : 22505 BU ID : 1-MAIN
Case No. : 10-HA00129; 10HA0014
Case Name : ANN NEUHAUS, M.D.

Invoice No. : 66857 Invoice Date : 8/25/2011
Total Due : \$644.80

Remit To: Appino & Biggs Reporting Service, Inc.
5111 S.W. 21st Street
Topeka, KS 66604

PAYMENT WITH CREDIT CARD 

Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

AFAB
OK
8/20/2011

INVOICE

Appino & Biggs Reporting Service, Inc.
TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
66831	8/25/2011	22506
Job Date	Case No.	
8/5/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:

K. ALLEN GREINER, JR., M.D., VOL 2

1,049.65

TOTAL DUE >>>

\$1,049.65

Start Time: 8:00 a.m./Stop Time: 12:05 p.m.
Contract No. 10424

If corrections are made by the witness to the transcript they will now be inserted into the electronic transcript on the Repository.

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852

Please detach bottom portion and return with payment.

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

Job No. : 22506 BU ID : 1-MAIN
Case No. : 10-HA00129; 10HA0014
Case Name : ANN NEUHAUS, M.D.

Invoice No. : 66831 Invoice Date : 8/25/2011
Total Due : \$1,049.65

Remit To: Appino & Biggs Reporting Service, Inc.
5111 S.W. 21st Street
Topeka, KS 66604

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

QAB
OK
8/26/2011

INVOICE

Appino & Biggs Reporting Service, Inc.
TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
66859	8/25/2011	22597
Job Date	Case No.	
8/8/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:

K. ALLEN GREINER, M.D., VOL. 3

869.60
TOTAL DUE >>> \$869.60

If corrections are made by the witness to the transcript they will now be inserted into the electronic transcript on the Repository.

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852


Please detach bottom portion and return with payment.

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

Job No. : 22597 BU ID : 1-MAIN
Case No. : 10-HA00129; 10HA0014
Case Name : ANN NEUHAUS, M.D.

Invoice No. : 66859 Invoice Date : 8/25/2011
Total Due : \$869.60

Remit To: Appino & Biggs Reporting Service, Inc.
5111 S.W. 21st Street
Topeka, KS 66604

PAYMENT WITH CREDIT CARD 

Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

JAB
OK
8/25/2011

INVOICE

Appino & Biggs Reporting Service, Inc.
TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67002	8/23/2011	21743
Job Date	Case No.	
8/22/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

PREHEARING CONFERENCE	40.00
TOTAL DUE >>>	\$40.00
WE APPRECIATE YOUR BUSINESS	

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852




Please detach bottom portion and return with payment.

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

Job No. : 21743 BU ID : 1-MAIN
Case No. : 10-HA00129; 10HA0014
Case Name : ANN NEUHAUS, M.D.

Invoice No. : 67002 Invoice Date : 8/23/2011
Total Due : \$40.00

Remit To: Appino & Biggs Reporting Service, Inc.
5111 S.W. 21st Street
Topeka, KS 66604

PAYMENT WITH CREDIT CARD				
Cardholder's Name: _____				
Card Number: _____				
Exp. Date: _____		Phone#: _____		
Billing Address: _____				
Zip: _____		Card Security Code: _____		
Amount to Charge: _____				
Cardholder's Signature: _____				

INVOICE

Appino & Biggs Reporting Service, Inc.
 TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
 785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67130	9/8/2011	22869
Job Date	Case No.	
8/31/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

*RA
OK*

ORIGINAL TRANSCRIPT OF:
 PREHEARING CONFERENCE

Client Matter No. : 10 HA00129
 Start Time: 8:54 a.m./Stop Time: 9:19 a.m.
 Contract No. 10424

WE APPRECIATE YOUR BUSINESS

100.00
TOTAL DUE >>> \$100.00

(-) Payments/Credits: 0.00
 (+) Finance Charges/Debits: 1.50
 (=) New Balance: 101.50

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852

Please detach bottom portion and return with payment.

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

Job No. : 22869 BU ID : 1-MAIN
 Case No. : 10-HA00129; 10HA0014
 Case Name : ANN NEUHAUS, M.D.
 Invoice No. : 67130 Invoice Date : 9/8/2011
 Total Due : \$101.50

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
 Card Number: _____
 Exp. Date: _____ Phone#: _____
 Billing Address: _____
 Zip: _____ Card Security Code: _____
 Amount to Charge: _____
 Cardholder's Signature: _____

Remit To: Appino & Biggs Reporting Service, Inc.
 5111 S.W. 21st Street
 Topeka, KS 66604

INVOICE

Appino & Biggs Reporting Service, Inc.
 TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
 785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67256	9/22/2011	21744
Job Date	Case No.	
9/12/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:
 FORMAL HEARING, VOL. 1

1,322.00

TOTAL DUE >>> \$1,322.00

Client Matter No. : 10-HA000129

Start Time: 9:01 a.m./Stop Time: 4:01 p.m.
 Contract No. 10424

WE AI

*needs
 - an OK ?
 - in/facts -
 - date*

*PK
 10/8/11*

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852

Please detach bottom portion and return with payment.

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

Job No. : 21744 BU ID : 1-MAIN

Case No. : 10-HA00129; 10HA0014

Case Name : ANN NEUHAUS, M.D.

Invoice No. : 67256 Invoice Date : 9/22/2011

Total Due : \$1,322.00

Remit To: Appino & Biggs Reporting Service, Inc.
 5111 S.W. 21st Street
 Topeka, KS 66604

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

INVOICE

Appino & Biggs Reporting Service, Inc.
 TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION

785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67257	9/30/2011	21745
Job Date	Case No.	
9/13/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:
 FORMAL HEARING, VOL. 2

1,129.50

TOTAL DUE >>> **\$1,129.50**

Client Matter No. : 10-HA000129

Start Time: 8:30 a.m./Stop Time: 4:31 p.m.
 Contract No. 10424

WE APPRECIATE YOUR BUSINESS

*Det OK
10/3/11*

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852


Please detach bottom portion and return with payment.

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

Job No. : 21745 BU ID : 1-MAIN
 Case No. : 10-HA00129; 10HA0014
 Case Name : ANN NEUHAUS, M.D.

Invoice No. : 67257 Invoice Date : 9/30/2011
 Total Due : \$1,129.50

Remit To: Appino & Biggs Reporting Service, Inc.
 5111 S.W. 21st Street
 Topeka, KS 66604

PAYMENT WITH CREDIT CARD 

Cardholder's Name: _____
 Card Number: _____
 Exp. Date: _____ Phone#: _____
 Billing Address: _____
 Zip: _____ Card Security Code: _____
 Amount to Charge: _____
 Cardholder's Signature: _____

INVOICE

Appino & Biggs Reporting Service, Inc.
 TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
 785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67288	9/30/2011	21746
Job Date	Case No.	
9/14/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:

FORMAL HEARING, VOL. 3

1,342.90

TOTAL DUE >>>

\$1,342.90

Client Matter No. : 10-HA00129

Start Time: 8:30 a.m./Stop Time: 3:35 p.m.

Contract No. 10424

WE APPRECIATE YOUR BUSINESS

*PAID OK
10/8/11*

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852

Please detach bottom portion and return with payment.

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

Job No. : 21746 BU ID : 1-MAIN
 Case No. : 10-HA00129; 10HA0014
 Case Name : ANN NEUHAUS, M.D.
 Invoice No. : 67288 Invoice Date : 9/30/2011
 Total Due : \$1,342.90

Remit To: Appino & Biggs Reporting Service, Inc.
 5111 S.W. 21st Street
 Topeka, KS 66604

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
 Card Number: _____
 Exp. Date: _____ Phone#: _____
 Billing Address: _____
 Zip: _____ Card Security Code: _____
 Amount to Charge: _____
 Cardholder's Signature: _____

QAB
10/5/2011
OK

INVOICE

Appino & Biggs Reporting Service, Inc.
TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67289	10/5/2011	21747
Job Date	Case No.	
9/15/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:
FORMAL HEARING, VOL. 4

Client Matter No. : 10-HA00129

Start Time: 8:30 a.m./Stop Time: 4:55 p.m.
Contract No. :10424

WE APPRECIATE YOUR BUSINESS

	1,663.50
TOTAL DUE >>>	\$1,663.50

Tax ID: 48-1211481

Phone: 785-296-7413 Fax:785-296-0852


Please detach bottom portion and return with payment.

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

Job No. : 21747 BU ID : 1-MAIN
Case No. : 10-HA00129; 10HA0014
Case Name : ANN NEUHAUS, M.D.

