Collection: Deaver, Michael
Folder Title: Travel Vouchers 1981-1983 (7)
Box: 59

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

File Folder TRAVEL VOUCHERS 1981-1983 (7)

Box Number 61

Withdrawer
KDB 8/29/2011

FOIA
F97-0066/19
COHEN, D
167

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	8/12/1982	B6
2	LIST	RE STAFF NAMES AND SOCIAL SECURITY NUMBERS	1	ND	B6

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]
B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

SANTA BARBARA

TRA[illegible]L VOUCHER

(R[illegible]d the Privacy Act St[illegible]ement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*
DEAVER, MICHAEL K.

b. SOCIAL SECURITY NO.
202-333-1548

6. PERIOD OF TRAVEL
a. FROM 31 Aug
b. TO 7 Sep. 82

c. MAILING ADDRESS *(Include ZIP Code)*
The White House
Washington, D.C. 20050

1982 SEP 15 AM 9 49

d. OFFICE TELEPHONE NO.
456-6475

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 2531
b. DATE(S)

e. PRESENT DUTY STATION
The White House

f. RESIDENCE *(City and State)*
4521 Dexter St. N.W.
Washington, D.C. 20007

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government *(Attached: [ ] Check [ ] Cash)*
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
Government Commercial	and Air				Washington DC	Santa Barbara, CA

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 9-14-82 AMOUNT CLAIMED ▶ $1,187.50

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. *FOR FINANCE OFFICE USE ONLY* COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*
less hotel paid directly
Santa Barbara Biltmore $1,049.93

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: [initials] $137.57

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE 10/4

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: $

d. NET TO TRAVELER ▶ $137.57

W

18. ACCOUNTING CLASSIFICATION
obj 23 $137.57

1012-116

NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel
- *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- *(h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.
(j) Show total subsistence expense incurred for actual expense travel.
(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME Deaver

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
0 Aug.	8:30 am	Dep Washington, DC											
1 Aug.		(PERSONAL LEAVE TIME)											
1 Aug.	10:35 am	Arr Santa Barbara, CA (REJOINS THE PRESIDENT - Commence TDY)											
Sep.	8:55 am	Dep Santa Barbara, CA											
Sep.	4:25 pm EDT	Arr Andrews AF Base											
Sep.	4:30	Dep Andrews AF Base											
Sep.	4:45	Arr White House											
		Per diem for 7½ days (172.50 less incidentals of 34.93)										137.57	
		Santa Barbara Biltmore (room)										1,015.00	
		" " " (incidentals)										34.93	
										SUBTOTALS ▶			
										TOTALS ▶		1,187.50	

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $1,187.50

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2531

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request August 18, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other

2. **PURPOSE(S) and DATE(S):** Presidential Trip August 20 - Sept 6, 1982

3. **ITINERARY** Santa Barbara, CA
(List all cities where stopover occurs.)

4. **DEPARTURE:** (hold out until 8/20) **RETURN:**

Date: August 20, 1982 Date: September 6, 1982

Time: Time:

Mode: Commercial Air Mode: Government Air

5. **NATURE:** ☒ 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: [signature]
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

Department Head

[signature] 8/1[illegible]
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem ☐ Registration Fee of $

Hotel Name ☐ Commercial Car Rental

Hotel Daily Rate $ ☐ Excess Baggage

Other ☐ Other

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

---

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. D7-583-557 Amount $ 170.00

Code 103 ~~[illegible]~~ # 1,728

(8/13/81)

