Collection: Deaver, Michael
Folder Title: Travel Vouchers 1981-1983 (10)
Box: 59

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer KDB 8/29/2011

File Folder TRAVEL VOUCHERS 1981-1983 (10)

FOIA F97-0066/19 COHEN, D

Box Number 61

169

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	LIST	RE NAMES AND SOCIAL SECURITY NUMBERS	1	ND	B6
2	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/1982	B6
3	LIST	RE NAMES AND SOCIAL SECURITY NUMBERS	1	ND	B6
4	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/1982	B6

EUROPE - ADVANCE

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 1023-200599, Dated April 8, 1982.

The employees on the attached list are authorized to perform official travel in connection with President Reagan's upcoming visit to Europe.

ITINERARY: Travel from Washington, D.C. on or about 13 April 1982 to London, England; Paris, France; Rome, Italy; Bonn and Berlin, Germany; and to other such places at such times as necessary to complete the mission and return to Washington, D.C. on or about 17 April 1982.

PURPOSE: Pre Advance for President Reagan's visit to Europe.

AUTHORIZATIONS: Use of military aircraft when applicable.

Economy travel on commerical airlines.

Applicable per diem will be reduced 50% when there are no lodging expenses.

Use of taxicabs for official business.

Appropriation	Allotment	Obligation	Organization	Object	Amount
1920113	1023	200599	2000	2152	$8,500.00

Travel Requested by:

(Authorizing Official)

Thomas M. Tracy
Asst. Sec. for
Administration

Funds Available:

Charles G. Maguire

Charles Maguire
Chief Budget
Officer A/EX

Authorizing Officer

Thomas M. Tracy
Asst. Sec. for
Administration

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name
DEAVER, MICHAEL: FILES

Withdrawer
KDB 8/29/2011

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TRAVEL VOUCHERS 1981-1983 (10)

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COHEN, D

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169

DOC NO	Document Type / Document Description	No of pages	Doc Date	Restrictions
1	LIST RE 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.

STATE DEPARTMENT TRIP

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 1443

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request April 12, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: ☐ Other

2. **PURPOSE(S) and DATE(S):** Presidential Trip from April 13, 1982 - April 17, 1982

Advance trip for European Summitt

3. **ITINERARY** London, England, Paris, France, Rome, Italy, Bonn, Germany and Berlin

(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: April 13, 1982 Date: April 17, 1982

Time: 8:00 a.m. Time: 10:10 p.m.

Mode: Government Air Mode: Government Air

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

6. **SIGNATURES:**

Traveler: MICHAEL K. DEAVER

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

Department Head

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. Amount $

(8/13/81)

TRAVELER'S COPY

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name
DEAVER, MICHAEL: FILES

Withdrawer
KDB 8/29/2011

File Folder
TRAVEL VOUCHERS 1981-1983 (10)

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F97-0066/19
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DOC NO	Document Type / Document Description	No of pages	Doc Date	Restrictions
2	FORM DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/1982	B6

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

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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 1982 (A)	Local Time (B)	Itinerary and Description *(C)	Per Diem Days (D)	Daily Rate (E)	Amount Per Diem (F)	Amount Other (G)
		FORWARDED				
4/13	8:00a	depart AAFB	¼	23.00	5.75	
	9:00p	arrive London, England	½	6.00	3.00	
4/14	6:00p	depart London	3/4	52.00	39.00	
	7:55p	arrive Paris, France				
4/15	6:00p	depart Paris	1	90.00	90.00	
	7:55p	arrive Rome, Italy				
4/16	4:00p	depart Rome	1	46.50	46.50	
	6:15p	arrive Bonn, Germany				
4/17	1:00p	depart Bonn	1	43.00	43.00	
	2:05p	arrive Berlin				
	6:00p	depart Berlin				
	10:10p	arrive AAFB	¼	23.00	5.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					233.00	

PRIVACY ACT STATEMENT Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705

Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.

MEMORANDUM

☆ GPO : 1981 O - 341-828 (6688)

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 1023-200594, Dated April 5, 1981

The employees on the attached list are authorized to perform official travel in connection with President Reagan's visit to Jamaica and Barbados.

ITINERARY: Travel from Washington, D.C. to Kingston, Jamaica and Bridgetown, Barbados on April 7, 1982 and return to Washington, D.C. on April 11, 1982.