Invoice No. : 67289 Invoice Date : 10/5/2011
Total Due : \$1,663.50

Remit To: Appino & Biggs Reporting Service, Inc.
5111 S.W. 21st Street
Topeka, KS 66604

PAYMENT WITH CREDIT CARD 

Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

JAH
10/5/2011
OK

INVOICE

Appino & Biggs Reporting Service, Inc.
TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
785.273.3063 913.383.1131 888.273.3063

Invoice No.	Invoice Date	Job No.
67312	10/5/2011	23074
Job Date	Case No.	
9/16/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:
FORMAL HEARING, VOL 5

878.00

TOTAL DUE >>> \$878.00

Client Matter No. : 10-HA00129
Start Time: 8:30 a.m./Stop Time: 1:45 p.m.
Contract No. 10424

WE APPRECIATE YOUR BUSINESS

Tax ID: 48-1211481


Phone: 785-296-7413 Fax: 785-296-0852

Please detach bottom portion and return with payment.

REESE H. HAYS
KANSAS STATE BOARD OF HEALING ARTS
800 S.W. JACKSON
LOWER LEVEL - SUITE A
TOPEKA, KS 66612

Job No. : 23074 BU ID : 1-MAIN
Case No. : 10-HA00129; 10HA0014
Case Name : ANN NEUHAUS, M.D.
Invoice No. : 67312 Invoice Date : 10/5/2011
Total Due : \$878.00

Remit To: Appino & Biggs Reporting Service, Inc.
5111 S.W. 21st Street
Topeka, KS 66604

PAYMENT WITH CREDIT CARD 

Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

Appino & Biggs Reporting Service, Inc.
 TECHNOLOGY SPECIALISTS IN COMPLEX LITIGATION
 785.273.3063 913.383.1131 888.273.3063

INVOICE

Invoice No.	Invoice Date	Job No.
67841	11/21/2011	23383
Job Date	Case No.	
11/4/2011	10-HA00129; 10HA0014	
Case Name		
ANN NEUHAUS, M.D.		
Payment Terms		
Due upon receipt		

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:
 FORMAL HEARING, VOL 6

Client Matter No. : 10-HA00129
 Start Time: 9:00 a.m./Stop Time: 12:44 p.m.
 Contract No. 10424

WE APPRECIATE YOUR BUSINESS

695.00
TOTAL DUE >>> **\$695.00**

Tax ID: 48-1211481

Phone: 785-296-7413 Fax: 785-296-0852




Please detach bottom portion and return with payment.

REESE H. HAYS
 KANSAS STATE BOARD OF HEALING ARTS
 800 S.W. JACKSON
 LOWER LEVEL - SUITE A
 TOPEKA, KS 66612

Job No. : 23383 BU ID : 1-MAIN
 Case No. : 10-HA00129; 10HA0014
 Case Name : ANN NEUHAUS, M.D.

Invoice No. : 67841 Invoice Date : 11/21/2011
 Total Due : \$695.00

Remit To: Appino & Biggs Reporting Service, Inc.
 5111 S.W. 21st Street
 Topeka, KS 66604

PAYMENT WITH CREDIT CARD				
Cardholder's Name: _____				
Card Number: _____				
Exp. Date: _____		Phone#: _____		
Billing Address: _____				
Zip: _____		Card Security Code: _____		
Amount to Charge: _____				
Cardholder's Signature: _____				



Office of Administrative Hearings

Total
all
fiscal years

TRACY T. DIEL
Director
1020 S. Kansas
Topeka, KS 66612
(785) 296-2433
FAX (785) 296-4848

STATEMENT OF SERVICES RENDERED

for

HEALING ARTS, STATE BOARD OF

RE: Ann Neuhaus, MD
Case No. 10 HA00129

Tuesday, February 28, 2012

Date of Service	Description	Hours	Total
6/22/2010	Review petition - set prehearing	0.5	\$35.00
7/15/2010	Review prehearing questionnaire	0.25	\$17.50
7/22/2010	Prehearing	0.75	\$52.50
10/29/2010	Review amended prehearing order	0.25	\$17.50
2/17/2011	Review amended prehearing order	0.25	\$17.50
2/18/2011	Phone call re: hearing dates	0.25	\$17.50
3/2/2011	Phone call with attorneys	0.25	\$17.50
3/8/2011	Reviewed Order, Phone call	0.25	\$17.50
3/11/2011	Letter, Prehearing Order	0.25	\$17.50
3/28/2011	Reviewed Motion	0.25	\$17.50
5/8/2011	Reviewed Letter and Motion	0.25	\$17.50
5/10/2011	Order & Letter	0.25	\$17.50
7/12/2011	Review motion - notice of hearing	0.25	\$17.50
7/25/2011	Review motion - response	0.75	\$52.50
7/26/2011	Prehearing (10:50 - 11:35)	0.75	\$52.50
7/28/2011	Letter ruling	0.25	\$17.50
8/30/2011	Review motions	1.25	\$87.50
8/31/2011	Prehearing (8:40 - 9:30)	0.75	\$52.50
9/8/2011	Review motions	1.25	\$87.50
9/12/2011	Hearing (8:45 - 12:00, 1:00 - 4:30)	6.25	\$437.50
9/13/2011	Hearing (8:30 - 11:30, 2:00 - 4:30)	5.25	\$367.50
9/14/2011	Hearing (8:30 - 12:15, 1:15 - 4:15)	6.75	\$472.50
9/15/2011	Hearing (8:15 - 12:00, 1:00 - 5:00)	7.75	\$542.50
9/16/2011	Hearing (8:15 - 12:00, 1:00 - 2:00)	4.75	\$332.50
11/4/2011	Hearing (9:00 - 11:30, 12:30 - 1:00)	3	\$210.00
11/19/2011	Review briefs	2.5	\$175.00
1/20/2012	Review transcript	3	\$210.00

EXHIBIT

2

tabbies



Office of Administrative Hearings

TRACY T. DIEL
Director
1020 S. Kansas
Topcka, KS 66612
(785) 296-2433
FAX (785) 296-4848

1 /25/2012	Review transcript	3	\$210.00
1 /26/2012	Rough draft	4.5	\$315.00
2 /6 /2012	Rough draft	4.5	\$315.00
2 /9 /2012	Rough draft	1.75	\$122.50
2 /18/2012	Final draft	1.5	\$105.00
Total:		63.5	\$4,445.00

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

Please make checks payable to: Liza H Gold M.D.

Kathleen Selzler *Lippert
 Kansas Board of Healing Arts
 235 S. Topeka Boulevard
 Topeka, KS 66603-3068

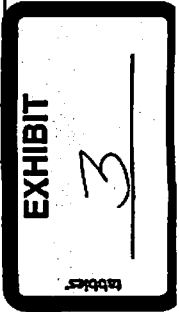
Statement Date: 05/14/09

Billing period: 1/1/09 to 5/14/09

			Previous Balance:		\$0.00
Date	CPT	Description	Fee	Payment	Balance
5/3/09	4	Doc. Review 1.5 hrs.	\$750.00		\$750.00
5/4/09	2	Doc. Review .5 hrs.	\$250.00		\$1,000.00
5/10/09	2	Doc. Review .5 hrs.	\$250.00		\$1,250.00
5/11/09	90862	Phone Consultation	\$500.00		\$1,750.00
5/14/09		Professional Courtesy		\$250.00	\$1,500.00
			New Balance		\$1,500.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$1,500.00



For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

Please make checks payable to: Liza H Gold M.D.