ORIGINATING OFFICE COPY

ROOM	THE WHITE HOUSE (LAST NAME)	FIRST	RATE	C/O	T.A.	AR. TUES AUG 17	C/O SEPT 6	GTD. X

COMPANY NAME: The White House ~~Baker~~

STREET: ~~Meese~~ / Deaver

CITY / STATE / ZIP CODE

CLK. / SEG. WH

SHARING WITH / CODE: List/8/13/LC

MADE BY / PHONE

REMARKS: ☐ Cash ☐ Visa ☐ Mas ☐ Ex ☐ Am ☐ Din ☐ CB — CODE A

SGL. | DBL. | TWIN | PLR. | SUITE | 1 RMS. | 1 PRS. | 145.00 RATE PER DAY

No. 012783

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK-UP
1						**.00
2			145.00			
3	08/17/82 TAX	92	11.60		**156.60 /94	**156.60 C
4			145.00	office		
5	08/18/82 TAX	92	11.60		**313.20 /47	**313.20 C
6			145.00			
7	08/19/82 TAX	92	11.60		**469.80 /82	**469.80 C
8			145.00			
9	08/20/82 TAX	92	11.60		**626.40 /35	**626.40 C
10			145.00	Baker		
11	08/21/82 TAX	92	11.60		**783.00 /83	**783.00 C
12			145.00			
13	08/22/82 TAX	92	11.60		**939.60 /23	**939.60 C
14			145.00			
15	08/23/82 TAX	92	11.60	office	**1,096.20 /29	**1,096.20 C
16			145.00			
17	08/24/82 TAX	92	11.60		**1,252.80 /21	**1,252.80 C
18			145.00	Baker		
	08/25/82 TAX	92	11.60		**1,409.40 /19	**1,409.40 C
			145.00			
	08/26/82 TAX	92	11.60		**1,566.00 /67	**1,566.00 C

BILLING ADDRESS: TRANSFER TO MASTER #1

BILLING SIGNATURE

STREET

CITY STATE

ATTENTION

Marriott's Santa Barbara Biltmore

1260 Channel Drive, Santa Barbara, California 93108

For reservations call 805-969-2261, or toll-free 800-228-9290

TOLL FREE RESERVATIONS CALL 800—228-9290

12 ROOM | The White House LAST NAME | INITIAL | 145 RATE | SEG | c/o 6 | REMARKS R-2 | Rm & Tx

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK-UP
1						**.00
2	08/27/82 TRDB	92	1,566.00			C
3			145.00			
4	08/27/82 TAX	92	11.60		**1,722.60 /59	C *
5			145.00	Meese		**1,722.60
6	08/28/82 TAX	92	11.60		**1,879.20 /55	C *
7						**1,879.20
8			145.00			
9	08/29/82 TAX	92	11.60		**2,035.80 /05	**2,035.80 C *
10			145.00	office		
11	08/30/82 TAX	92	11.60		**2,192.40 /22	**2,192.40 C *
12			145.00			
13	08/31/82 TAX	92	11.60		**2,349.00 /51	**2,349.00 C *
14			145.00			
15	09/01/82 TAX	92	11.60		**2,505.60 /43	**2,505.60 C *
16			145.00	Deaver		
17	09/02/82 TAX	92	11.60		**2,662.20 /91	C *
18						**2,662.20
19			145.00			
20	09/03/82 TAX	92	11.60		**2,818.80 /31	**2,818.80 C *
21			145.00			
22	09/04/82 TAX	92	11.60		**2,975.40 /78	**2,975.40 C *
23			145.00			
24	09/05/82 TAX	92	11.60		**3,132.00 /87	**3,132.00 C *
			145.00			
	09/06/82 TAX	92	11.60		**3,288.60 /25	**3,288.60 C *
	09/07/82 TRCR	92		3,288.60	**.00 /00	A

BILLING ADDRESS | NAME OR FIRM

BILLING SIGNATURE

STREET

CITY | STATE | ZIP

ATTENTION

Marriott Hotels

MARRIOTT'S SANTA BARBARA BILTMORE
1260 CHANNEL DRIVE
SANTA BARBARA, CALIFORNIA 93108
(805) 969-2261

TOLL FREE RESERVATIONS CALL 800—228-9290

ROOM: White House | RATE: 145 | SEG | 6/0 | REMARKS: P. 2

LAST NAME | INITIAL

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK-UP
1						**.00
2	08/31/82	TRDB 91	1,301.36			C
3			145.00			
4	08/31/82	TAX 91	11.60		**1,457.96 /07	*1,457.96 C *
	09/01/82	REST 91	8.16	this charge is for Deaver	**1,466.12 /46	*1,466.12 A
5			145.00			
6	09/01/82	TAX 91	11.60		**1,622.72 /38	*1,622.72 C *
7			145.00			
8	09/02/82	TAX 91	11.60		**1,779.32 /34	**1,779.32 C *
9						
10			145.00			
	09/03/82	TAX 91	11.60		**1,935.92 /26	*1,935.92 C *
11			145.00			
12	09/04/82	TAX 91	11.60		**2,092.52 /01	**2,092.52 C *
13			145.00			
14	09/05/82	TAX 91	11.60		**2,249.12 /30	*2,249.12 C *
15			145.00			
16	09/06/82	TAX 91	11.60		**2,405.72 /22	**2,405.72 C *
17	09/07/82	TRCR 91		2,405.72	**.00 /00	A
18						
19						
20						
21						
22						
23						
24						