PURPOSE: Support of Presidential Visit.

AUTHORIZATIONS: Applicable per diem will be reduced 50% when there are no lodging expenses.

Use of military aircraft.

Economy class on commercial airlines, if necessary.

Use of taxicabs for official business.

Appropriation	Allotment	Obligation	Organization	Object	Amount
1920113	1023	200594	200000	2152	$15,000.(

Travel Requested by:

Thomas M. Tracy
Asst. Sec. for
Administration

Funds Available:

Charles Maguire
Chief Budget
Officer A/EX

Authorizing Office

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 (10)

FOIA
F97-0066/19
COHEN, D

Box Number
61

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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.

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name
DEAVER, MICHAEL: FILES

Withdrawer
KDB 8/29/2011

File Folder
TRAVEL VOUCHERS 1981-1983 (10)

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4	FORM DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/1982	B6

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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.

STATE DEPARTMENT TRIP

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 1444

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request April 5, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential Trip - Jamaica and Barbados
April 7, 1982

3. **ITINERARY** Jamaica and Barbados
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: April 7, 1982 Date: April 9, 1982

Time: 10:15 a.m. Time: 12:40 p.

Mode: Government Air Mode: Government Air

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

6. **SIGNATURES:**

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

_____ _____
Department Head 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. _____ Amount $_____

(8/13/81)

TRAVELER'S COPY

New York

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.
MARCH 25, 1982

4. SCHEDULE NO.

TRAVELER (PAYEE)

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

b. SOCIAL SECURITY NO.
202-333-1548

6. PERIOD OF TRAVEL
a. FROM: Mar. 23
b. TO: Mar 23

c. MAILING ADDRESS (Include ZIP Code)
4521 Dexter Street, N.W.
Washington, D.C. 20007

d. OFFICE TELEPHONE NO.
456-6475

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 1439
b. DATE(S)

e. PRESENT DUTY STATION
Washington, D.C.

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

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)
White House South Lawn GOVERNMENT AIR				White House South Lawn	New York

Paid - Check # 42,944,129 dtd 4-20-82
11.50

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 Mar. 25, 1982 AMOUNT CLAIMED ▶ $ 11 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) $

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: $ 11 50

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE

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

d. NET TO TRAVELER ▶ $ 11 50

18. ACCOUNTING CLASSIFICATION

24 - $11.50

Ob 24

1012-116

NSN 7540-00-634-4160

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

☆ GPO: 1979 0-281-167 P.O. 4338

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

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)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS 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)
Mar.25	2:00 pm	White House South Lawn											
Mar.25	3:00	Arrive New York											
Mar. 25	10:55	Depart New York											
Mar, 25	12:00 Midnight	Arrive White House											
		Per diem = 1/2 day							11 50			11 50	
									SUBTOTALS ▶			11 50	
									TOTALS ▶				

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

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

TOTAL AMOUNT CLAIMED ▶ 11.50

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.

☆ GPO: 1979 0-281-187 P.O. 4338

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 1439

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request March 17, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential Visit

3. **ITINERARY** New York
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: March 23, 1982 Date: March 23, 1982

Time: 2:15 PM Time: _____

Mode: Government Air Mode: Government Air

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

6. **SIGNATURES:**

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

_____ _____
Department Head 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. _____ Amount $_____

(8/13/81)

ORIGINATING OFFICE COPY

1161 (ROOM) (LAST) NAME (FIRST) (DATE) (OUT DATE)

1 CONF.

40048

RADU
DEAVER, NJ

MEMO	EXPLANATION	CHARGES	CREDITS	BALANCE DUE
		No Charge		

GUEST ACCOUNT

ROOM RATES SUBJECT TO BOTH THE NEW YORK STATE SALES AND CITY HOTEL OCCUPANCY TAXES.

THE NEW YORK HILTON

WE HOPE TO HAVE THE PLEASURE OF SERVING YOU AGAIN HERE AS WELL AS IN OTHER HILTON HOTELS.

40048

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. MARCH 15-16, 1982

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

6. PERIOD OF TRAVEL
a. FROM: Mar. 15
b. TO: Mar. 16, 198

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 1429
b. DATE(S):

e. PRESENT DUTY STATION: The White House

f. RESIDENCE (City and State): 4521 Dexter Street, 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	AIR			Washington, DC	Montgomery, AL
				Montgomery, AL	Nashville, TN
				Nashville, TN	Oklahoma City, OK
				Oklahoma City	Ft. Wayne, Indiana
				Ft. Wayne, Ind.	Washington, D.C.

