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Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

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8/29/2011

File Folder

TRAVEL VOUCHERS 1981-1983 (10)

FOIA

F97-0066/19

COHEN D

Box I	Number	61		169	DHEN, D
DOC NO	Doc Type	Document Description	No of Pages	Doc Date I	Restrictions
1	LIST	RE NAMES AND SOCIAL SECURITY NUMBERS	1	ND	В6
2	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/1982	2 B6
3	LIST	RE NAMES AND SOCIAL SECURITY NUMBERS	1	ND	В6
4	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/198	2 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]

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B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



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 commercial airlines.

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

lodging expenses.

Use of taxicabs for official business.

Appropriation

<u>Allotment</u>

Obligation

Organization

Object

Amount

1920113

1023

200599

2000

2152

\$8,500.00

Travel Requested by:

Funds Available:

Authorizing Officer

(Authorizing Official)

Thomas M. Tracy Asst. Sec. for Administration Charles Maguit Chief Budget

Officer A/EX

Thomas M. Tracy Asst. Sec. for

Administration

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

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RE NAMES AND SOCIAL SECURITY NUMBERS

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

STATE DEPARTMENT TRIP

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

(TRAVELER TO COMPLETE SECTIONS 1-8.)	Date of Request
1. TRAVELER	THIS APPROVAL IS SUI
Name: MICHAEL K. DEAVER A 27	White House Staff
Extension: 6475 Room: Room:	AS WELL AS THE FOLLOWING AD REL / red/O TO TEAVE
	1 Trip from April 13, 1982 - April 17, 198
<u>Advance trip for European Summ</u>	B1 EE
A.1A	ADVANCES FOR OFFICIAL TRAVEL OF
	(List all cities where stopover occurs.)
with an outsta nt fresh and sperifin automouth with a property of the state of the	Advances will not be provided to anyone advance :NAUTAN
Date:aoffic April 13. 1982 atidW o	Parison smod Date: pper April 17, sal982
Time: 8:00 a.m.	extension 2500, except in emergencies.
Mode:Government Air TA YRA	Mode: S Government Air
5. NATURE: HOOKE HE WILLIAM Official SOR TO	
repaid by a deduction from the Staff	youcher, within 15 days after return, will be
Traveler:	menines s salary
(I have read	and agree to the terms set forth on the reverse side)
naid of the partment Head to bests	upor od ton Hade sto April Douge - Approving Officer 100 to Hade sto Approving Officer
for unofficial travel will be considered	government-issued tickets that end being used
. ESTIMATED COSTS:	a persona: SPECIAL EXPENSES reated accord
No. of Days Per Diem	☐ Registration Fee of \$
Hotel Name	Commercial Car Rental
Hotel Daily Rate \$	
Other	
. TRAVEL ADVANCE REQUESTED: □ YE	S
Signature of Recipient:	Date:
REPAID: Amount Date	Schedule Balance this trip
. FOR TRANSPORTATION OFFICE USE ONLY:	
GTR No.	Amount \$

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

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Box Number

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DOC Document	Type
NO Document	Description

No of Doc Date Restricpages tions

2 FORM

1 4/12/1982 B6

DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)

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

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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.)

. i . . E

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

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 gelay, 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.



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:

Funds Available:

Authorizing Office

Thomas M. Tracy Asst. Sec. for

Asst. Sec. for Administration

Charles Maguire

Chief Budget Officer A/EX Thomas M. Tracy Asst. Sec. for Administration

Ronald Reagan Library

Collection Name

Withdrawer

DEAVER, MICHAEL: FILES

KDB 8/29/2011

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Ronald Reagan Library

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DOC Document Type NO Document Description pages

No of Doc Date Restric-

tions

FORM 4

4/12/1982 B6

DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)