Kathleen Selzler *Lippert
 Kansas Board of Healing Arts
 235 S. Topeka Boulevard
 Topeka, KS 66603-3068

Statement Date: 07/27/09

Billing period: 5/22/09 to 7/27/09

			Previous Balance:		\$0.00
Date	CPT	Description	Fee	Payment	Balance
5/22/09	51	Phone Call .5 hr.	\$250.00		\$250.00
7/20/09	39	Report Prep. 4 hrs.	\$2,000.0		\$2,250.00
7/20/09	5	Doc. Review 2 hrs.	\$1,000.0		\$3,250.00
7/21/09	32	Report Prep. .5 hrs.	\$250.00		\$3,500.00
7/23/09	34	Report Prep. 1.5 hrs.	\$750.00		\$4,250.00
7/24/09	50	Phone Call .25 hr.	\$125.00		\$4,375.00
7/24/09	39	Report Prep. 4 hrs.	\$2,000.0		\$6,375.00
7/25/09		Report Prep. 6 hrs.	\$3,000.0		\$9,375.00
7/26/09	125	Report Prep. 5 hrs.	\$2,500.0		\$11,875.0
				New Balance	\$11,875.00

Investigative Case No. 07-00158

Tax ID No: 54-1723362

Over 90 Days\$0.00 61-90 Days\$250.00 31-60 Days\$0.00 0-30 Days\$11,625.0

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
 Kelli J. Stevens
 235 S. Topeka Boulevard
 Topeka, KS 66603-3068

Statement Date: 01/08/10

Billing period: 12/1/09 to 1/8/10

					Previous Balance:	\$0.00
Date	CPT	Description	Fee	Payment	Balance	
12/28/09	8	Doc. Review 3.5 hrs.	\$1,300.0		\$1,300.00	
12/29/09	9	Doc. Review 4 hrs.	\$1,600.0		\$2,900.00	
12/30/09	3	Doc. Review 1 hr.	\$400.00		\$3,300.00	
1/8/10	51	Phone Call .5 hr.	\$200.00		\$3,500.00	
					New Balance	\$3,500.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$3,500.00

2501 N. Glebe Road
 Suite 204
 Arlington, VA 22207

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
 Kelli J. Stevens
 235 S. Topeka Boulevard
 Topeka, KS 66603-3068

Statement Date: 06/01/10

Billing period: 5/1/10 to 6/1/10

					Previous Balance:	\$0.00
Date	CPT	Description	Fee	Payment	Balance	
5/11/10	51	Phone Call .5 hr.	\$250.00		\$250.00	
5/13/10	009	Doc. Review 1 hr.	\$250.00		\$500.00	
					New Balance	\$500.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$500.00

2501 N. Glebe Road
 Suite 204
 Arlington, VA 22207

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
 Kelli J. Stevens
 235 S. Topeka Boulevard
 Topeka, KS 66603-3068

Statement Date: 04/15/11

Billing period: 1/1/11 to 4/15/11

			Previous Balance:		\$0.00
Date	CPT	Description	Fee	Payment	Balance
4/14/11	018	Phone Conf. 1 hr.	\$500.00		\$500.00
4/14/11	009	Doc. Review 1 hr.	\$500.00		\$1,000.00
				New Balance	\$1,000.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$1,000.00

2501 N. Glebe Road
 Suite 204
 Arlington, VA 22207

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

PAK 7/11/11

*Kansas Board of Healing Arts
 Hester H. Jay- Legal Asst.
 800 SW Jackson Lower Level #A
 Topeka, KS 66612

Statement Date: 07/05/11

Billing period: 6/1/11 to 7/5/11

DSM IV:			Previous Balance:		\$0.00
Date	CPT	Description	Fee	Payment	Balance
6/21/11	009	Doc. Review 2 hrs.	\$800.00		\$800.00
6/22/11	009	Doc. Review 6.5 hrs.	\$2,600.00		\$3,400.00
6/23/11	010	Deposition Preparation 4 hrs.	\$1,600.00		\$5,000.00
6/24/11	020	Parking	\$16.00		\$5,016.00
6/24/11	010	Deposition 8 hrs.	\$3,200.00		\$8,216.00
				New Balance	\$8,216.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$8,216.00

2501 N. Glebe Road
 Suite 204
 Arlington, VA 22207

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
 Hester H. Jay- Legal Asst.
 800 SW Jackson Lower Level #A
 Topeka, KS 66612

Statement Date: 08/08/11

Billing period: 7/1/11 to 8/8/11

DSM IV: Previous Balance: \$8,216.00

Date	CPT	Description	Fee	Payment	Balance
7/14/11	010	Transcript Review 2 hrs.	\$800.00		\$9,016.00
7/16/11	010	Transcript Review 1 hr.	\$400.00		\$9,416.00
7/18/11		Payment		\$8,216.0	\$1,200.00
New Balance					\$1,200.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$1,200.00

2501 N. Glebe Road
 Suite 204
 Arlington, VA 22207

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
 Hester H. Jay- Legal Asst.
 800 SW Jackson Lower Level #A
 Topeka, KS 66612

Statement Date: 08/31/11

Billing period: 8/1/11 to 8/31/11

			Previous Balance:		\$1,200.00
Date	CPT	Description	Fee	Payment	Balance
8/10/11	0000	Administrative .5 hr.	\$200.00		\$1,400.00
8/10/11	015	Telephone Conference .5 hrs	\$200.00		\$1,600.00
8/29/11		Payment		\$1,200.00	\$400.00
				New Balance	\$400.00

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$400.00

2501 N. Glebe Road
Suite 204
Arlington, VA 22207

For Professional Services of:
Liza H Gold M.D.
Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
Hester H. Jay- Legal Asst.
800 SW Jackson Lower Level #A
Topeka, KS 66612

Statement Date: 09/19/11

Billing period: 9/1/11 to 9/19/11

			Previous Balance:		\$400.00
Date	CPT	Description	Fee	Payment	Balance
9/17/11	014	Reserved Time, 7 Full Days	\$28,000.		\$28,400.0
9/19/11	020	Air Travel	\$1,312.05		\$29,712.0
9/19/11	020	Exp/Food	\$209.70		\$29,921.2
9/19/11	020	Taxis/Tolls 9/9 & 9/17	\$65.00		\$29,986.2
9/19/11	020	Hotel	\$619.57		\$30,605.7
9/19/11	020	Car Rental	\$705.36		\$31,311.1
9/19/11	013	9/17 Travel Time 8 hrs.	\$3,200.0		\$34,511.1
9/19/11	013	9/9 Travel Time 8 hrs.	\$3,200.0		\$37,711.1
9/19/11		Payment		\$400.00	\$37,311.1
				New Balance	\$37,311.15

Investigative Case No. 07-00322

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$0.00 0-30 Days\$37,311.1

Reserved Time 7 days	\$28,000.00
Air Travel	\$1,312.05
Expenses 9 days @23.30 per day	\$209.70
Taxis/Tolls	\$65.00
Hotel	\$619.57
Car Rental	\$705.36
Travel Time	\$3,200.00
Travel Time	\$3,200.00
Total	\$37,311.68

The Senate Luxury Suites
 900 SW Tyler
 Topeka, KS 66612

relax@senatesuites.com

Liza Gold
 2501 N Gleeb Rd
 Arlington, VA 22207

Room	Folio	CheckIn	CheckOut	Balance
(224)	108619	09/09/2011	09/16/2011	0.00
Master Folio		Weekly		

Date	Room	Description / Voucher	Charges	Credits	Balance
09/09/2011	224	Room Taxable	77.00	0.00	77.00
09/09/2011	224	Sales Tax - 8.950%	6.89	0.00	83.89
09/09/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	88.51
09/10/2011	224	Room Taxable	77.00	0.00	165.51
09/10/2011	224	Sales Tax - 8.950%	6.89	0.00	172.40
09/10/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	177.02
09/11/2011	224	Room Taxable	77.00	0.00	254.02
09/11/2011	224	Sales Tax - 8.950%	6.89	0.00	260.91
09/11/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	265.53
09/12/2011	224	Room Taxable	77.00	0.00	342.53
09/12/2011	224	Sales Tax - 8.950%	6.89	0.00	349.42
09/12/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	354.04
09/13/2011	224	Room Taxable	77.00	0.00	431.04
09/13/2011	224	Sales Tax - 8.950%	6.89	0.00	437.93
09/13/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	442.55
09/14/2011	224	Room Taxable	77.00	0.00	519.55
09/14/2011	224	Sales Tax - 8.950%	6.89	0.00	526.44
09/14/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	531.06
09/15/2011	224	Room Taxable	77.00	0.00	608.06
09/15/2011	224	Sales Tax - 8.950%	6.89	0.00	614.95
09/15/2011	224	Room/Bed Tax - 6.000%	4.62	0.00	619.57
09/16/2011	224	DISCOVER CARD - ... AP: 00925R	0.00	619.57	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			539.00
		Sales Tax 8.95%			48.23
		Room/Bed Tax 6.00%			32.34

Name: [Redacted] Date: 9/9/11
 From: Lorwa
 To: Dallas 2x
 Amount: \$30 Cab No.: _____
 Driver: _____

ENTERPRISE

RA 119125006 Inv 0
 Rental 09-SEP-2011 05:14 PM
 KC INTL ARPT CRCF
 Return 17-SEP-2011 09:12 AM
 KC INTL ARPT CRCF

LIZA GOLD
 Vehicle # B4073032
 Model JETTA
 Class Driven SXAR Class Charged SCAR
 License# HG5S3P State/Province MO
 M/Kms Driven 171
 M/Kms Out 6970
 M/Kms In 7141