Paid 40.25
Check # 42,835,578 Ltd 4-16-82

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 Mar. 18 1982 AMOUNT CLAIMED ▶ $ 119 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

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount): Less hotel paid direct $ 79 50

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $ 40 25

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

d. NET TO TRAVELER ▶ $ 40 25

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

18. ACCOUNTING CLASSIFICATION

Object 22 - $40.25

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)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS 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)
Mar.15	9:25 a.m.	Depart White House											
Mar.15	9:35 a.m.	Arrive Andrews AFB											
Mar.15	9:40 a.m.	Depart Andrews AFB											
Mar.15	10:30 a.m.	Arrive Montgomery, AL (CST)											
Mar.15	12:20 CST	Depart Montgomery, AL											
Mar.15	1:35 p.m.	Arrive Nashville, TN											
Mar.15	4:20 p.m.	Depart Nashville, TN (CST)											
Mar.15	6:20 p.m.	Arrive Oklahoma City, OK											
Mar.16	2:10 p.m.	Depart Oklahoma City, OK			Per Diem =			1 3/4 days					40 2
Mar.16	5:00 p.m.	Arrive Ft. Wayne, Ind. (EST)			Hotel								79 5
Mar.16	7:30 p.m.	Depart Ft. Wayne, Ind.											
Mar.16	8:30 p.m.	Arrive Andrews AFB (EST)											
									SUBTOTALS ▶				
									TOTALS ▶				119 7

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

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

TOTAL AMOUNT CLAIMED ▶

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.

☆ GPO: 1979 0-281-187 P.O. 4336

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 1429

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request March 11, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: 1st FL WW ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential Trip March 15 - 16, 1982

3. **ITINERARY** Montgomery, AL Nashville, TN Oklahoma City, OK
(List all cities where stopover occurs.) Ft WAYNE, IND

4. **DEPARTURE:** **RETURN:**

Date: March 15, 1982 Date: March 16, 1982

Time: 9:25 a.m. Time: 3:35 p.m.

Mode: Government Air Mode: Government Air

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

6. **SIGNATURES:**

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

_____ _____
Department Head 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. _____ Amount $_____

(8/13/81)

ORIGINATING OFFICE COPY

	BEAVER,MICHEAL	75	16	FOLIO NUMBER 008081
STREET ADDRESS			ARR 15	WHS DIRECT BILL RM AND TX
CITY, STATE & ZIP				
NO. IN PARTY	CREDIT CARD		CLERK	FROM FOLIO TO FOLIO

REMARKS		DATE	CHARGE	AMOUNT	BALANCE
	1				
	2				
	3				
	4				
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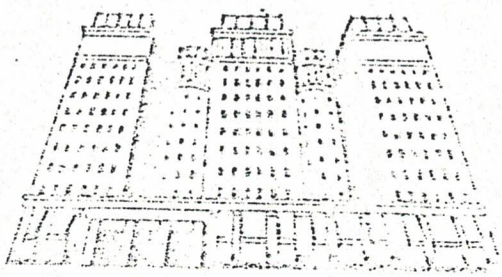

I HEREBY GUARANTEE THAT I WILL VACATE MY ACCOMMODATIONS BY 1:00 P.M. ON THE DEPARTURE DATE NOTED ABOVE IF THE ACCOMMODATIONS HAVE BEEN RE-COMMITTED ON THAT DATE.

Skirvin Plaza

NUMBER ONE PARK AVENUE
P.O. BOX 1677
OKLAHOMA CITY, OKLAHOMA 73102
PHONE (405) 232-4411

MAY WE SUGGEST THE USE OF OUR SAFETY DEPOSIT BOXES FOR THE STORAGE OF YOUR VALUABLES.

Wyoming, New Mexico

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. MARCH 2-8, 1982

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, 1st Floor, West Wing
d. OFFICE TELEPHONE NO.: 456-6475
e. PRESENT DUTY STATION: The White House
f. RESIDENCE *(City and State)*: 4521 Dexter St., N.W. Washington, D.C. 20007

6. PERIOD OF TRAVEL
a. FROM: Mar 2
b. TO: Mar 8, 1982

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0028
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				White House Cheyenne, Wyoming Alburquerque, NM Los Angeles, CA	Cheyenne, Wyoming Alburquerque, NM Los Angeles, CA Washington, D.C.