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

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STATE DEPARTMENT TRIP

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

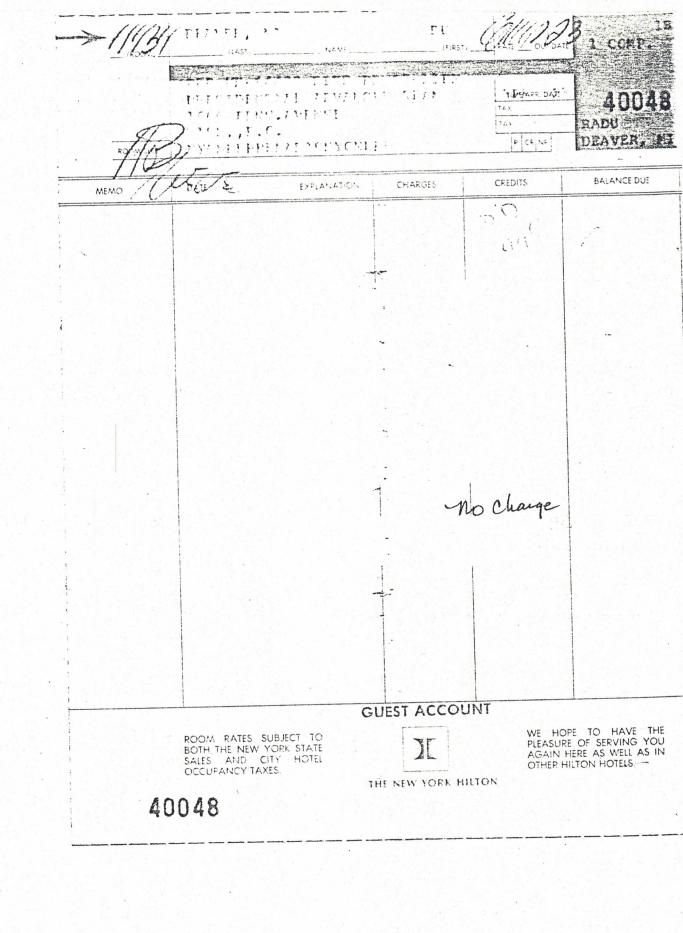
RAVELER TO COMPLETE SECTIONS 1-8.)	Date of Request April 5, 1982
TRAVELER	THIS APPROVAL IS
	White House Staff
ADMINISTRATIVE POLICIES	AS WELL AS THE FOLLOWING
Extension: 6475 Room: Alest	
PURPOSE(S) and DATE(S): Presidential Tr	rip - Jamaica and Barbados
April 7, 1982	
	L. ADVANCES FOR OFFICIAL TRAVEL
ITINERARY Jamaica and Barbados	Cash travel advances will not be provide
clision with an outstanding unaccounted-for	st all cities where stopover occurs.)
DEPARTURE:	advance: :NRUTAR
Date:	April 9. 1982
	extension 2500, except in emergencies.
Time: 10:15 a.m.	Time:12:40 p.
Mode: Government Airgra VRAJA	Mode: 8 Government Air
NATURE: 100% Official or acceptance of the second of the s	rear Fold 100% Political wearney be levent with
If be repaid by a deduction from the Staff,	voucher, within 15 days after return, wil
SIGNATURES:	nember's salary.
Traveler:	agree to the terms set forth on the reverse side)
MICHAEL KY DRAYERAST JAIS	S COL-WARNINGERS FOR OFFIC
equested OrbaH membraganylling other than	resiffO gnivorqqA 1550c0 (100kets shall not be r
personal travel). The entire cost of any used for unofficial travel will be considered	To Isolation on (Special Assistant to the President for Administration)
	a person: ESPENSE EXPENSIO
No. of Days Per Diem	Registration Fee of \$
Hotel Name	Commercial Car Rental
Hotel Daily Rate \$	Excess Baggage
Other	
TRAVEL ADVANCE REQUESTED: YES	□ No Amount: \$
	Date:
	Schedule Balance this trip
FOR TRANSPORTATION OFFICE USE ONLY:	
CTP No	Amount \$
GTR No.	Alliount #

