

Ronald Reagan Presidential Library  
Digital Library Collections

---

This is a PDF of a folder from our textual collections.

---

**Collection: Deaver, Michael**  
**Folder Title: Travel Vouchers 1981-1983 (8)**  
**Box: 59**

---

To see more digitized collections  
visit: <https://reaganlibrary.gov/archives/digital-library>

To see all Ronald Reagan Presidential Library inventories visit:  
<https://reaganlibrary.gov/document-collection>

Contact a reference archivist at: [reagan.library@nara.gov](mailto:reagan.library@nara.gov)

Citation Guidelines: <https://reaganlibrary.gov/citing>

National Archives Catalogue: <https://catalog.archives.gov/>

St Louis 7-23/82

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			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 July 22 b. TO July 23, 1982
	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	7. TRAVEL AUTHORIZATION a. NUMBER(S) 0115 b. DATE(S)
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	10. CHECK NO.
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED \$
b. Amount to be applied		c. PAYEE'S SIGNATURE	
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)			
D. Balance outstanding			

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)	TO (f)
Government Air				Washington, D.C. and return	St. Louis, Missouri

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 Jul. 26, 1982 AMOUNT CLAIMED \$ 150.00

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 *[Signature]* DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	\$ 127.00
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	\$ 23.00
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$
d. NET TO TRAVELER	\$ 23.00

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 7/23

18. ACCOUNTING CLASSIFICATION

My 22 \$23.00

Paid

1012-116 NSN 7540-00-434-1180 STANDARD FORM 1000 (REV. 11-77)

**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.)

Col. (d) 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 PAGE 1 information if this is a continuation OF 1 PAGES

TRAVELER'S LAST NAME  
DEAVER

TRAVEL AUTHORIZATION NO.

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED						
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
Jul. 22	2:30	Dep White House															
Jul. 22	2:50	Arr Andrews AF Base															
Jul. 22	2:55	Dep Andrews AF Base															
Jul. 22	3:45	CDT Arr St Louis, Missouri															
Jul. 23	9:00	Dep St Louis, Missouri															
Jul. 23	11:40	Arr Andrews AF Base EDT															
Jul. 23	11:45	Dep Andrews AF Base															
Jul. 23	12:00	EDT Arr White House															
		per diem 1															
		hotel															
		<b>SUBTOTALS</b>															
		<b>TOTALS</b>															

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 150.00

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 0115

July 20, 1982

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request \_\_\_\_\_

1. TRAVELER

Name: MICHAEL K. DEEVER  White House Staff

Extension: 6475 Room: West Wing  Other \_\_\_\_\_

2. PURPOSE(S) and DATE(S): Presidential Trip - July 22 - 23, 1982

3. ITINERARY Washington to St. Louis and return

(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: July 22, 1982 Date: July 23, 1982

Time: Approx. 2:35 p.m. Time: Approx. 12 noon

Mode: Government Air Mode: Government Air

5. NATURE:  100% Official  100% Political

6. SIGNATURES:

Traveler: *[Signature]*

**MICHAEL K. DEEVER** (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 \$ \_\_\_\_\_

*000103 115*

ROOM	NAME	MARKET	DATE	TIME	DATE	TIME	ACCOUNT	TYPE
	WHITE HOUSE STAFF	WHS	JUL15		JUL25		557785	
RATE	ADDRESS							
PRS.	ADMINISTRATIVE OFFICES	CA	CA. TRAN. DATE TIME METHOD AMOUNT					
STD. REQ:	WASHINGTON D.C. 20500							
	DICK WHITE							
SPECIAL REQUEST:								PAGE2

DATE	REFERENCE	CHARGE	CREDIT	BALANCE
CRAYCRAFT, B.				
JUL 17 82	ROOM	63.50		
JUL 18 82	ROOM	63.50		
JUL 19 82	ROOM	63.50		
JUL 20 82	ROOM	63.50		
JUL 21 82	ROOM	63.50		
JUL 22 82	ROOM	63.50		
		TOTAL FOLIO		381.00
SCRUGGS, JOHN				
JUL 22 82	ROOM	63.50		
		TOTAL FOLIO		63.50
DEAVER, MICHAEL				
JUL 22 82	ROOM 737	63.50		
JUL 22 82	ROOM 738	63.50		
		TOTAL FOLIO		127.00
EVANS, MICHAEL				
JUL 22 82	ROOM 829	63.50		
JUL 22 82	ROOM 830	63.50		
		TOTAL FOLIO		127.00
FEILDING, FRED				
JUL 22 82	ROOM	63.50		
		TOTAL FOLIO		63.50
FISCHER, DAVID				
JUL 22 82	ROOM	63.50		
		TOTAL FOLIO		63.50
FRANKLIN, ANSON				
JUL 22 82	ROOM	63.50		
		TOTAL FOLIO		63.50

## St. Louis/Marriott Hotel.

One Broadway, St. Louis, Missouri 63102. (314) 421-1776  
TOLL FREE RESERVATIONS CALL 800-228-9290

TREASURY  
FISCAL SERVICE  
DIVISION OF  
DISBURSEMENT

WASHINGTON, D. C.