Paid 64.83
Check # 91,761,712 dtd 3-31-82

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 3-10-82 AMOUNT CLAIMED ▶ $ 693 33

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

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

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*: less hotels pd. Direct $ 628 50
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $ 64 83
c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: $
d. NET TO TRAVELER ▶ $ 64 83

18. ACCOUNTING CLASSIFICATION

22- 64.83

004 S

EDULE

ENSES

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OUNTS

AIMED

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

ATE 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)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS 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)
r.2	9:55 a.m.	Depart White House											
r.2	10:05	Arrive Andrews AFB											
r.2	10:10	Depart Andrews AFB											
ar.2	11:45 am MST	Arrive Cheyenne, Wyoming											
ar. 2	1:20	Depart Cheyenne, Wyoming											
ar.2	2:45 pm MST	Arrive Albuquerque, N.M.											
lar.2	4:20	Depart Albuquerque, N.M.											
Mar.2	5:20pm PST	Arrive Los Angeles (CENTURY PLAZA HOTEL)											
Mar.4	11:20	am Depart Los Angeles											
Mar.4	12:15	pm Arrive Santa Barbar				Per Diem 6 3/4 Days less incidentals						64 83	
Mar.8	10:20	am Depart Santa Barbar				Hotels						62 8 50	
Mar.8	6:20 est	pm Arrive Andrews AFB											
Mar.8	6:25	pm Depart Andrews AFB											
Mar.8	6:35	pm Arrive White House											
									SUBTOTALS ▶				
									TOTALS ▶				

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

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

TOTAL AMOUNT CLAIMED ▶ 693.33

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.

STANDARD FORM 1012 BACK (10-77)

☆ GPO: 1979 0-261-167 P.O. 4336

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 0028

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

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: 1st FL WW ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential Trip to Cheyenne, Wyoming, Albuquerque, New Mexico, Los Angeles, CA March 2 through March 8, 1982

3. **ITINERARY** _____
(List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: March 2, 1982

Time: 9:50 a.m.

Mode: Government Air (Air Force I)

RETURN:

Date: March 8, 1982

Time: 6:30 p.m.

Mode: Government Air

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

6. **SIGNATURES:**

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

_____
Department Head

_____
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

Cost $606

ADMINISTRATIVE OFFICE COPY

236

DEAVER, M.

ROOM NAME | RATE | DATE IN | OUT

ADDRESS

CITY & STATE

SPECIAL INSTRUCTIONS

INCIDENTALS

Sheraton
Santa Barbara
Hotel & Spa

16024

ADVANCE DEPOSIT

236 1 .0096 9 DEAV

MAR 04	PREV BAL		.00
112936	ROOM 236-1		.00
MAR 04	PREV BAL		.00
313162	ROOM 236-1		.00
MAR 05	PREV BAL		.00
#.	8131		
MAR 05	REST	17.11	
313542	ROOM 236-1		17.11
#.	8250		
MAR 06	REST	12.34	
213819	ROOM 236-1		29.45
314018	ROOM 236-1		29.45
#.	9058		
MAR 07	REST	12.07	
314428	ROOM 236-1		41.52
#.	8548		
MAR 08	REST	12.07	
MAR 08	DIRECT B	41.52-	
MAR 08	DIRECT B	12.07-	
--------CHECKOUT-12:35PM--------			

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated persons, company or association fails to pay for any part or the full amount of these charges.

PAY LAST AMOUNT SHOWN IN THIS COLUMN

SIGNATURE _____

ROOM NO.	RATE	# PERSONS

CHARGE TO 16024

THE SHERATON SANTA BARBARA IS OWNED BY SANTA BARBARA FOOD & BEVERAGE CO. AND OPERATED UNDER A LICENSE ISSUED BY SHERATON INNS INC.