XFAM RENTAL FIXED RATE PLAN GDS
 Contract ID FAMCB2
 Billing Ref 11029981367

Charges	No Unit	Price	Amount
GPS NAVIGA	8 Days	10.99	87.92*
RAP	8 Days	3.99	31.92
CDW	8 Days	7.50	60.00
PAI	8 Days	5.00	40.00
SPPL LBLTY	8 Days	13.80	110.40
FSD	1 Rental	25.08	25.08
T & M	1 Week	146.75	146.75*
T & M	1 Days	32.50	32.50*
UNLIM M/KM	0 M/Kms		0.00*
CUST FACILITY CHARGE			24.00*
DOWNTOWN ARENA FEE			32.00*
CONCESSION RECOUP FEE			51.55*
VLF RECOV			12.00*
TFC			18.88*
@7.975 %			32.35

Total Charges USD 705.35

Deposit DS 0398

Amount Due USD 705.35

* Taxable Items
 Subject to Audit
 For Reservatons: 1-800-RENT-A-CAR

KANSAS TURNPIKE AUTHORITY
 RECEIPT

CLASS: 02 AMOUNT \$ 2.50

ENTRY PLAZA: 183
 EXIT PLAZA: 236

DATE: 09/17/11 TIME: 08:38:38

COLLECTOR: 1278
 SEQ. NUM.: 0477



SAVE MONEY WITH KTGA
 WWW.MYKTGA.COM

af



2501 N. Glebe Road
 Suite 204
 Arlington, VA 22207

For Professional Services of:
 Liza H Gold M.D.
 Tax ID: 54-1723362

(703) 875-0435

Please make checks payable to: Liza H Gold M.D.

*Kansas Board of Healing Arts
 Hester H. Jay- Legal Asst.
 800 SW Jackson Lower Level #A
 Topeka, KS 66612

Statement Date: 11/07/11

Billing period: 11/1/11 to 11/7/11

			Previous Balance:		\$37,311.15
Date	CPT	Description	Fee	Payment	Balance
11/3/11	014	Reserved Time, Full Day	\$4,000.0		\$41,311.1
11/4/11	014	Reserved Time, Full Day	\$4,000.0		\$45,311.1
11/5/11	020	Expense: 11/3 to 11/5	\$702.91		\$46,014.0
11/5/11	020	Travel 6 hrs.	\$2,400.0		\$48,414.0
			<i>November Total</i> <u>\$11,102.91</u>		
			<i>Previous Balance</i> \$37,311.15 <i>Nov. Balance</i> \$11,102.91 <i>Total Balance Due</i> \$48,414.06		
				New Balance	\$48,414.06

Investigative Case No. 07-00322

Tax ID No: 54-1723362

Over 90 Days\$0.00 61-90 Days\$0.00 31-60 Days\$37,311.1 0-30 Days\$11,102.9

Expenses for Kansas

Item	11/3	11/4	11/5
Airfare	\$219.40		
Checked Bag			\$25.00
Car Rental			\$181.47
Hotel			\$204.62
Taxis	\$32.50		\$2.50
Meals			
HMSHost	\$1.94		
Dunkin D.	\$4.02		
Walgreens	\$7.58		
EZ Go	\$3.87		
China Express	\$9.21		
Walt McFarlands		\$10.80	
HMSHost			\$12.41
HMSHost			\$3.10
	\$278.52	\$10.80	\$413.59

TOTAL

\$702.91



Your Past Trip Details

A Few Things You Should Know

- This page is available for viewing online until May 5, 2013. After May 5, 2013, please contact [Customer Care](#) for assistance.

Note: We sent a confirmation message to the email address you provided.

Your Travelocity Trip ID is: 2127 6510 6074

ⓘ This trip is not active. Past Date trips can only be accessed for 18 months past the travel dates.

Congratulations! Click here to claim your \$20 Cash Back on your Travelocity booking today!

Itinerary

Primary Contact: Liza Gold
For priority VIP customer service, call 1-800-482-2422

Flight: 1 Round-Trip Ticket

All flight times are local to each city.

<p>Thu, Nov 3, 2011 Washington Dulles International Airport (IAD) to Kansas City International Airport (MCI)</p> <p>Depart: 08:10am Arrive: 09:55am</p> <p>United Flight 6061 Economy Class (on Embraer RJ 145)</p> <p>Requested Seats: 8A Total Travel Time:</p>	<p>Sat, Nov 5, 2011 Kansas City International Airport (MCI) to Washington Dulles International Airport (IAD)</p> <p>Depart: 12:30pm Arrive: 03:56pm</p> <p>United Flight 3487 Economy Class (on Embraer E70 Jet)</p> <p>Requested Seats: 9A Total Travel Time:</p>
---	--

\$219.40

Pricing

1 Adult: \$184.18
Taxes & Fees: \$35.22
Total: \$219.40

We charged a total of \$219.40 to your Discover® XXXX-XXXX-XXXX-0398.

- Travelocity Fees and airline charges will be shown as separate line items on your credit card statements.

Help

Online Support: Search or browse our FAQs | Send us an email

Please refer to Trip ID 2127 6510 6074 when calling Travelocity's Customer Service Center.

In the US
Travelocity VIP Help 1.888.872.8356
24 hours a day / 7 days a week

En Español
Travelocity VIP Help 1.866.828.3933
7:00am - 10:00pm CST

TDD/Hearing Impaired 1.800.555.7585
7:00am - 11:00pm CST

Outside the US
1.210.521.5871
24 hours a day / 7 days a week

Everything about your booking will be RIGHT, or we'll work with our partners to make it right, right away. [Learn](#)

Travel Options Purchase Receipt

1 message

United Airlines <notify-donotreply@united.com>
To: lhgoldd@gmail.com

Sat, Nov 5, 2011 at 9:42 AM



Your request has been purchased.

Flight information

Saturday, Nov 05, 2011 Kansas City, MO (MCI) to Washington, DC (IAD)

Flight UA 3487 - Operated by UNITED EXPRESS/SHUTTLE AMERICA	From Kansas City, MO (MCI)	To Washington, DC (IAD)
	Scheduled Departure Nov 05, 12:30 AM	Scheduled Arrival Nov 05, 3:56 PM

Purchase summary

Name	Ticket number	Date purchased
LIZA GOLD	0168686932159	November 05, 2011

Bag charges

Name	Credit card number	Receipt number	Bag(s)	Price
LIZA GOLD	xxxxxxxxxxxx0398	016 4517 670219	1 bag	25.00 USD

Valid for: Kansas City, MO (MCI) to Washington, DC (IAD)

The Senate Luxury Suites

900 SW Tyler
Topeka, KS 66612

relax@senatesuites.com

Liza Gold
2501 N Glebe Rd
Arlington, VA 22207

Room	Folio	CheckIn	CheckOut	Balance
310	109160	11/03/2011	11/05/2011	0.00
Master Folio			Rack	

Date	Room	Description / Voucher	Charges	Credits	Balance
11/03/2011	310	Room Taxable	89.00	0.00	89.00
11/03/2011	310	Sales Tax - 8.950%	7.97	0.00	96.97
11/03/2011	310	Room/Bed Tax - 6.000%	5.34	0.00	102.31
11/04/2011	310	Room Taxable	89.00	0.00	191.31
11/04/2011	310	Sales Tax - 8.950%	7.97	0.00	199.28
11/04/2011	310	Room/Bed Tax - 6.000%	5.34	0.00	204.62
11/05/2011	310	DISCOVER CARD - ...0398 AP: 00381R	0.00	204.62	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			178.00
		Sales Tax 8.95%			15.94
		Room/Bed Tax 6.00%			10.68

ENTERPRISE

①

RA 120584526 Inv 0
Rental 03-NOV-2011 10:16 AM
KANSAS CITY AIRPORT
Return 05-NOV-2011 10:16 AM
KANSAS CITY AIRPORT

LIZA GOLD
Vehicle # BC635888
Model COROLLA
Class Driven ICAR Class Charged ICAR
License# MG3V7X State/Province MO
M/Kms Driven 144
M/Kms Out 7533
M/Kms In 7677



Charges	No Unit	Price	Amount
GPS NAVIGA	2 Days	10.99	21.98*
CDW	2 Days	15.99	31.98
FSO	1 Rental	40.99	40.99
T & H	2 Days	23.80	47.60*
UNLIM M/KM	0 M/Kms		0.00*
CUST FACILITY CHARGE			6.00*
DOWNTOWN ARENA FEE			8.00*
CONCESSION RECOUP FEE			8.59*
TFC			4.72*
VEH LIC FEE 1.80/DAY			3.60*
@7.975 %			8.01

