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TO: May Green

Your signed travel authorization form is attached.

The original is to be attached to your travel voucher when it is submitted for payment. In addition, there is a copy for you and your office respectively.

ADMINISTRATIVE OFFICE

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

NO.11288

April 21, 1988

Date of Request 1. TRAVELER: Max Green Name: XWhite House Staff 171 6270 Other: Extension: Room: To participate in a Coalition to Free Soviet Jews 2. PURPOSE(s) and DATE(s): seminar on May 5, 1988. All expenses will be paid by the Greater New York Conference of Soviet Jewry, a 501(c)(3) organization, as confirmed by the Law Library. Wash. D.C. to New York City, NYC to Wash. D.C. ITINERARY: _ (List all cities where stopovers occur.) RETURN **DEPARTURE** Time: Mode: Time: Mode: Date: 5/5/88 (9:00a.m. Air 5/5/88 6:00p.m. Air **FUNDING SOURCE:** OFFICIAL POLITICAL X 501(c)(3) OTHER _ 6. SPECIAL EXPENSES TRAVEL ADVANCE REQUESTED ☐ Commercial Car Rental ☐ Yes □ No Amount \$ ____ ☐ Taxi Recipient's Hotel Signature: . Name: Other:_ Date: Please See Reverse Side for Further Instructions Regarding Travel Expenses TRAVELER'S SIGNATURE: (I have read and agree to the terms set forth on the reverse side.) APPROVING SIGNATURES: hebecool Approving Official (Political or Foreign Travel):_ Deputy Assistant to the President for Administration: 9. FOR TRANSPORTATION OFFICE USE ONLY: Control No. . Account: (5/10/85)

M 805 ORIGINAL (Return With Voucher)

THIS APPROVAL IS SUBJECT TO ALL APPLICABLE GOVERNMENT LAWS AND REGULATIONS AS WELL AS THE FOLLOWING ADMINISTRATIVE TRAVEL POLICIES

THE WHITE HOUSE OFFICE

1. ADVANCES FOR OFFICIAL TRAVEL ONLY

Cash travel advances will not be provided for political trips.

Advances will not be provided to anyone with an outstanding unaccounted-for advance.

Advances over \$250 require 48-hour notice to White House Administrative Office, Extension 2500.

2. ADVANCES TO BE REPAID FROM SALARY AFTER 15 DAYS

Any travel advance which is neither repaid nor accounted for in full by an expense voucher within 15 days after return may be deducted from the staff member's salary.

3. GOVERNMENT TICKETS FOR OFFICIAL TRAVEL ONLY

Government-issued tickets shall be used for official trips only (i.e., no political or personal travel). The entire cost of any government-issued tickets that are used for unofficial travel will be considered a personal travel advance and treated accordingly.

WERNORGH STERMENTER

- 4. TO OBTAIN REIMBURSEMENT, RECEIPTS ARE REQUIRED FOR ALL EXPENDITURES REGARDLESS OF THE AMOUNT
- 5. FOR DETAILED INFORMATION REGARDING TRAVEL REGULATIONS AND POLICIES, PLEASE REFER TO THE WHITE HOUSE TRAVEL HANDBOOK (Additional copies available by calling Extension 2500.)



The Hertz Corporation

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Rental Agreement No.