BILLING ADDRESS | NAME OR FIRM

BILLING SIGNATURE

STREET

CITY | STATE

ATTENTION

Marriott's
SANTA BARBARA BILTMORE
HOTEL AND GARDEN COTTAGES
Montecito, Santa Barbara, California 93108
Telephone (805) 969-2261

TOLL FREE RESERVATIONS CALL 800—228-9290

3316 2 A #16 REST **8.16

Thank You

Marriott Hotels®

Deaver SIGNATURE [signature] #91

PRINTED GUEST NAME ROOM NUMBER

CREDIT CARD INFORMATION BELOW

GUEST RECEIPT

DATE	SERVER	TABLE	PERSONS		
9/1	3	79	1		001533

8/16 total

```
SER 3   GUEST 1
           ACT 18
1     SEP  8:15
  MISC FD    2 00
1 2 EGGS     3 75
1 BEV        1 00
   TXB FD    6 75
   TX          41
18 TOTAL    7. 16
```

Tip 1.00

```
                7.16
18   8:32
  1 CHG TIP   [illegible]
```

8.16

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
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15	
16	
17	
18	
19	
20	

BEVERAGE	
FOOD	
STATE TAX	
TOTAL AMOUNT ▶	

001533 Marriott GUEST RECORD

94 ROOM		RATE	SEG	C/O	REMARKS INCIDENTALS ONLY
LAST NAME	INITIAL				

MEMO	DATE	REFERENCE		CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK-UP
1							
2							**.00
3	08/23/82	CCBC	94	12.98	Clark	**12.98 /00	**12.98 B
4	08/23/82	TRDB	94	.00		**12.98 /00	**12.98 C *
5	08/24/82	TRDB	94	.00		**12.98 /00	**12.98 C *
6	08/25/82	TRDB	94	.00		**12.98 /00	C *
7 —							**12.98
8	08/26/82	CCBC	94	4.00	Fuller	**16.98 /92	B
9							**16.98
0	08/26/82	CCBC	94	3.71	Fuller	**20.69 /68	**20.69 B
1	08/26/82	TRDB	94	.00		**20.69 /68	**20.69 C *
	08/27/82	TRDB	94	.00		**20.69 /68	C *
2	08/28/82	TRDB	94	.00		**20.69 /68	**20.69 C *
3							**20.69
4	08/29/82	TRDB	94	.00		**20.69 /68	**20.69 C *
5	08/30/82	TRDB	94	.00		**20.69 /68	**20.69 C *
6	08/31/82	REST	94	26.77	Deaver	**47.46 /64	**47.46 B
	08/31/82	TRDB	94	.00		**47.46 /64	**47.46 C *
7	09/01/82	TRDB	94	.00		**47.46 /64	**47.46 C *
8	09/02/82	TRDB	94	.00		**47.46 /64	C *
9							**47.46
0	09/02/82	REST	94	21.88	Clark		A
1	09/02/82	CCBC	94	6.00	Clark	**75.34 /43	A
							**75.34
2	09/03/82	TRDB	94	.00		**75.34 /43	**75.34 C *
3	09/04/82	TRDB	94	.00		**75.34 /43	**75.34 C *
	09/05/82	TRDB	94	.00		**75.34 /43	**75.34 C *
4	09/06/82	REST	94	66.04	Clark	**141.38 /09	**141.38 C *
	09/07/82	TRCR	94		141.38	**.00 /00	A

BILLING ADDRESS NAME OR FIRM PAYS OWN ACCOUNT

BILLING SIGNATURE

STREET

CITY STATE

ATTENTION

Marriott's
SANTA BARBARA BILTMORE
HOTEL AND GARDEN COTTAGES
Montecito, Santa Barbara, California 93108
Telephone (805) 969-2261

TOLL FREE RESERVATIONS CALL 800—228-9290

+26.77 REST
946 8 1 9263

Thank You

Marriott Hotels®

26.77

SIGNATURE

PRINTED GUEST NAME

ROOM NUMBER

CREDIT CARD INFORMATION BELOW

Mullen
#94
Deaver

GUEST RECEIPT

DATE	SERVER	TABLE	PERSONS		001028

1	
2	THANK YOU
3	MONK
4	
5	
6	
7	26.77
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

