



COMPROBACIÓN DE VIÁTICOS

Número DGPOP: COE - 0027

No. de comisión UR: 212 - 0064/2021

Fecha: 10/05/2021

DATOS DE LA COMISIÓN

Nombre del comisionado: CLAUDIO URIBE GARCÍA

Puesto: AGREGADO ADMINISTRATIVO "D"

Destino: GRAND RAPIDS, MICHIGAN, Estados Unidos de América; DETROIT, Estados Unidos de América

Período: Del 7 de mayo al 9 de mayo de 2021

Representación: CONSULMEX DETROIT

GASTOS EFECTUADOS DURANTE LA COMISIÓN

Fecha	Descripción	No. Docto.	Divisa	Importe	T.C.	Importe a comprobar
HOSPEDAJE						
Del 07/05/2021 al 09/05/2021	PAGO DE HOSPEDAJE	508954 A	USD	237.62	1.0000000	237.62 USD
Subtotal:						237.62 USD

OTROS GASTOS

07/05/2021	COMIDA	NA	USD	50.00	1.0000000	50.00 USD
07/05/2021	CENA	NA	USD	92.38	1.0000000	92.38 USD
08/05/2021	DESAYUNO	NA	USD	50.00	1.0000000	50.00 USD
08/05/2021	COMIDA	NA	USD	55.00	1.0000000	55.00 USD
08/05/2021	CENA	NA	USD	65.00	1.0000000	65.00 USD
09/05/2021	DESAYUNO	NA	USD	40.00	1.0000000	40.00 USD
09/05/2021	COMIDA	NA	USD	50.00	1.0000000	50.00 USD
Subtotal:						402.38 USD

	M.N.	USD	EUR
*Importe del anticipo otorgado	0.00	640.00	0.00
Menos total comprobado		640.00	
= Recursos no utilizados			

Declaro bajo protesta de decir verdad que los datos
contenidos en este formato son los solicitados

Comisionado

CLAUDIO URIBE GARCÍA
AGREGADO ADMINISTRATIVO "D"

No. trámite de reintegro:



755 54TH ST SW
WYOMING, MI 49509
TELEPHONE 616-261-5500 • FAX 616 261 9120



GARCIA, CLAUDIO
MEXICAN CONSULATE
755 54TH ST SW
WYOMING MI 49509
UNITED STATES OF AMERICA

name
address

room number: 420/KXTY
arrival date: 5/7/2021 7:12:00 PM
departure date: 5/9/2021
adult/child: 1/0
room rate: 109.00
Rate Plan: LVO

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

HH #
AL:
Car:

Confirmation Number: 84780729

5/9/2021

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here. ☐

signature:

date	reference	description	amount	
5/7/2021	1906159	GUEST ROOM EXEMPT	\$109.00	
5/7/2021	1906159	OCCUPANCY TAX	\$5.45	
5/7/2021	1906159	ASSESSMENT TAX	\$4.36	
5/8/2021	1906377	GUEST ROOM EXEMPT	\$109.00	
5/8/2021	1906377	OCCUPANCY TAX	\$5.45	
5/8/2021	1906377	ASSESSMENT TAX	\$4.36	
5/9/2021	1906430	VS *2755	(\$237.62)	
		BALANCE	\$0.00	

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no. VS *2755	date of charge 5/9/2021	folio/check no. 508954 A
card member name GARCIA, CLAUDIO	authorization 04590D	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-237.62