Total Charges USD 181.47

Deposit DS 0398

Amount Due USD 181.47

* Taxable Items
Subject to Audit
For Reservatons: 1-800-RENT-A-CAR

\$181.47

DATE 11/3/11 AMOUNT \$ 30.00
RECEIVED FROM _____
FROM Vienna VA
DESTINATION Puller Airport
CAB # _____ DRIVER I.D. # _____
DRIVERS NAME _____

②

③

KANSAS TURNPIKE AUTHORITY
RECEIPT

CLASS: 02 AMOUNT \$ 2.50

ENTRY PLAZA: 236
EXIT PLAZA: 183

DATE: 11/03/11 TIME: 12:01:03

COLLECTOR: 1229
SEQ. NUM.: 0990



SAVE MONEY WITH KTAG
WWW.MYKTAG.COM

KANSAS TURNPIKE AUTHORITY
RECEIPT

CLASS: 02 AMOUNT \$ 2.50

ENTRY PLAZA: 183
EXIT PLAZA: 236

DATE: 11/05/11 TIME: 09:42:20

COLLECTOR: 1122
SEQ. NUM.: 7892

11/5

11/3
\$ 32.50



SAVE MONEY WITH KTAG
WWW.MYKTAG.COM

SMART

000.126.8680

Home | Worklist | Add to Favorites | Sign out

6/30

New Window | Help | Customize Page | http

Approve Expense Report

Submit Confirmation

Lori Dougherty

User Defaults

Report ID:

0000050889

Report Information

Report Description: CASE 06/23-25/11 WASH DC Reference: Employee Base: Office
 Business Purpose: Meeting Comment: MILES,MEALS,TOLLS,PARKING CASE
 Report Status: Submitted for Approval 06/23-25/11 WASH DC
 Default Location: Out-of-State/Special High Cost
 Accounting Date: 06/30/2011 Created On: 06/30/2011 By: DA00YDR
 Last Updated: 06/30/2011 By: HA00KRE
 Accounting Template: STANDARD

Accounting Defaults

Apply Cash Advance(s)

More Options:

GO

Expense Line Items

Customize | Find

Expense Type	Date	PC Business Unit	Project	Activity	Reimburse Amt	Currency	Approve Expense
MILEAGE OS AUTO	06/25/2011				74.00	USD	<input type="checkbox"/>
MEALS OS HC	06/25/2011				135.00	USD	<input type="checkbox"/>
TOLLS NON KTAG OS	06/25/2011				4.70	USD	<input type="checkbox"/>
PARKING OS	06/25/2011				55.00	USD	<input type="checkbox"/>

Expense Report Totals

Employee Expenses:	268.70	USD	Due Employee:	268.70	USD
Non-Reimbursable Expenses:	0.00	USD	Due Vendor:	0.00	USD
Prepaid Expenses:	0.00	USD	<u>Definition of Totals</u>		
Employee Credits:	0.00	USD			
Vendor Credits:	0.00	USD			
Cash Advances Applied:	0.00	USD			

Pending Actions

Profile	Name	Action	Date/Time
HR Supervisor	(Pooled)		
Agency Fiscal Office	(Pooled)		

ENTERED IN GL-SUITES

Action History

Profile	Name	Action	Date/Time
	Rodriguez, Yvonne D	Submitted	06/30/2011 12:33:59PM

Comments

EXHIBIT 4

TRAVEL PAYMENT VOUCHER

Agency No. 105	Div. No.	Current Doc. No.
--------------------------	----------	------------------

Document Date: 6/30/2011		Effective Date:		Due Date:	
Vendor Information				Additional Information	
No/Sfx	K0000210222	00	Payment Indicator	A	
Name	Lori D. Dougherty			Job Title Associate Litigation Counsel	
Street	3118 SW Muirfield Ct			Official Station Topeka, KS	
City, State & Zip	Topeka, KS 66614			Regular Domicile Topeka, KS	
				Travel Period 6/23/11 - 6/25/11	
				Travel Order No. _____	

Sfx	T/C	Reference Doc	Sfx	M	Fund	BFY	Bgt	Unit	Program	Account	Det	Amount	Agency Use
	703				2705	2011	0100	01030		525210		74.10	
	703				2705	2011	0100	01030		525280		135.00	
	703				2705	2011	0100	01030		525290		59.70	
Document Total												268.80	

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging		Other Expense	
						Name	Amount	Amount	Description of Expense and Purpose of Travel
6/23/11	4:45am		74.10	Washington, DC	54.00			2.35	Toll
6/24/11					54.00				
6/25/11		12:30pm	74.10	Topeka, KS	27.00			2.35	Toll
								55.00	Airport Parking
									Deposition of Expert
									Witness case 10-HA00129

State Vehicle No.	Total Miles	148.20				
	x Rate per Mile	0.50				
Totals	Mileage Exp.	74.10	Meal Exp.	135.00	Lodging Exp.	0.00
			Other Exp.	59.70	Document Total	268.80

Comments: _____

Employee Signature _____ Date _____

TRAVEL EXPENSE DETAIL

Agency No.	Div. No.	Current Document Number
		V

Vendor No/Sfx: _____
 Employee Name: Lori D. Dougherty
 Official Station: 800 SW Jackson, Lower Level Suite A
Topeka, KS 66612

PI:
 Job Title: Associate Litigation Counsel
 Regular Domicile: _____
 Travel Order No.: _____

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging		Other Expense	
						Name	Amount	Amount	Description of Expense or Purpose of Travel
06/23/11	0445	0615	74.1					2.35	Travel to MCI Toll
									No meals provided
06/24/11									No meals provided
06/25/11	1100	1230	74.1					55.00	Travel to Topeka Parking
								2.35	Tolls
									No meals provided

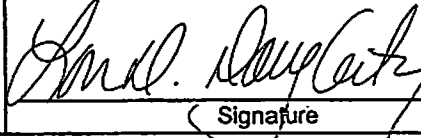
State Vehicle No. _____ Total Miles 148.2
 Rate per Mile 0.505

Totals	Mileage Exp. <u>74.85</u>	Meal Exp.	Lodging Exp.	Other Exp. <u>59.70</u>	Document Total <u>134.55</u>
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Comments:

Agency Approvals

Claimant Certification: I certify that the above claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law.



 Signature

6/27/11

 Date

KCI AIRPORT PARKING TER
400 B PANAMA CITY
KANSAS CITY, MO. 64153

TERMINAL I.D.: 00173400000013460270^2

MERCHANT #: 0013460270

VISA
#####5406

SALE

RECORD #: 7 INU: 000007

DATE: JUN 25, 11 TIME: 10:10

BATCH: 250 AUTH: 225449

TOTAL \$55.00

LORI D DOUGHERTY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

SMART

0001268735

6/30

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New Window | Help | Customize Page | http

Approve Expense Report

Submit Confirmation

Reese Hays

User Defaults

Report ID: 0000050919

Report Information

Report Description: CASE 06/23-25/11 WASH, DC Reference: Employee Base: Office
 Business Purpose: Meeting Comment: MILES,MEALS,LODGING,BAG FEE,PARKING, CAR RENT CASE 06/23-25/11 WASH, DC
 Report Status: Submitted for Approval
 Default Location: Out-of-State/Special High Cost
 Accounting Date: 06/30/2011 Created On: 06/30/2011 By: DA00YDR
 Last Updated: 06/30/2011 By: HA00KRE
 Accounting Template: STANDARD

Accounting Defaults

Apply Cash Advance(s)

More Options:

GO

Expense Line Items

Customize | Find |

Expense Type	Date	PC Business Unit	Project	Activity	Reimburse Amt	Currency	Approve Expense
MILEAGE OS AUTO	06/25/2011		0130		56.00	USD	525210
MEALS OS HC	06/25/2011		0130		120.75	USD	525280
LODGING OS SHC	06/25/2011		0130		966.40	USD	525280
BAGGAGE FEE OS	06/25/2011		0130		50.00	USD	525270
VEHICLE RENTAL OS	06/25/2011		0130		131.15	USD	525220
PARKING OS	06/25/2011		0130		94.00	USD	525290

Expense Report Totals

Employee Expenses: 1,418.30 USD Due Employee: 1,418.30 USD
 Non-Reimbursable Expenses: 0.00 USD Due Vendor: 0.00 USD
 Prepaid Expenses: 0.00 USD
 Employee Credits: 0.00 USD
 Vendor Credits: 0.00 USD
 Cash Advances Applied: 0.00 USD