BEVERAGE	
FOOD	
STATE TAX	
TOTAL AMOUNT ▶	

SER 7 GUEST 2
ACT 83
31 AUG 12:00
1 GL WINE ~~3.00~~
1 IM BEER ~~2.75~~
TXB BR 2.75
TXBWNE 3.00
TX .35
83 TOTAL 6.10

83FORWARD 6.10
1 TOSTADA 6.00
1 SPIN OM 6.00
TXB FD 12.00
TXB BR 2.75
TXBWNE 3.00
TX .72
83 TOTAL 18.82

83FORWARD 18.82
1 PRMBEER ~~[illegible]~~
1 GL WINE ~~[illegible]~~
TXB FD 12.00
TXB BR 5.25
83FORWARD 25.72
1 BEV
83 TOTAL 25.72
TXB FD
TXB BR 5.25

001028 END Marriott GUEST RECORD

THE WHITE HOUSE
WASHINGTON

Sep. 14, 1982

Memo to John Rogers:

Re: Mr. Deaver's travel voucher for Santa Barbara trip.

Statement from Rm 92 with charges amounting to $224.72 is attached.

Please note that Mr. Deaver did not arrive at the Biltmore until August 31st.

Charges must be for other occupant of that room.

PATRICIA BYE

THE WHITE HOUSE
WASHINGTON

7/14/82

TAE/LH,

Pat Bye wants to make sure it is noted that MKD was on personal time until 8/31, which is indicated on voucher.

She also wants to make sure it is noted that since he didn't go into the Biltmore, he has no incidentals (attached copy of incidental expenses indicates no charges from 8/31 on) and should not be charged.

EMILY L. FORD

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

...REQUIRE IDENTIFICATION

WASHINGTON, D. C.

Check No. 47,171,126

SYMBOL 3004

United States Treasury 15-51/000

PAY TO THE
ORDER OF MICHAEL K DEAVER

DOLLARS	CTS.
$***137	57

MONTH	DAY	YEAR
10	12	82

11010001

WHITE HOUSE
V002WH

T/A 2531-2547

3004 1 ⑆000000518⑆ 47171126 2

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial)
DEAVER, MICHAEL K.

b. SOCIAL SECURITY NO.
202-333-1548

c. MAILING ADDRESS (Include ZIP Code)
The White House
Washington, D.C. 20500

d. OFFICE TELEPHONE NO.
456-6475

e. PRESENT DUTY STATION
The White House

f. RESIDENCE (City and State)
4521 Dexter Street, N.W.
Washington, D.C. 20007

6. PERIOD OF TRAVEL
a. FROM August 11 b. TO , 1982

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 2521
b. DATE(S)

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: [ ] Check [ ] Cash)
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

10. CHECK NO.

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
Government Air					Washington, DC and return.	Billings, Montana

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 8-12-82 AMOUNT CLAIMED ▶ $ 17.25

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ DATE Aug. 12, 1982

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION $
a. DIFFERENCES, IF ANY (Explain and show amount) none
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: CW $ 17.25
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ —
d. NET TO TRAVELER ▶ $ 17.25
W

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE 4/13

18. ACCOUNTING CLASSIFICATION
obj 23 $17.25

Paid

1012-116
☆ GPO: 1979 0-281-187 P.O. 4338
NSN 7540-00-634-4160
STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel:
- *Col. (d) thru (g)* Show amount incurred for each meal including tax and tips and daily total meal cost.
- *(h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- *(i)* Complete for per diem and actual expense travel.
- *(j)* Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ___ OF ___ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/11	8:55am	leave D.C. to Billings											
	4:15pm	leave Billings to D.C.											
	7:55pm	arrive											
		per diem 3/4 day										17.25	
										SUBTOTALS ▶			
										TOTALS ▶		17.25	

If additional space is required, continue on another SF 1012 BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 17.25

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2527

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request: August 8, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other

2. **PURPOSE(S) and DATE(S):** Presidential Trip - August 11, 1982

3. **ITINERARY** Billings, Montana
(List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: August 11, 1982
Time: 8:55 a.m.
Mode: Government Air

RETURN:

Date: August 11, 1982
Time: 7:55 p.m.
Mode: Government Air

5. **NATURE:** ☒ 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: MKDeaver
(I have read and agree to the terms set forth on the reverse side)

ROBERT K. DEAVER

Department Head

John W Rogers / JW 8/10
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:**

No. of Days Per Diem
Hotel Name
Hotel Daily Rate $
Other

SPECIAL EXPENSES:

☐ Registration Fee of $
☐ Commercial Car Rental
☐ Excess Baggage
☐ Other

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. Amount $

code 103 85

(8/13/81)

ORIGINATING OFFICE COPY

356 077632.