							Wen	1 You	RK	
	1. DEPART	MENT OR	ESTABLISHME	ENT,	2. TY	PE OF TRAVEL	3. VOUCHER NO).		
TRAVEL VOUCHER	BUREAU	DIVISION	OR OFFICE		X 1	TEMPORARY DUTY	MARCH	25,	1982	
(Read the Privacy Ad Statement on the bac						OF STATION 4. SCHEDULE NO.				
. a. NAME (Last, first, I	middle initial)				b. SO	CIAL SECURITY NO.	6. PERIOD OF T			
DEAVER,	MICHAEL K				20	2-333-1548	Mar. 23	ь. то Mar		
c. MAILING ADDRES	SS (Include ZIP Cod	de)			d. OF	FICE TELEPHONE NO.	7. TRAVEL AUT	_		
	exter Stre						a. NUMBER(S)	b. DAT	E(S)-	
>	gton, D.C.	200	07		45	66-6475	1439			
e. PRESENT DUTY S	TATION			ce <i>(City and S</i> exter St		N.W.	10. CHECK NO.			
Washingto	on, D.C.		1	gton, D						
. TRAVEL ADVANCE			9. CASH PA	YMENT RECE	IPT		11. PAID BY			
. Outstanding			a. DATE RE	CEIVED		OUNT RECEIVED				
. Amount to be applied		<u> </u>	DAVEE	CICNATURE	\$.					
:. Amount due Governme (Attached: Check		_	c. PAYEE'S	SIGNATURE						
D. Balance outstanding										
2. GOVERNMENT TRANSPORTATION	I hereby assign to	the United	States any right	t I may have ag	ainst a	ny parties in connection went procedures (FPMR	vith reimbursable	▶ Travele	er's Initials	
REQUESTS, OR TRANSPORTATION	transportation cha	TISSUING		T	JII Pay		DINTS OF TRAVEL			
CHASED WITH CASH	AGENT'S	CAR- RIER	CLASS OF SERVICE	DATE		P	JINIS OF TRAVEL			
(List by number below and attach passenger	OF TICKET	(Initials)	AND ACCOM-	ISSUED		FROM		то		
coupon; if cash is used show claim on reverse		(b)	MODATIONS (c)	(d)		(e)		(f)		
side.)		 						1.611.		
Thite House						White Hous		w Yor	k	
South Lawn						South Lawr				
GOVERNMENT AI	R									
					1	20 00	1 # 42	,944,	,129	
						Tand - Chi	M	24-	20-	
						Tail-Chi				
13. I certify that this you	cher is true and cor	rect to the l	best of my know	wledge and beli	ef, and	that payment or credit h	as not been	T	T	
received by me When this voucher.	applicable, per die	m claimed i	s based on the a	everage cost of	lodging	incurred during the period	od covered by			
TRAVELER MAA	Mulle	21			1	DATE Mar. 25,	AMOUNT	0	11 50	
SIGN HERE NOTE: Falsification of an	item in an expense	account we	orks a forfeiture	of claim (28 U	J.S.C. 2	2514) and may result in a	02/11//20/	19	1150	
than \$10,000 or in	mprisonment for no	t more than	5 years or both	h (18 U.S.C. 28	37; i.d.	1001).			-	
14. This voucher is appronecessary in the inter-	ved. Long distance	telephone o	calls, if any, are	certified as	lls	17. FOR FINANCE OF COMPUTA				
are included, the appr	oving official must	have been a	authorized in wr	riting by the	-			\$	1	
head of the departme	nt or agency to so o	ertify (31 C	J.S.C. 680a).)			ENCES, IF ANY		1		
APPROVING				DATE		(Explain		-		
OFFICIAL SIGN HERE						amount) —		-		
5. LAST PRECEDING VO	OUCHER PAID UN	DER SAME	TRAVEL AU	THORIZATIO	N	b. TOTAL VERIFIED C	ORRECT FOR			
a. VOUCHER NO.	b. D.O.SY			c. MONTH &		CHARGE TO APPRO	PRIATION	١.,	, !	
16	OCENTIE SERVICE	ECT AND	DROBER FOR			Certifier's initials:	L ADVANCE	\$ //	150	
THIS VOUCHER IS	2 The Contract of the Contract		HOFER FUR	ATIVICINI		(Appropriation symbo		s -		
CERTIFYING OFFICIAL	MIM. IT			DATE	1				1-2	
SIGN HERE	100 mm					d. NET TO	TRAVELER	\$ 11	1 50	
18. ACCOUNTING CLAS	SSIFICATION	. 1	11						u	
	24		11.50							
06 20		1								