310 E. 48TH STREET NEW YORK, N.Y. 10017

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FOR EMERGENCY ROAD SERVICE

6666033112 O: RHT TIME CALL For billing inquiries call 1-800-654-4173 A WYDAY 89 ISN 8 D89 ACTIONS FOR STATE OF 1-800-654-5060 LOCATION/STALL NO. TO BE PAID BY TIME OUT RETURNED TO AREA & LOC. NO. 1 12 - 1 STATE VEH. MAKE-BODY STYLE RATE CLS SUB UPG RATE PLAN OUT 2 3 4 2 43 4 r III. · IL II 15 OWNING CITY AREA NO. VEH. ELS C.D.P. I.D. NO. MILEAGE 00 7 75 - -OTHER IDENTIFICATION FORM OF PAY | CASH ON RET. OUT EXPIRES Y.O.B. DRIVER'S LICENSE NO. STATE 5 66 - 6 - 5 1 11 18 5 0' HOME/BUSINESS PHONE NO. HOME/BUSINESS ADDRESS LESS MILES (ALLOWED) . . . 1, - 1, ---CITY/STATE ZIP CODE FUEL AND SERVICE CHARGE PER PER GALLON SILVER CELLIS FUEL OUT | FUEL IN VEHICLE TO BE RETURNED TO (CITY/STATE) LOC. NO. DUE DATE PASHINSTON DT DCWDC 0183013 05/06/J 113 AREA & LOCATION NO. VOUCHER/CERTIFICATE NO. VEHICLE RENTED AT (CITY/STATE) 1. MAN (05010 ANTH ST MANHATTAN CLE TOTA I.T. NO. PROM. NO. 1. . 10 6 127 12. INJURY PER PERSON INJURY PER ACCIDENT PROPERTY DAMAGE H.G. NO. LIABILITY PROTECTION LIMITS PRO-VIDED PER PARAGRAPH 10 UNLESS OTHER LIMITS ARE SHOWN HERE. NOTICE: BY SIGNING BELOW YOU AGREE THAT; A FUEL AND SERVICE CHARGE MAY APPLY (SEE PARAGRAPH 8); THE VEHICLE WILL BE OPERATED ONLY BY AUTHORIZED OPERATORS (SEE PARAGRAPH 2); IF YOU DECLINE THE OPTIONAL LOSS/DAMAGE WAIVER (LDW) YOU MAY BE RESPONSIBLE FOR ANY VEHICLE LOSS OR DAMAGE REGARDLESS OF FAULT. YOUR OWN AUTO INSURANCE MAY COVER ALL OR PART OF SUCH DAMAGE. YOU MAY WANT TO CHECK BEFORE ACCEPTING LDW. YOU REPRESENT TO HAVE READ AND UNDERSTAND THE ABOVE, AND ALL TERMS AND CONDITIONS ON BOTH SIDES OF JHIS PAGE. RATE CONDITIONS
THE MINIMUM RENTAL PERIOD RENTAL DAYS OR HIGHER RATES APPLY 1.6 RETURN TO RENTING LOCATION 11 RETURN BY 10,483 X SOURCE STANDARD CONTROL OF THE PROPERTY OF T ACCEPT 71 MILES ALLOWED PER Ł . 9' TES DAY WK. MO. D of vehicle loss or damage EXTRA MILES CHGD. \$. EACH except from accidental fire or acts of nature, per Par. 4 on reverse side. LDW IS NOT INSURANCE. YOU AGREE TO UPGRADE AT ADDITIONAL CHARGE. W LIABILITY INSURANCE SUPPLEMENT (LIS). BY INITIALS, you accept, at rate shown, or decline LIS. You acknowledge reading SUMMARY of Coverage. RESERVATION ACCEPT X CH H .5/ 0 S PERSONAL ACCIDENT INSURANCE (PAI) AND PERSONAL EFFECTS COVERAGE (PFC). BY INITIALS, you accept, at rate shown, a decline PAI & PEC. You acknowledge reading SUMMARY of Coverage. erage. TOTAL 7175 ACCEPT CHARGES 1," X RESERVATION I.P. NO. MISC. REFEDRAL SOURCE RES C.ASS PREPARCO BY DEPOSIT LESS DEPOSIT COVE. "ES 81

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OFFICE OF PUBLIC LIAISON SPEAKING PROPOSAL

INVITEE: Max Green

ORGANIZATION (S): Coalition to Free Soviet Jews.
DATE(S): May	7 5, 1988
EVENT: Part:	icipate in a Coalition to Free Soviet Jews seminar.
NUMBER OF PAR	TICIPANTS: 30
LOCATION: No	ew York City
RATIONALE:	To participate in this meeting to discuss trade relations between the United States and the Soviet Union with 30 of the top leaders of the Soviet Jewry movement.
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	2
	CONCUR:
	NONCONCUR:
	LET'S DISCUSS:

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

No.11285

April 21, 1988 Date of Request _ 1. TRAVELER: Name: ____ Max Green White House Staff Extension: 6270 Room: 171 Other: PURPOSE(s) and DATE(s): To participate in a Coalition to Free Soviet Jews 2. seminar on May 5, 1988. ITINERARY: _ Wash. D.C. to New York City, New York City to Wash. D.C. (List all cities where stopovers occur.) **DEPARTURE** RETURN Date: Time: Date: Mode: Time: Mode: 5/5/88 9:00a.m. Air 5/5/88 6:00p.m. Air 5. FUNDING SOURCE: OFFICIAL POLITICAL S 501 (c) (3) OTHER SPECIAL EXPENSES TRAVEL ADVANCE REQUESTED No Amount \$ _____ Commercial Car Rental Taxi ☐ Yes ☐ Hotel Recipient's Signature: Name: ___ Other:___ Please See Reverse Side for Further Instructions Regarding Travel Expenses TRAVELER'S SIGNATURE: (I have read and agree to the terms set forth on the reverse side.) APPROVING SIGNATURES: Office Head: Approving Official (Political or Foreign Travel): Deputy Assistant to the President for Administration:____ FOR TRANSPORTATION OFFICE USE ONLY:

_ Account: _

Control No. _