DENVER

RATE	OUT 11
TAX	IN 10

STREET

CITY | STATE | ZIP

TRAVEL AGENT | COMPANY

NO. OF GUESTS IN ROOM		
R	CR	NR

OTHER

CLOSING	CHANGE	ROOM NO.	RATE	TAX
OPENING	☐ ROOM			
DIFFERENCE	☐ RATE			

CALLS	MEMO	DATE REFERENCE	CHARGES	CREDITS	BAL. DUE	PICK-UP
MON.	1					
	2					**.00
	3	05/10/82 ROOM 1705	49.00		**49.00 /30	
TUES.	4					**49.00
	4	05/11/82 TRCR 1705		49.00	**.00 /00	
	5					
	6			49.00		
WED.	7					
	8					
	9					
THURS.	10					
	11					
	12					
FRI.	13					
	14					
SAT.	15					
	16					
	17					
SUN.	18					
	19					
	20					

GUEST'S SIGNATURE | APPROVED

LAST BALANCE IS AMOUNT DUE UNLESS OTHERWISE INDICATED

BILLS ARE PAYABLE WHEN PRESENTED

CHARGE TO

REMARKS:

ADDRESS

CITY | STATE | ZIP

REGARDLESS OF INSTRUCTIONS, GUEST IS ALSO LIABLE UNTIL BALANCE HAS BEEN PAID.

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER • • REQUIRE IDENTIFICATION

WASHINGTON, D. C.

Check No. 96,025,791
SYMBOL 3004

United States Treasury 15-51/000

PAY TO THE
ORDER OF MICHAEL K DEAVER

MONTH	DAY	YEAR
09	22	82

11010001

DOLLARS	CTS.
$****17	25

WHITE HOUSE
V015WH

T/A 2527

⑈30041⑈ ⑆000000518⑆ 9602579141⑈

DesMoines/Hartford

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
- [x] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: DEAVER, MICHAEL K.

b. SOCIAL SECURITY NO.: 202-333-1548

c. MAILING ADDRESS *(Include ZIP Code)*: The White House, Washington, D.C. 20500

d. OFFICE TELEPHONE NO.: 456-6475

e. PRESENT DUTY STATION: The White House

f. RESIDENCE *(City and State)*: 4521 Dexter St. NW, Washington, D.C. 20007

6. PERIOD OF TRAVEL
a. FROM: Aug.2
b. TO: Aug.3, 1982

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0117
b. DATE(S):

8. TRAVEL ADVANCE

a. Outstanding	
b. Amount to be applied	
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

10. CHECK NO.

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
Government Air					Washington, D.C.	Des Moines, Iowa Hartford, CT and return

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ MICHAEL K. DEAVER   DATE 8-5-82   AMOUNT CLAIMED ▶ $ 60 07

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶   DATE

17. *FOR FINANCE OFFICE USE ONLY*
COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*: less hotel paid directly $ 51 40

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $ 8 67

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: $ —

d. NET TO TRAVELER ▶ $ 8 67

Paid

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.   b. D.O. SYMBOL   c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶   DATE

18. ACCOUNTING CLASSIFICATION

obj 22 8.67

1012-116

☆ GPO: 1979 0-281-187 P.O. 4338

NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel: *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost. *(h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.
(j) Show total subsistence expense incurred for actual expense travel.
(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME DEAVER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
Aug.2	Dep 12:00	Dep White House											
Aug.2	12:15	Arr Andrews AF Base											
Aug.2	12:20	Dep Andrews AF Base											
Aug.2	1:35 CDT	Arr Des Moines, Iowa											
Aug.3	9:05 CDT	Dep Des Moines											
Aug.3	12:45 pm EDT	Arr Hartford, CT											
Aug.3	3:25 p.m.	Dep Hartford, CT											
Aug.3	4:20 p.m.	EDT Arr Andrews AF Base											
Aug.3	4:25 pm	Dep Andrews AF Base											
Aug.3	4:40	Arr White House											
		per diem for 1¼ days (28.75 less 20.08 incidentals on Des Moines hotel bill)										8.67	
		hotel (room & incidentals)										51.40	
									SUBTOTALS ▶				
									TOTALS ▶			60.07	

If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 60.07

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 0117

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request: July 27, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☐ X White House Staff

Extension: 6475 Room: West Wing ☐ Other

2. **PURPOSE(S) and DATE(S):** To accompany the President: August 2 and 3, 1982

3. **ITINERARY** Des Moines, Iowa and Hartford, Connecticut
(List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: August 2, 1982

Time: 11:00 a.m.

Mode: Government Air

RETURN:

Date: August 3, 1982

Time: 4:30 p.m.