☆ GPO: 1979 0-281-187 P.O. 4338	of the requested info eligible individuals fo under appropriate ad costs of such reimbur used by officers and parformance of their spopropriate Federal.	In compliance with t vided: Solicitation of Chap. 57 as implem. E.O. 11609 of July November 22, 1943.	If additional space									Mar, 25 12:0	Mar. 25 10:5	Mar.25 3:00	Mar.25 2:00	(a) (b)	_	DATE TIME	CLAIMED	ANDINTS	EXPENSES	QF.	SCHEDULE
87 P.O. 4338	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,	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 E.O. 1609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of E.O. 1972, E.O. 1009 of July 22, 1971, E.O. 10010 and 6109. The primary purpose	If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.						O	In dien = 1/2 day		0 Arrive White Hous	5 Depart New York	Arrive New York	White House South	of expense) (c)	(Departure/arrival city, per diem	DESCRIPTION	of children (unless information is shown on the travel authorization.)	members' names, ages, and relationship to em-	immediate family, show	per diem allowances for	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory) Col. (c) If the voucher includes Com- Col. (d) Show amount includes
	simbursement to cpenses incurred and maintain rd and maintain in the formation in the be disclosed to relevant to civil,	ormation is prozed by 5 U.S.C. (FPMR 101-7), 2, E.O. 9397 of purpose	112-A BACK. le	-	<u> </u>	 - -	<u> </u>					00 00			Lawn I	FAST LUNCH			CLAYEL	expense	for	plete thru	(Unlisted iten
	Revenue Code 1943, for use as is MANDATOR expense reimbu your SSN and i however, failur support the clai	criminal, or reg requirement by employee, the formance of of Account Numb	aving the front bla													H DINNER TOTAL	MEALS	ITEMIZEDS	(n) Show expenses, long distance tel subsistence, etc.	(ii) Show total sub (m) Show per diem		(b) Show expenses	items are self-explanatory) Col. (d) Show amount incurred for each meal, including tax and tips, and daily total
3	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.	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	nk.													1.00	MISCEL-	ITEMIZED SUBSISTENCE EXPENSE	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.	Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or if travel on actual expense, show	porters, etc. (other than for meals).	s such as: laundry	tory)
	and 6109) and E.O. employee identificativations travel and/or laiming travel and/or or may be, taxable information is voluntary information (other travel) and or loss of reimburs	ons or prosecution with onnection with rity clearance, of Government selected under the			-											(i)		PENSES	Jusine fares, air fare (if	o maximum rate	s).	cleaning and ore	neal, including to
	6109) and E.O. 9397, November 22, over identification number; disclosure g travel and/or relocation allowance any be, taxable income. Disclosure of ion is voluntary in all other instances; nation (other than SSN) required to loss of reimbursement.	scutions, or when pu with the hiring or to ce, or investigations nt service. Your Soc the authority of t	TOTALS	2 5 5 5		-	-			11 50						SUBSISTENCE EXPENSE (j)	_		fares, air fare (if purchased with cash), local or ment business, car rental, relocation other than	or if travel on a	samy or cromes,	sesing of clothes	ax and tips , and
	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO	The state of the s	TOTALS >	7	-					and a second second				and the second second		MILES	0	MILEAGE RATE:	with cash), lo	ctual expense,	upa to penioty	tine to hellhow	daily total
STANDARD	TOTAL AMOUNT CLAIMED №	Enter grand total of co (n), below and in item this form.			-		-			-							7	AMOUN		равным местина			Complete information if this is a
FORM 1012 BACK (10-77)	//,	Enter grand total of columns (II), (m) and (n), below and in item 13 on the front of this form.	11,30	1/50			-			11 50	<u> </u>	-				(m)		AMOUNT CLAIMED	TRAVELER'S LAST		TRAVEL AUTHORIZATION NO.	sheet. OF	ο.
BACK (10-77)	1,50), (m) and le front of		+-			+-	-			-			ļ		(n)			T NAME		ZATION NO.	1 PAGES) E 1