Definition of Totals

Pending Actions

Customize | Find |

First 1-2 of 2 Last

Profile	Name	Action	Date/Time
HR Supervisor	(Pooled)		
Agency Fiscal Office	(Pooled)		

Action History

Customize | Find |

First 1 of 1 Last

Profile	Name	Action	Date/Time
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ENTERED IN GL-SUITES

TRAVEL PAYMENT VOUCHER

Agency No. 105	Div. No.	Current Doc. No.
-------------------	----------	------------------

Document Date: 6/30/2011		Effective Date:		Due Date:	
Vendor Information				Additional Information	
No/Sfx	W0000031405	Payment Indicator		A	
Name	Reese Hays		Job Title: Litigation Counsel		
Street	2409 Via Linda Drive		Official Station: Topeka, KS		
City, State & Zip	Lawrence, KS 66047		Regular Domicile: Lawrence, KS		
			Travel Period: 6/23/11 - 6/25/11		
			Travel Order No.:		

Sfx	T/C	Reference Doc	Sfx	M	Fund	BFY	Bgt	Uni	Program	b-C	Account	Det	Amount	Agency Use
703					2705	2011	0100	01030			525210		56.00	
703					2705	2011	0100	01030			525220		131.15	
703					2705	2011	0100	01030			525280		1,087.15	
703					2705	2011	0100	01030			525290		144.00	
Document Total:													1,418.30	

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging		Other Expense	
						Name	Amount	Amount	Description of Expense and Purpose of Travel
6/23/11	5:00am		56	Washington, DC	54.00	Renaissance	483.20	25.00	Baggage Fee
6/24/11					54.00	Renaissance	483.20	70.00	Hotel Parking
6/25/11		11:30am	56	Lawrence, KS	12.75			25.00	Baggage Fee
								24.00	Airport Parking
								131.15	Rental Car
									Deposition of Expert Witness case 10-HA00129

State Vehicle No.	Total Miles	112
	x Rate per Mile	0.50

Totals	Mileage Exp.	56.00	Meal Exp.	120.75	Lodging Exp.	966.40	Other Exp.	275.15	Document Total	1,418.30
--------	--------------	-------	-----------	--------	--------------	--------	------------	--------	----------------	----------

Comments:
 Reese paid for 2 hotel rooms, each room was 241.60 per night including taxes.

TRAVEL EXPENSE DETAIL

Agency No.	Div. No.	Current Document Number
		V

Vendor No/Sfx: _____
 Employee Name: Reese Hays
 Official Station: KSBHA

PI:
 Job Title: Litigation Counsel
 Regular Domicile: Lawrence, Kansas
 Travel Order No.: _____

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging		Other Expense	
						Name	Amount	Amount	Description of Expense or Purpose of Travel
6/23/11	5:00AM	11:00AM	56.0	Washington D		Renaissance	518.20		Deposition
6/23/11								8.00	KCI Parking
6/23/11								25.00	Baggage Fee
6/23-25								131.15	Rental Car
6/24/11						Renaissance	518.20		
6/24/11								8.00	KCI Parking
6/25/11	5:00 AM	11:30 AM	56.0	Lawrence, KS					
6/25/11								8.00	KCI Parking
6/25/11								25.00	Baggage Fee

State Vehicle No. _____ Total Miles 112.0
 Rate per Mile 0.500

Totals	Mileage Exp.	Meal Exp.	Lodging Exp.	Other Exp.	Document Total
	56.00		1036.40	205.15	1297.55

Comments:

Agency Approvals _____

Claimant Certification: I certify that the above claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law.

 Signature

 Date

UNITED

23JUN11 MCIT1 29197-0

AGENT ID: RMC1W02

CUSTOMER: HAYS/REESE HENRY

TKT NBR: 016 7987860186

ITEMS:

25.00 BAG1 FEE

**BAGGAGE PAYMENT
CUSTOMER RECEIPT**

016 4513468713

CPN: 1 ORIGIN: MCI

WASHINGTON/DULLES IN

IAD UA 5926 /23

3016UA-606959

06-23
06:24

WQZUGU 07FE4E
MCIRMC1W02

FORM OF PAYMENT: CAXXXXXXXXXXX2821 XXXX
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK

1 016 4513468713 6

TOTAL USD25.00

Do not expose to excessive heat or direct sunlight.
STAPLE HERE
PRINTED IN U.S.A. BY METAL DALLAS, TX REV. 03/11 FORM 4
INSERT

NATIONAL

RA 721877603 Inv 0
Rental 23-JUN-2011 11:21 AM
WASHINGTON DULLES INTL ARPT
Return 25-JUN-2011 06:09 AM
WASHINGTON DULLES INTL ARPT

REESE HAYS
Vehicle # B1232335
Model IMPALA
Class Driven FCAR Class Charged ICAR
License# 2AF1537 State/Province MD
M/Kms Driven 76
M/Kms Out 9090
M/Kms In 9165

STATE OF KANSAS
Contract ID 5926
Billing Ref 316
Charges
GPS NAVIGA 2 Days 11.99
CDW/LDW 2 Days 0.00
REFUELING 2 Days 5.66
T & H 2 Days 36.24
UNL H/M/KM 0 M/Kms 0.00
AP CONCESSION FEE REDU 0.00
VEH LIC FEE REDU 0.00
VA RENTAL TAX 64:000 X 4.36
VA ADDL TAX 64:000 X 4.36
VA RENTAL FEE 62:000 X 2.18

Total Charges USD 131.15

Deposit H 5824 USD 131.15

Account Due USD 131.15

For rental cases
Sub total for additional charges
Your Emergency Contact Number is 663416191
We'll see you when you need it. We're your
upgraded Emergency Roadside Vehicle
Customer Service Number: 1-800-468-3334



RENAISSANCE DUPONT CIRCLE

906 HAYS/REESE/H 211.00 06/24/11 07:44 594
 Room Name Rate Depart Time ACCT#
 GQ 06/23/11 12:09
 Type Arrive Time
 3

MCXXXXXXXXXXXX5824
 Payment MRW#:

DATE REFERENCE CHARGES CREDITS BALANCE DUE

06/23	PARKING	PARKING	35.00		
06/23	TR ROOM	906, 1	211.00		
06/23	ROOM TAX	906, 1	30.60		
06/24	CCARD-MC			276.60	
	PAYMENT RECEIVED BY: MASTERCARD			XXXXXXXXXXXX5824	

.00

**WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM**

**RENAISSANCE DUPONT CIRCLE
 1143 NEW HAMPSHIRE N
 WASHINGTON, DC 20037
 202-775-0800 PHONE 202-828-8228 FAX**





RENAISSANCE*
WASHINGTON DC
DUPONT CIRCLE HOTEL

GUEST FOLIO

1143 New Hampshire Avenue NW Washington DC 20037
t: 202.775.0800 f: 202.331.9491 renaissancehotels.com

RENAISSANCE DUPONT CIRCLE

904	DOUGHERTY/LORI/D	211.00	06/24/11	07:38	584
Room	Name	Rate	Depart	Time	ACCT#
GQ			06/23/11	12:07	
Type			Arrive	Time	
3					
			MCXXXXXXXXXXXX5824		
Room Clerk	Address	Payment	MRW#:		

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/23	TR ROOM	904, 1 211.00		
06/23	ROOM TAX	904, 1 30.60		
06/24	CCARD-MC		241.60	
PAYMENT RECEIVED BY: MASTERCARD			XXXXXXXXXXXX5824	

.00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

RENAISSANCE DUPONT CIRCLE
1143 NEW HAMPSHIRE N
WASHINGTON, DC 20037
202-775-0800 PHONE 202-828-8228 FAX



542 HAYS/REESE/H 211.00 06/25/11 05:30 3360
 Room Name Rate Depart Time ACCT#
 GK 06/24/11 17:36
 Type Arrive Time
 14
 MCXXXXXXXXXXXX5824
 Room Clerk Address Payment MRW#: 923743397

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/24	PARKING	06 24 35.00		
06/24	TR ROOM	542, 1 211.00		
06/24	ROOM TAX	542, 1 30.60		
06/25	CCARD-MC		276.60	
PAYMENT RECEIVED BY: MASTERCARD			XXXXXXXXXXXX5824	
				.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
 REESE.HAYS@YAHOO.COM
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings
 will be credited to your account. Check your
 Rewards Account Statement for updated activity.