Mode: Government Air

5. **NATURE:** ☐ XX 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: [signature]
(I have read and agree to the terms set forth on the reverse side)

MICHAEL K. DEAVER

Department Head

John F. W. Rogers JAK 7/28
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:**

No. of Days Per Diem

Hotel Name

Hotel Daily Rate $

Other

SPECIAL EXPENSES:

☐ Registration Fee of $

☐ Commercial Car Rental

☐ Excess Baggage

☐ Other

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. Amount $

(8/13/81)

CODE 103 #1000

ORIGINATING OFFICE COPY

7-7 | Deaver, Michael | MR. / MS. | - RATE | SEG. | C/O | 8/2 AR. | 8/3 C/O | gtd GTD./TA

PR

ARV.

CLERK

SPECIAL INSTRUCTIONS

SGL.	DBL.	2 BED	PLR.	SUITE	RMS.	PRS.	RATE PER DAY	CODE
1					1	1	$29	B

MADE BY list ce8/1

PHONE

NO. 092955 MEMO

DESCRIPTION		CHARGE/CREDIT	BALANCE
A ROOM			29.00
RTAX			1.45
STAX			.87
TG670A08/02B99	707	77	31.32
% PRBAL		77	31.32
% TRNCR			31.32
%G162A08/03BA	707	27	.00

ROOM AND TAX

BILLING SIG.

BILLING ADDRESS

STREET

CITY STATE ZIP

ATTENTION

Marriott®

DES MOINES MARRIOTT HOTEL
700 GRAND AVENUE
DES MOINES, IOWA 50309
(515) 245-5500

707 ROOM | Deaver, | RATE | SEG | 8/3 C/O | PAGE NO.: REMARKS:

LAST NAME INITIAL

BILLING ADDRESS

STREET

CITY STATE ZIP

ATTENTION

Marriott Hotels.

DES MOINES MARRIOTT HOTEL
700 GRAND AVENUE
DES MOINES, IOWA 50309
(515) 245-5500

	MEMO		DESCRIPTION		CHARGE/CREDIT	BALANCE
1		1				
2		2				
3	DSM CLUB-FOOD	3				
4	DSM CLUB-BEV.	4	MISC			12.08
5		5	MISC			8.00
6		6	TG186A08/02B95	707	66	20.08
7		7	% PRBAL		66	20.08
8		8	TG647A08/03BA	707	66	20.08
9		9				
10		10	% PRBAL		66	20.08
11		11	TG085A08/04BA	707	66	20.08
12		12				
13		13				
14		14				
15		15				
16		16				
17		17				
18		18				
19		19				
20	INCIDENTALS	20	% PRBAL		66	20.08
21		21	% TRNCR			20.08-
22		22	%G283B08/05BA	707	27	.00
23		23				
24		24				
25		25				
26		26				
27		27				
28		28				
29		29				
30		30				

No. | BILLING SIG. | DATE:

FOR TOLL FREE RESERVATIONS AT ANY MARRIOTT CALL

800-228-9290

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

WASHINGTON, D. C.

Check No. 95,763,672
SYMBOL 3004

United States Treasury 15-51/000

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW, YOUR ENDORSER • • REQUIRE IDENTIFICATION

PAY TO THE ORDER OF MICHAEL K DEAVER

MONTH	DAY	YEAR
09	14	82

11010001

DOLLARS	CTS.
$******8	67

WHITE HOUSE
V013WH

T/A 0117

⑈3004⑈ ⑆000000518⑆ 957636724⑈

WITHDRAWAL SHEET
Ronald Reagan Library

Collection Name	*Withdrawer*
DEAVER, MICHAEL: FILES	KDB 8/29/2011
File Folder	*FOIA*
TRAVEL VOUCHERS 1981-1983 (7)	F97-0066/19 COHEN, D
Box Number	
61	167

DOC NO	*Document Type* *Document Description*	*No of pages*	*Doc Date*	*Restrictions*
1	FORM DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	8/12/1982	B6

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]
B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

18. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)

REMARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 82 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount Per Diem (F)	Amount Other (G)
			FORWARDED			
7/28						
	8:00a	depart AAFB				
	11:05a	arrive Jackson, Wyo.				
7/29	10:00a	depart Jackson				
	10:40a	arrive Merced, CA				
7/30	11:00a	depart Merced				
	9:00p	arrive AAFB	2 3/4	23.00	63.25	
		GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)			63.25	

MEMORANDUM

DEPARTMENT OF STATE

Washington, D.C. 20520

BUREAU OF ADMINISTRATION
AUTHORIZATION OF OFFICIAL TRAVEL

Applicable Regulations: 6 FAM 100 and 1800
Foreign Service Regulation, Standardized Government
and Joint Travel Regulations

TRAVEL AUTHORIZATION Number 1023-200723, Dated July 20, 1982

The employees on the attached list are authorized to perform official travel in connection with the 1983 Economic Summit.