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

(TR	AVELER TO COMPLETE SECTIONS 1-8.) Date of Request
1.	THIS APPROVAL IS SUBJECT TO ALL
	Name: MICHABL K. DEAVER A 2WALTVILLE White House Staff
	Extension: 6475 Room: West Wing Other PURPOSE(S) and DATE(S): Presidential Visit
2.	PURPOSE(S) and DATE(S): Presidential Visit
	1. ADVANCES FOR OFFICIAL TRAVEL ONLY
3.	ITINERARY New York and leading and behavior and to allow seaments level deep (List all cities where stopover occurs.)
4.	Advances will not be provided to anyone with an outstanding unaccounted for advance. :ARUTAR
	Date: March 23, 1982 2001 910W of solion 2110 Date: March 23, 1982
	extension 2500, except in emergencies. September
	Mode: Government Air Alla VALIA Mode: Government Air
5.	NATURE: navel advance w label 100% Official of according to biaget 100% Political we are stated at the state of the state
6.	voucher, within 15 days after return, will be repaid by a deduction from the Staff member's salary.
0.	Traveler: MANULLEUM
	MICHAEL K. DEAVER
	TIERT THE GREAT DEPARTMENT HEAD TO DETERMENT HEAD TO DESCRIPTION OF THE COST OF Administration) THE COST OF THE C
7.	government-issued tickets that end being used for unofficial travel will be considered a persona: SZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
	No. of Days Per Diem Registration Fee of \$
	Hotel Name
	Hotel Daily Rate \$ Excess Baggage
	Hotel Buny Rute 4
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 \$



Statement on the back) E. a. NAME (Last, first, middle initial) DEAVER, MICHAEL K. C. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. DEAVER, MICHAEL K. C. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. DEAVER, MICHAEL K. 202-333-1548 d. Office telephone No. 456-6475 The White House 4521 Dexter Street, N.W. Washington, D.C. 20007 B. THOVEL ADVANCE D. CASH PAYMENT RECEIPT D. AMOUNT RECEIVED	MARCH 15-16, 1982 4. SCHEDULE NO. 6. PERIOD OF TRAVEL Mar. 15 Mar. 16, 1 7. TRAVEL AUTHORIZATION 6. NUMBER(S) b. DATE(S) 1429 10. CHECK NO. 11. PAID BY
Statement on the back) E. a. NAME (Last, first, middle initial) DEAVER, MICHAEL K. C. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. DEAVER, MICHAEL K. C. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. DEAVER, MICHAEL K. 202-333-1548 d. Office telephone No. 456-6475 The White House 4521 Dexter Street, N.W. Washington, D.C. 20007 B. THOVEL ADVANCE D. CASH PAYMENT RECEIPT D. AMOUNT RECEIVED	6. PERIOD OF TRAVEL MAR. 15 Mar. 16, 1 7. TRAVEL AUTHORIZATION 6. NUMBER(S) 6. DATE(S) 1429 10. CHECK NO.
DEAVER, MICHAEL K. 202-333-1548 c. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. 20500 d. OFFICE TELEPHONE NO. 456-6475 d. OFFICE TELEPHONE NO. 456-6475 1. RESIDENCE (City and State) 4521 Dexter Street, N.W. Washington, D.C. 20007 8. THAVEL ADVANCE 9. CASH PAYMENT RECEIPT a. Outstanding b. Amount to be applied b. Amount to be applied b. Amount received s	Mar. 15 Mar. 16, 17. TRAVEL AUTHORIZATION B. NUMBER(S) 1429 10. CHECK NO.
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b. Amount to be applied \$	
Amount due Government (Attached: Check Cash) c. PAYEE'S SIGNATURE	
D. Balance outstanding	[24] - 이 시간 전기에 [12] - 14 [12]
12. GOVERNMENT TRANSPORTATION I hereby assign to the United States any right I may have against any parties in connection with	th reimbursable Traveler's Initials
REQUESTS, OR TRANSPORTATION transportation charges described below, purchased under cash payment procedures (FPMR 10	11-7)
	NTS OF TRAVEL
(List by number below VALUATION RIER SERVICE DATE	
coupon; if cash is used (Initials) MODATIONS	то
snow class on reverse (a) (b) (c) (d) (e)	(f)
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Jank 1	18 Sta 4-16-82
(hech # 42,835,51	18 ded 116 000
i3. 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 this youther.	covered by
	TOUNT
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and 1937 result in a fin	AIMED \$ 119 125
than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).	o or not more
14. This voucher is approved. Long distance telephone calls, if any, are certified as 17. FOR FINANCE OFFIC	
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	11
head of the department or agency to so certify (31 U.S.C. 680a).) a. DIFFER. Quid. Matter	free area 11,30
APPROVING LDATE LEANY (Explain	
OFFICIAL SIGN HERE and show amount)	
F 1407 POTOTO	
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & CHARGE TO APPROPRI	RECT FOR ATION
YEAR Contillate initials	\$ (40 125
THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT (Appropriation symbol)	
CERTIFYING DATE	s
OFFICIAL AND	11/1/15
18. ACCOUNTING CLASSIFICATION	RAVELER \$ 40 25
Al Non Bu	u