RENAISSANCE DUPONT CIRCLE
 1143 NEW HAMPSHIRE N
 WASHINGTON, DC 20037
 202-775-0800 PHONE 202-828-8228 FAX



615 DOUGHERTY/LORI/D 211.00 06/25/11 05:31 3361
 Room Name Rate Depart Time ACCT#
 GQ 06/24/11 17:37
 Type Arrive Time
 14
 MCXXXXXXXXXXXX5824 MRW#: 093556413
 Room Address Payment
 Clerk

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/24	TR ROOM	615, 1 211.00		
06/24	ROOM TAX	615, 1 30.60		
06/25	CCARD-MC		241.60	
PAYMENT RECEIVED BY: MASTERCARD			XXXXXXXXXXXX5824	
				.00

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

RENAISSANCE DUPONT CIRCLE
 1143 NEW HAMPSHIRE N
 WASHINGTON, DC 20037
 202-775-0800 PHONE 202-828-8228 FAX



Karla Eigenman

From: travel1@shortstravel.com
Sent: Friday, June 24, 2011 2:11 PM
To: Hester Jay
Cc: Karla Eigenman
Subject: Trip Details for LORI D DOUGHERTY on June 23, 2011 (e-ticket)
Attachments: WR1NR0 2.pdf; WR1NR0.ics



SHORT'S TRAVEL MANAGEMENT
1725 SW GAGE BLVD
TOPEKA, KS 66604
EMAIL: TRAVELKS@SHORTSTRAVEL.COM
HOURS: 7:30A - 5P CT MONDAY-FRIDAY

WWW.SHORTSTRAVEL.COM/STATEKS
PHONE NUMBER: 785-272-7511
TOLL FREE: 800-255-3507

PLEASE REVIEW THE ENTIRE ITINERARY. NOTIFY SHORT'S TRAVEL OF ANY DISCREPANCIES WITHIN 24 HOURS TO AVOID AIRLINE CHANGE FEES. A VALID GOVERNMENT ISSUED PHOTO ID REQUIRED AT CHECK IN.

SHORT'S REFERENCE - WR1NR0 - AGENT: BOB

STATE OF KANSAS
BOARD OF HEALING ARTS
235 SW TOPEKA BLVD
TOPEKA KS 66603-3059

TRAVELER	INVOICE DATE	INVOICE	TICKET	ORIGINAL	PAYMENT	TOTAL
DOUGHERTY/LORI D	JUN 3, 2011	20187002	0167987860185		VI...0010	\$520.40
DOUGHERTY/LORI D	JUN 24, 2011	20189654	0167990378368	7987860185	VI...0010	\$150.00
DOUGHERTY/LORI D	JUN 3, 2011	20187002	FEE 0552194660		VI...0010	\$26.50
TOTAL					PAID	\$696.90

FRIDAY, JUNE 24, 2011 to SATURDAY, JUNE 25, 2011

CONFIRMED

RENAISSANCE HOTELS & RESORTS
RENAISSANCE DUPONT
1143 NEW HAMPSHIRE AVE NW
WASHINGTON, DC 20037
PHONE: 202-775-0800
BR94923ARR24JUN CXL:PERMITTED UP TO 6PM DAY OF ARRIVAL HOTEL TIME

NAME: DOUGHERTY/LORI D
RESERVATION: 1 ROOM/1 NIGHT
RATE: \$211.00
CONFIRMATION: 87559971
CANCEL: PERMITTED UP TO 6PM DAY OF ARRIVAL HOTEL TIME

SATURDAY, JUNE 25, 2011

CONFIRMED

UNITED AIRLINES FLIGHT 3779 ECONOMY EQUIP: CANADAIR REG JET 700

DEPART: (IAD) WASHINGTON D.C.-DULLES, 8:16 AM SEAT: N/A MILES: 927
DC 9:53 AM ELAPSED: 2:37

ARRIVE: (MCI) KANSAS CITY-INTL, MO

AIRLINE CONFIRMATION: **UNITED AIRLINES - WR1NR0**

OPERATED BY UNITED EXPRESS/MESA AIRLINES

[CLICK HERE TO CHECK IN ONLINE](#)

RESERVED SEATING IS RESTRICTED TO AIRPORT CHECK-IN

GOVERNMENT ISSUED PHOTO I.D. IS REQUIRED UPON CHECK-IN.

CHECK WITH INDIVIDUAL CARRIERS REGARDING BAGGAGE LIMITATIONS.

THIS TICKET IS NON REFUNDABLE.

ANY CHANGES OR CANCELLATIONS TO THIS RESTRICTED FARE MUST BE
MADE PRIOR TO THE TICKETED DEPARTURE TIME. CHANGES ARE SUBJECT
TO AVAILABILITY AND MAY RESULT IN A FARE INCREASE IN ADDITION TO
APPLICABLE REISSUE FEES.

UNITED AIRLINES - INFORMATION AVAILABLE ONLINE*

[BAGGAGE RULES](#)

[ONLINE CHECK-IN](#)

[GENERAL INFORMATION](#)

SUMMARY OF ALL CURRENT AIRLINE POLICIES (SUBJECT TO CHANGE WITHOUT NOTICE BY AIRLINES)*

[SHORT'S TRAVEL PORTAL](#)

[ViewTrip](#)

[Terms and Conditions](#)

Karla Eigenman

From: travel1@shortstravel.com
Sent: Friday, June 24, 2011 2:03 PM
To: Hester Jay
Cc: Karla Eigenman
Subject: Trip Details for REESE H HAYS on June 23, 2011 (e-ticket)
Attachments: WQZVGU 2.pdf; WQZVGU.ics



SHORT'S TRAVEL MANAGEMENT
1725 SW GAGE BLVD
TOPEKA, KS 66604
EMAIL: TRAVELKS@SHORTSTRAVEL.COM
HOURS: 7:30A - 5P CT MONDAY-FRIDAY

WWW.SHORTSTRAVEL.COM/STATEKS
PHONE NUMBER: 785-272-7511
TOLL FREE: 800-255-3507

PLEASE REVIEW THE ENTIRE ITINERARY. NOTIFY SHORT'S TRAVEL OF ANY DISCREPANCIES WITHIN 24 HOURS TO AVOID AIRLINE CHANGE FEES. A VALID GOVERNMENT ISSUED PHOTO ID REQUIRED AT CHECK IN.



SHORT'S REFERENCE - WQZVGU - AGENT: BOB

STATE OF KANSAS
BOARD OF HEALING ARTS
235 SW TOPEKA BLVD
TOPEKA KS 66603-3059

TRAVELER	INVOICE DATE	INVOICE	TICKET	ORIGINAL	PAYMENT	TOTAL
HAYS/REESE H	JUN 3, 2011	20187003	0167987860186		VI...0010	\$520.40
HAYS/REESE H	JUN 24, 2011	20189652	0167990378367	7987860186	VI...0010	\$150.00
HAYS/REESE H	JUN 3, 2011	20187003	FEE 0552194661		VI...0010	\$26.50
TOTAL					PAID	\$696.90



FRIDAY, JUNE 24, 2011 to SATURDAY, JUNE 25, 2011

CONFIRMED

RENAISSANCE HOTELS & RESORTS
RENAISSANCE DUPONT
1143 NEW HAMPSHIRE AVE NW
WASHINGTON, DC 20037
PHONE: 202-775-0800

NAME: HAYS/REESE H
RESERVATION: 1 ROOM/1 NIGHT
RATE: \$211.00
CONFIRMATION: 87554511
CANCEL: PERMITTED UP TO 6PM DAY OF ARRIVAL HOTEL TIME

BR94923ARR24JUN CXL:PERMITTED UP TO 6PM DAY OF ARRIVAL HOTEL TIME



SATURDAY, JUNE 25, 2011

CONFIRMED

UNITED AIRLINES

FLIGHT 3779

ECONOMY

EQUIP: CANADAIR REG JET 700

DEPART: (IAD) WASHINGTON D.C.-DULLES, 8:16 AM SEAT: N/A MILES: 927
DC 9:53 AM ELAPSED: 2:37

ARRIVE: (MCI) KANSAS CITY-INTL, MO

AIRLINE CONFIRMATION: **UNITED AIRLINES - WQZVGU**

OPERATED BY UNITED EXPRESS/MESA AIRLINES

[CLICK HERE TO CHECK IN ONLINE](#)

RESERVED SEATING IS RESTRICTED TO AIRPORT CHECK-IN

GOVERNMENT ISSUED PHOTO I.D. IS REQUIRED UPON CHECK-IN.

CHECK WITH INDIVIDUAL CARRIERS REGARDING BAGGAGE LIMITATIONS.