ITINERARY: Travel from Washington, D.C. on or about 28 July 1982 to Jackson, Wyoming and Merced, California and to other such places at such times as necessary to complete the mission and return to Washington, D.C. on or about 30 July 1982.

PURPOSE: Site Survey for 1983 Economic Summit.

AUTHORIZATIONS: Use of military aircraft when applicable.

Economy travel on commerical airlines.

Applicable per diem. Per diem will be reduced 50% when lodging is provided at no cost to the traveller.

Use of taxicabs for official business.

Appropriation	Allotment	Obligation	Organization	Object	Amount
1920113	1023	200723	200000	2151	$2,000.00

Travel Requested by:

Thomas M. Tracy

Thomas M. Tracy
Asst. Sec. for
Administration

Funds Available:

Pauline A. Tamanini for

Charles Maguire
Chief Budget
Officer A/EX

Authorizing Officer

Thomas M. Tracy

Thomas M. Tracy
Asst. Sec. for
Administration

WITHDRAWAL SHEET
Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES	*Withdrawer* KDB 8/29/2011
File Folder TRAVEL VOUCHERS 1981-1983 (7)	*FOIA* F97-0066/19 COHEN, D
Box Number 61	167

DOC NO	*Document Type / Document Description*	*No of pages*	*Doc Date*	*Restric-tions*
2	LIST RE STAFF NAMES AND SOCIAL SECURITY NUMBERS	1	ND	B6

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]
B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 0116

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request July 26, 1982

1. **TRAVELER**

Name MICHAEL K. DEAVER X ☐ White House Staff

Extension: 6475 Room West Wing ☐ Other

2. **PURPOSE(S) and DATES** Survey Economic Summit Sites; July 28 - 30, 1982

3. **ITINERARY** Washington, D.C.; Yosemite, Wyoming; Jackson Hole, Wyoming and return to Washington, D.C. (List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: July 28, 1982

Time: 8:00 a.m.

Mode: Government Air

RETURN:

Date: July 30, 1982

Time: 7:30 p.m.

Mode: Government Air

5. **NATURE:** X ☐ 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: M Deaver

(I have read and agree to the terms set forth on the reverse side)

MICHAEL K. DEAVER

Department Head

John W Rogers

Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:**

No. of Days Per Diem

Hotel Name

Hotel Daily Rate $

Other

SPECIAL EXPENSES:

☐ Registration Fee of $

☐ Commercial Car Rental

☐ Excess Baggage

☐ Other

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. Amount $

(8/13/81)

TRAVELER'S COPY

THE WHITE HOUSE

WASHINGTON

July 29, 1982

MEMORANDUM TO MICHAEL K. DEAVER

FROM: WILLIAM F. SITTMANN

SUBJECT: Itinerary for Yosemite/Jackson Hole

Wednesday, July 28, 1982

8:00 a.m.	(EST)	Depart Andrews Air Force Base
9:45 a.m.	(MST)	Arrive Grand Isle, NE (Refuel)
10:15 a.m.	(MST)	Depart Grand Isle, NE
11:00 a.m.	(MST)	Arrive Jackson Hole - General Aviation Breakfast 4 hour 30 minute flight - 2 hour time change

Thursday, July 29, 1982

8:00 a.m.	(MST)	Depart Jackson Hole
9:10 a.m.	(MST)	Arrive Buckley Air National Guard (Denver)
12:30 p.m.	(MST)	Depart Denver
1:15 p.m.	(MST)	Arrive Castle Air Force Base

Friday, July 30, 1982

9:00 a.m.	(MST)	Depart Castle Air Force Base
9:30 a.m.	(MST)	Arrive Moffett NAS
10:00 a.m.	(MST)	Depart Moffett NAS
2:55 p.m.	(MST)	Arrive Grand Isle
3:25 p.m.	(MST)	Depart Grand Isle
7:00 p.m.	(EST)	Arrive Andrews Air Force Base