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

	TRAVELER	Date of Request March 11, 1982
	MICHAEL V DEAVED A DUMAN	THIS APPROVAL IS
	ADMINISTRATIVE POLICIES	White House Staff
]	Extension: 6475 Room: 1st FL	WW OT O Other
]	PURPOSE(S) and DATE(S): Presidential T	rip Warch 15 - 16, 1982
	ATINO TE	L. ADVANCES FOR OFFICIAL TRAVE
]	ITINERARY Montgomery, AL	bhville, TN seems oklahoma City, OK
	s tail) vone with an outstanding unaccounted-for	all cities where stopover occurs.) Fy WAYNE, IND
]	DEPARTURE:	RETURN:
]	Date: Narch 15, 1982 old stid Woot sold	Date: March 16, 1982
,	Time: 9:25 a.m.	extension 2500, except in emergencies.
	Mode: Government Air MINA VALIAR	
	epaid or acclasified \$\infty\$100% Official or acceptance and the staff	Any travel advance w lability 0001 C
	SIGNATURES:	member's salary.
	Traveler: (I have read and agree	ee to the terms set forth on the reverse side)
	Traveler: (I have read and agree MICHAEL K. DEAVER)	ee to the terms set forth on the reverse side)
	Traveler: (I have read and agree MICHAEL K. DEAVER	ee to the terms set forth on the reverse side)
	Traveler: (I have read and agree that the personal travel) The entire cost of any travel will be considered will be considered.	ee to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration)
	Traveler: Costs C	Approving Officer (Special Assistant to the President for Administration) Special Assistant to the President for Administration) Special Assistant to the President for Administration)
	Traveler: (I have read and agree that the personal travel) The entire cost of any travel will be considered will be considered.	Approving Officer (Special Assistant to the President for Administration) Special Assistant to the President for Administration) Special Assistant to the President for Administration)
	Traveler: Costs C	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$
	Traveler: Comparison of Days Per Diem Comparison of Days Per	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$
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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.



MIMBER ONE BARK AVENUE

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.