ROOM NO. 1917 NAME BEAVER MR MIKE 4 INFO

STREET ADDRESS RR1 SPEC BILL

CITY 3/2.G P/ JS STATE

CORPORATE AFFILIATE 30 9490

OUT | RATE

FROM

TO

IN | CLERK

CENTURY PLAZA

2025 AVENUE OF THE STARS
LOS ANGELES, CALIF. 90067 157346

EXPLANATION OF CODE

D - ROOM SERVICE
E - THE VINEYARD
F - THE BAR
G - POOL
H - GARDEN REST.
K - BANQUET
L - LAUNDRY
M - LOBBY COURT

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICKUP
MAR-28	MISC 1917	C* .00		* .00 *	
MAR-30	DREST'R 1917	A* 12.10		* 12.10	C* 12.10
MAR-30	MISC 1917	C* .00		* 12.10 *	
MAR-[illegible]	DREST'R 1917	N* 24.73		* 36.83	N* 12.10

WESTIN HOTELS

CENTURY PLAZA
2025 AVENUE OF THE STARS
LOS ANGELES, CALIF. 90067

CREDIT CARD W.H Stars

REGARDLESS OF CHARGE INSTRUCTIONS, THE UNDERSIGNED HAS REVIEWED THE ABOVE CHARGES AND ACKNOWLEDGES THEM AS A PERSONAL INDEBTEDNESS AND AGREES TO PAY SAME UPON DEMAND. SHOULD IT BECOME NECESSARY TO ENFORCE PAYMENT OF THIS OBLIGATION, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING COURT COSTS AND ATTORNEY'S FEES.

DATE _____ SIGNATURE

CHARGE TO

ROOM	NAME		RATE	DATE IN	OUT
236	DEAVER, M.	96	3/4-8		

ADDRESS

CITY & STATE

STAFF

SPECIAL INSTRUCTIONS

Sheraton
Santa Barbara
Hotel & Spa

016024

STAFF

ADVANCE DEPOSIT

236 2 0096 9 DEAV

MAR 04	PREV BAL			.00
112937	ROOM	236-2		.00
MAR 04	PREV BAL			.00
MAR 04	ROOM		96.00	
MAR 04	TAX		5.76	
313161	ROOM	236-2		101.76
MAR 05	ROOM		96.00	
MAR 05	TAX		5.76	
313543	ROOM	236-2		203.52
MAR 06	ROOM		96.00	
MAR 06	TAX		5.76	
314019	ROOM	236-2		305.28
MAR 07	ROOM		96.00	
MAR 07	TAX		5.76	
314429	ROOM	236-2		407.04
MAR 08	DIRECT B		407.04-	

--------CHECKOUT-12:33PM--------

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated persons, company or association fails to pay for any part or the full amount of these charges.

PAY LAST AMOUNT SHOWN IN THIS COLUMN

SIGNATURE _____

ROOM NO.	RATE	#PERSONS

CHARGE TO _____

016024

ROOM NO. 1917 NAME BEAVER MR MIKE - 4 1/103

STREET ADDRESS RR1 ~~SPEC BILL~~

CITY 3/2 GP/JS STATE

CORPORATE AFFILIATE 259491

OUT | RATE

FROM

TO

IN | CLERK

CENTURY PLAZA

2025 AVENUE OF THE STARS
LOS ANGELES, CALIF. 90067 157345

EXPLANATION OF CODE

D - ROOM SERVICE
E - THE VINEYARD
F - THE BAR
G - POOL
H - GARDEN REST.
K - BANQUET
L - LAUNDRY
M - LOBBY COURT

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICKUP
MAR-28 82	ROOM 1917	C* 103.00			
MAR-28 82	TAX 1917	C* 7.73		* 110.73 *	C* 110.73
MAR-31 82	ROOM 1917	C* 103.00			
MAR-31 82	TAX 1917	C* 7.73		* 221.46 *	

WESTIN HOTELS

CANCELLED

CENTURY PLAZA
2025 AVENUE OF THE STARS
LOS ANGELES, CALIF. 90067

CREDIT CARD W.H Staff

REGARDLESS OF CHARGE INSTRUCTIONS, THE UNDERSIGNED HAS REVIEWED THE ABOVE CHARGES AND ACKNOWLEDGES THEM AS A PERSONAL INDEBTEDNESS AND AGREES TO PAY SAME UPON DEMAND. SHOULD IT BECOME NECESSARY TO ENFORCE PAYMENT OF THIS OBLIGATION, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING COURT COSTS AND ATTORNEY'S FEES.

DATE _____ SIGNATURE _____

CHARGE TO _____