Itinerary

July 28, 1982 (Wednesday), Grand Teton National Park

11:00 a.m.	Arrive Jackson Hole Airport Pickup by Superintendent Jack Stark (10 passenger van) Transfer to town of Jackson
12:00 noon	Lunch in Jackson Inspection of facilities (various)
2:00 p.m.	Inspection of facilities at Teton Village Transfer to Jackson Lake Lodge
3:00 p.m.	Meeting with Bernie Iilif, Manager, Jackson Lake Lodge (Note: His last name is pronounced as eye-liff) Inspection of facility Transfer to Colter Bay
4:30 p.m.	Inspect facilities at Colter Bay Inspect other park facilities, as needed/desired Transfer to Jackson Lake Lodge
7:00 p.m.	Dinner: Jackson Lake Lodge

RON

July 29, 1982 (Thursday) Yosemite National Park

9:00 a.m.	Pickup by Superintendent Stark
9:45 a.m.	Arrive Jackson Airport Depart for Yosemite National Park
10:40 a.m.	Arrive Castle Air Force Base Pickup by Park Ranger Norm Hinson and associates
11:15 a.m.	Depart for Yosemite Lunch stop
2:00 p.m.	Arrive Ahwahnee Hotel for check-in Inspect facilities in Yosemite Valley
6:00 p.m.	Cocktails hosted by Superintendent Binnewies at Ahwahnee Hotel Evening Free

RON

July 30, 1982 (Friday)

7:00 a.m.	Depart Hotel enroute Castle AFB
9:00 a.m.	Depart Castle enroute Moffett NAS

THE WHITE HOUSE

WASHINGTON

July 26, 1982

MEMORANDUM TO MICHAEL K. DEAVER

FROM: WILLIAM F. SITTMANN

SUBJECT: Travel Plans, July 30th-August 1st
Bohemian Grove

We will arrive Moffett AFB at 9:30 a.m. on July 30th. Mr. Dennis Bark will meet you and take care of Hoover Institute and the Grove.

Flight Itinerary August 1, 1982 (Sunday)

12:15 p.m.	Depart San Francisco American Airlines Flight #214
6:20 p.m.	Arrive Chicago O'Hare
6:55 p.m.	Depart Chicago O'Hare American Airlines Flight #326
9:35 p.m.	Arrive Washington National Airport

Hoover Institute is going to reimburse you for your travel, so you must hang on to your ticket stub.

Dennis Bark: 415/497-2216 work

Attachments: Your ticket

ISSUED BY

AmericanAirlines

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

PASSENGER'S COUPON

ENDORSEMENTS CARBON

NAME OF PASSENGER: DEAVER/M — NOT TRANSFERABLE

DATE OF ISSUE: 26 JUL 82

TOUR CODE

ORIGIN: SAN FRANCISCO

DESTINATION: WASHINGTON NAWHITE HOUSE TRANS

AIRLINE / FORM / SERIAL NUMBER: 001 5407 120 326

ISSUED IN EXCHANGE FOR: WASHINGTON D

DATE AND PLACE OF ORIGINAL ISSUE: 95619

CONJUNCTION TICKETS(S)

DATE AND PLACE OF ISSUE: 72CW5L7

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT. DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	FROM SAN FRANCISCO	AA	214	F	1AUG	1215P	OK	F			
X	TO CHICAGO OHARE	AA	326	F	1AUG	655P	OK	F			
	TO WASHINGTON NATN										
	TO --VOID--										
	TO --VOID--										

BGE. CHK'D. UNCK'D. PCS. WT. UNCK. WT.

FARE: 404.76 — 1AUG SFOAA-XCHIAAWAS425.00

TAX: 20.24 — TL425.00

TAX

TOTAL: 425.00

FARE CALCULATION — FORM OF PAYMENT: IK5410 37340 5388251

Michael K Deaver Exp 12/82

EQUIV. AMT. PD.

CPN — TICKET NUMBER: 40647453803

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X Michael K. Deaver

UNIVERSAL CREDIT CARD CHARGE FORM

American Airlines 001

2. CARDHOLDER COPY

IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS

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DATE OF ISSUE

DATE AND PLACE OF ISSUE

THE WHITE HOUSE OFFICE
JUL 23 '82
WASHINGTON, D.C.

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

OTATO NO.

CONNECTION OF PASSENGER WITH SUBSCRIBER

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AIRLINE / FORM / SERIAL NO.: 001 5407 120 326

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COMPLETE ROUTING	FARE BASIS	CARRIER
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NO CASH REFUNDS

CREDIT CARD NAME/CODE: IK

IK5410 37340 5388251

Michael K. Deaver Exp 12/82

FARE: 404.76

TAX: 20.24

EQUIV. AMT. PD.

TOTAL: 425.00

ROUTE CODE