THIS TICKET IS NON REFUNDABLE.

ANY CHANGES OR CANCELLATIONS TO THIS RESTRICTED FARE MUST BE
MADE PRIOR TO THE TICKETED DEPARTURE TIME. CHANGES ARE SUBJECT
TO AVAILABILITY AND MAY RESULT IN A FARE INCREASE IN ADDITION TO
APPLICABLE REISSUE FEES.

UNITED AIRLINES - INFORMATION AVAILABLE ONLINE*

[BAGGAGE RULES](#)

[ONLINE CHECK-IN](#)

[GENERAL INFORMATION](#)

SUMMARY OF ALL CURRENT AIRLINE POLICIES (SUBJECT TO CHANGE WITHOUT NOTICE BY AIRLINES)*

[SHORT'S TRAVEL PORTAL](#)

[ViewTrip](#)

[Terms and Conditions](#)

SMART

0001161610

6/2

Home | Worklist | Add to Favorites | Sign out

New Window | Help | Customize Page | ntc

Approve Expense Report

Submit Confirmation

Reese Hays User Defaults Report ID: 0000041602

Report Information

Report Description:	CASE MTG 04/21/11 EMPORIA	Reference:	Employee Base: Office
Business Purpose:	Meeting	Comment:	CASE MTG 04/21/11 EMPORIA
Report Status:	Submitted for Approval		
Default Location:	In-state & Border City Travel		
Accounting Date:	05/10/2011	Created On:	05/10/2011 By: DA00YDR
Accounting Template:	STANDARD	Last Updated:	05/10/2011 By: HA00KRE

Accounting Defaults Apply Cash Advance(s) More Options: GO

Expense Line Items

Customize | Find | Save

Expense Type	Date	PC Business Unit	Project	Activity	Reimburse Amt	Currency	Approve Expense
MILEAGE IS AUTO	04/21/2011				70.00	USD	

Expense Report Totals

Employee Expenses:	70.00 USD	Due Employee:	70.00 USD
Non-Reimbursable Expenses:	0.00 USD	Due Vendor:	0.00 USD
Prepaid Expenses:	0.00 USD	<u>Definition of Totals</u>	
Employee Credits:	0.00 USD		
Vendor Credits:	0.00 USD		
Cash Advances Applied:	0.00 USD		

Pending Actions

Customize | Find | First 1-2 of 2 Last

Profile	Name	Action	Date/Time
HR Supervisor	(Pooled)		
Agency Fiscal Office	(Pooled)		

Action History

Customize | Find | First 1 of 1 Last

Profile	Name	Action	Date/Time
	Rodriguez, Yvonne D	Submitted	05/10/2011 12:01:55PM

Comments

ENTERED IN GL-SUITES

Budget Status: Not Chk'd

**KS BOARD OF HEALING ARTS
TRAVEL REQUEST FORM**

Traveling Employee: Reese Hays and Kathy Moen

Destination: Lee Thompson's Office, Wichita, Kansas

Beginning Date: 4-21-11 Ending Date: 4-21-11

Purpose: Witness Interviews: Ann Neuhaus case

TRIP COST ESTIMATE

Lodging: # Days 0 Rate _____ =\$ _____

Meals Allowance: Departure Time 0630 Return Time 1630 =\$ _____

Mileage: # Miles 140 X Rate _____ =\$ _____
(Travel will only be to Emporia to meet investigator. Emporia to Wichita and back will be via a State car.)

Airfare: =\$ _____

Registration Fees: =\$ _____

Miscellaneous Costs: (rental car, baggage check, etc.) =\$ _____

Total Estimated Costs: =\$ _____

TRIP APPROVAL

Employee: _____ Date: _____

Supervisor: _____ Date: 4/20/11

Accountant: Kathy R. Eigenmann Date: 4-25-11

Executive Director: Kathleen J. Taylor Lippert Date: 4-21-11

Employee: submit original approved form to the agency Accountant and notify the Accountant if you need them to make or assist with any lodging or travel arrangements.

SMART

0001174934

6/14

Home | Worklist | Add to Favorites | Sign out

New Window | Help | Customize Page

Approve Expense Report

Submit Confirmation

Reese Hays

User Defaults

Report ID: 0000046195

Report Information

Report Description: MILES 05/11/11 EMPORIA Reference: Employee Base: Office
 Business Purpose: Meeting Comment: MILES 05/11/11 EMPORIA
 Report Status: Submitted for Approval
 Default Location: In-state & Border City Travel
 Accounting Date: 06/07/2011 Created On: 06/07/2011 By: DA00YDR
 Last Updated: 06/10/2011 By: HA00KRE
 Accounting Template: STANDARD

Accounting Defaults Apply Cash Advance(s) More Options: GO

Expense Line Items

Expense Type	Date	PC Business Unit	Project	Activity	Reimburse Amt	Currency	Approve Expense
MILEAGE IS AUTO	05/11/2011				70.00	USD	

Expense Report Totals

Employee Expenses:	70.00 USD	Due Employee:	70.00 USD
Non-Reimbursable Expenses:	0.00 USD	Due Vendor:	0.00 USD
Prepaid Expenses:	0.00 USD	<u>Definition of Totals</u>	
Employee Credits:	0.00 USD		
Vendor Credits:	0.00 USD		
Cash Advances Applied:	0.00 USD		

Pending Actions

Profile	Name	Action	Date/Time
HR Supervisor	(Pooled)		
Agency Fiscal Office	(Pooled)		

Action History

Profile	Name	Action	Date/Time
	Rodriguez, Yvonne D	Submitted	06/07/2011 1:46:23PM

Comments

ENTERED IN GL-SUITES

Budget Status: Valid

NER OF VEHICLE: ENTERPRISE LEASING COMPANY OF KS, LLC
RANCH ADDRESS: 1700 W. 10th Street, Topeka, KS 66606-3901

(785) 233-0500

251132

RENTAL TYPE	SOURCE #	I.D.#
BUSINESS	ENTERPRISE	000
RENTER	JESSICA	

RENTAL AGREEMENT NO. 13FF00

DAY = 24 HOUR PERIOD

ORIGINAL VEHICLE

COLOR	LICENSE NO.
MODEL	ECAR#
MILE-AGE	IN
	OUT



VEHICLE \$8.07/HOUR
 \$24.20/DAY
 \$173.80/NEEP
 \$775.20/MONTH

NO CHARGE MILEAGE

CONDITION AND FUEL X LEVEL AGREED TO

NO DAMAGE

BILL TO COMPANY
 ATTN: JESSICA BOARD OF HEALING ARTS
 PHONE: (000) 000-0000

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL
 I REQUEST OWNER'S PERMISSION TO ALLOW ALL AUTH

WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF, I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S):

OPERATION IN ANY OTHER STATE

RENTER: X
 RENTER DECLINES OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES RESPONSIBILITY. SEE PARAGRAPH 6.
 RENTER: X
 RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI). SEE PARAGRAPH 3.B.2.
 RENTER: X
 RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PARAGRAPH 3.B.3.
 RENTER: X
 RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP). SEE PARAGRAPH 3.B.3.
 RENTER: X

Hester
 Here is a copy of the rental car invoice for Jessica.
Kaula

NOTICE: THIS CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A COLLISION DAMAGE WAIVER TO COVER YOUR RESPONSIBILITY FOR DAMAGE TO THE VEHICLE. BEFORE DECIDING WHETHER TO PURCHASE THE COLLISION DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN AUTOMOBILE INSURANCE AFFORDS SUFFICIENT COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF THIS COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED.

RENTER: X
 RENTER DECLINES OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES RESPONSIBILITY. SEE PARAGRAPH 6.
 RENTER: X
 RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI). SEE PARAGRAPH 3.B.2.
 RENTER: X
 RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PARAGRAPH 3.B.3.
 RENTER: X
 RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP). SEE PARAGRAPH 3.B.3.
 RENTER: X

FUEL CHARGE \$5.83/GALLON

REPLACEMENT VEHICLE

COLOR	LICENSE NO.
MODEL	ECAR#
MILE-AGE	IN
	OUT

OWNER REP: [Signature]
 EMPL # 09702/9011
 08/05/2011 4:30 AM

CONDITION AND FUEL X LEVEL AGREED TO

NO DAMAGE

ADDITIONAL INFORMATION

TOTAL CHARGES	
DEPOSITS	
REFUNDS	
AMOUNT DUE	64.58
CLOSED BY	
PAID BY	CASH CHECK CHARGE
RECEIPT OF CASH/REFUND	DATE AMOUNT RECEIVED