TRAVEL VOUCHER 1. DEPARTMENT OR ESTABLE BUREAU DIVISION OR STABLE BUREAU DIVISION OR Statement on the back)	DI ICHMENIT				NEW MEX					
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				ERMANENT CHANGE OF STATION	4. SCHEDULE NO.					
a. NAME (Last, first, middle initial)			b. SO	CIAL SECURITY NO.	6. PERIOD OF T	~				
DEAVER, MICHAEL K.			202)2-333-1548 Aar 2			o r 8,	1982		
c. MAILING ADDRESS (Include ZIP Code)			d. OF	FICE TELEPHONE NO.	7. TRAVEL AUT	_				
The White House					a. NUMBER(S)	ь. С	ATE(S)			
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12. GOVERNMENT TRANSPORTATION REQUESTS, OR I hereby assign to the United State transportation charges described by	s any right I m elow, purchase	ay have aga d under cas	ainst ar sh payr	ny parties in connection went procedures (FPMR	vith reimbursable 101-7)	→ Tra	veler's In	itials		
TRANSPORTATION ISSUING M	ASS OF			PC	DINTS OF TRAVE	L.				
(List by number below VALUATION RIER SE	RVICE ACCOM-	DATE		7.000	Adam Barin	то				
coupon; if cash is used (Initials) MOI	DATIONS			FROM	(f)					
show claim on reverse (a) (b)	(c)	(d)		(e)		(17)				
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		Cle	uh-	Fairl 64.	83	13	-31	-82		
 I certify that this oucher is true and correct to the best of received by me. When applicable, per diem claimed is base 	f my knowledg	ge and belie	f, and	that payment or credit h	as not been					
this voucher.	o on the avera	ige cost or it								
TRAVELER SIGN HERE			1		CLAIMED	\$	693	133		
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14. This voucher is approved. Long distance telephone calls, necessary in the interest of the Government. (NOTE: If Ic are included, the approving official must have been authorhead of the department or agency to so certify (31 U.S.C.)	nng distance tel rized in writing	lephone call		17. FOR FINANCE OF COMPUT. DIFFER LES Let ENCES, IF ANY		\$ (628	50		
APPROVING	DA	TE		(Explain and show amount)						
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1012-116

NSN 7540-00-635-4180

SIANDARD FORM 1012 (REV. 10-77)

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THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

ELER TO COMPLETE SECTIONS 1-8.)	Date of Request March 1, 1982
RAVELER	
ame: MICHAEL K. DEAVER	ÄXWhite House Staff
xtension: 6475 Room: 1st FL	WW Other
	p to Cheyenne, Wyoming, Albuquerque
	2 through March 8, 1982
ew Mexico, Los Angeles, on haren	
TINERARY (List al	l cities where stopover occurs.)
EPARTURE:	RETURN:
	Date: March 8, 1982
ime: 9:50 a.m.	그 그 사용하는 그 아이들은 하는 것이 나는 사람들의 나는 사람들은 사람들은 사람들은 살아가는 목표하다.
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Praveler: Mullelle (I have read and agree	te to the terms set forth on the reverse side)
Department Head	Approving Officet (Special Assistant to the President for Administration)
ESTIMATED COSTS.	SPECIAL EXPENSES:
그 나는 돈을 살아 살고 있는데 가를 가게 되고 하세 없었다. 나를 내려가게 되는다.	마음 사람들이 되었다는 사람들이 살아왔다면서 하셨다.
No. of Days Per Diem	Registration Fee of \$
No. of Days Per Diem	☐ Registration Fee of \$☐ Commercial Car Rental
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ADDRESS- CITY & STATE STAFF	Sheraton S Santa Barbara Hotel & Spa
SPECIAL INSTRUCTIONS	016024
STAFF	ADVANCE DEPOSIT
1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	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- ————————————————————————————————————
31 32 33 34	
I agree that my liability for this bill is not waived and agree to be held person- ally liable in the event that the indicat- ed persons, company or association fails to pay for any part or the full amount of these charges.	PAY LAST AMOUNT SHOWN IN THIS COLUMN 会
THE SHERATON SANTA BARRAHA IS OWNED BY SANTA BAR	016024

STREET ADDRESS	RR 1 SPEC BILL		FRO	м	l Pl	LAZA	
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