Check No. 95,763,687

SYMBOL 3004

United States Treasury <sup>15-51</sup>/<sub>000</sub>

PAY TO THE  
ORDER OF MICHAEL K DEEVER

MONTH	DAY	YEAR
09	14	82

11010001

DOLLARS	CTS.
\$*****23	00

WHITE HOUSE  
V012WH

T/A 0115

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



⑈ 3004 1 ⑈

⑆000000518⑆ 957636878⑈

<b>TRAVEL VOUCHER</b> <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <u>BALTIMORE, MD</u>	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) <b>DEAVER, MICHAEL K.</b>			b. SOCIAL SECURITY NO. <b>202-333-1548</b>		4. SCHEDULE NO.	
	c. MAILING ADDRESS (Include ZIP Code) <b>The White House Washington, D.C. 20500</b>			d. OFFICE TELEPHONE NO. <b>456-6475</b>		6. PERIOD OF TRAVEL a. FROM <b>July 13,</b> b. TO <b>1982</b>	
	e. PRESENT DUTY STATION <b>The White House</b>			f. RESIDENCE (City and State) <b>4521 Dexter St. N.W. Washington, D.C. 20007</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0113</b> b. DATE(S)	
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT			
a. Outstanding				a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied				c. PAYEE'S SIGNATURE			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)				10. CHECK NO.			
D. Balance outstanding				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)	TO (f)
Government Air				White House Washington, DC	Baltimore, MD (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** *[Signature]* DATE **July 14,** AMOUNT CLAIMED ▶ **\$ 0 00**

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: *[Signature]*

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 ▶ \$ **0 00**

18. ACCOUNTING CLASSIFICATION





THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 0113

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request July 12, 1982

1. TRAVELER

Name: MICHAEL K. DEEVER  White House Staff

Extension: 6475 Room: West Wing  Other

2. PURPOSE(S) and DATE(S): Presidential Trip on July 13, 1982

3. ITINERARY Washington to Baltimore, MD

(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: July 13, 1982

Date: July 13, 1982

Time: 9:15 a.m.

Time: 1:20 p.m.

Mode: Government Air

Mode: Government Air

5. NATURE:  100% Official  100% Political

6. SIGNATURES:

Traveler:

MICHAEL K. DEEVER

(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 \$ \_\_\_\_\_

SANTA BARBARA - 7/1-6  
1982

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			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 Jul. 1 b. TO Jul. 6, 1982
	c. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. 20500	d. OFFICE TELEPHONE NO. 456-6475	7. TRAVEL AUTHORIZATION a. NUMBER(S) 0110 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	9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	b. DATE RECEIVED	b. AMOUNT RECEIVED	
b. Amount to be applied	\$		
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)	c. PAYEE'S SIGNATURE		
D. Balance outstanding			

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)	TO (f)
Government Air				Washington, DC and return.	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 ▶ *Miscellaneous*  
MICHAEL K. DEAVER

DATE 7-27-82 AMOUNT CLAIMED \$ 1497.55

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	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: <i>JW</i>
			\$ 45.02

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 ▶ \$ 45.02

18. ACCOUNTING CLASSIFICATION  
obj 22 \$45.02

*Paid*

**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.)

Col. (d) 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.

(k) 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.

(l) 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. OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME  
DEAVER

PAGE 1

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE	AMOUNT CLAIMED						
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
Jul 10	9:10 a.m.	Dep White House															
Jul 11	8:25 a.m.	Arr Andrews AF Base															
Jul 11	8:30 a.m.	Dep Andrews AF Base															
Jul 11	11:30 a.m.	PDT Arr Los Angeles															
Jul 11	4:30 p.m.	Dep Los Angeles															
Jul 11	5:17	Arr. Santa Barbara															
Jul 13	10:00 a.m.	Dep Santa Barbara															
Jul 13	12:30 PDT	Arr Lancaster, CA															
Jul 14	8:00 a.m.	Dep Lancaster, CA															
Jul 14	8:30 a.m.	Arr Edwards AF Base															
Jul 14	11:30 PDT	Dep Edwards AF Base															
Jul 14	12:30	Arr Santa Barbara															
<b>SUBTOTALS</b>																	
<b>TOTALS</b>																	

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 of the requested 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**



THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 0110

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request June 24, 1982

1. TRAVELER

Name: MICHAEL K. DEEVER  White House Staff  
Extension: 6475 Room: West Wing  Other \_\_\_\_\_

2. PURPOSE(S) and DATE(S): Presidential trip July 1, 1982 - July 6, 1982

3. ITINERARY Santa Barbara and return  
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: July 1, 1982 Date: July 6, 1982

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Mode: Government Air Mode: Government Air

5. NATURE:  100% Official  100% Political

6. SIGNATURES:

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

MICHAEL K. DEEVER Department Head  
*[Signature]* 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 \$ \_\_\_\_\_

*code 103 # 640*

M. Deaver (2)

# ROOM SERVICE

X

DATE	SERVER	TABLE	PERSONS	733	22381
------	--------	-------	---------	-----	-------

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

13.34

*personal*

SER 38 GUEST 1  
 ACT 37  
 3 JU L 8:57 *date & time*  
 MIS NFD 1.50  
 RM GRAT 1.20  
 2 OJ 4.50  
 2 MUFFIN 3.50  
 TXB FD 10.70  
 TX .64  
 TOTAL 11.94

7 9:30 ~~240 25~~  
~~30 040 11~~  
~~11:00~~  
*Weller*

*491 34*

BEVERAGE
FOOD
STATE TAX
TOTAL AMOUNT

733

*Maniotti Santa Barbara Pitmore*

GUEST RECORD

*Mr Deason* (1)

# ROOM SERVICE

DATE	SERVER	TABLE	PERSONS	733	21833
------	--------	-------	---------	-----	-------

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

**ROOM SERVICE CHARGE  
AND 15% GRATUITY  
IS INCLUDED**

MIS NFD 4.58  
 RM GRAT 3.15  
 3 MBR BRD 19.00  
 3 BEV 3.00  
 TAX FD 28.55  
 TAX 1.72  
**TOTAL 38.37**

Tip 5.00  
 20:14 CHR #6 28.37  
 20:14 CHG TIP 3.00

*personal*

# 91

35.37

BEVERAGE
FOOD
STATE TAX
TOTAL AMOUNT ▶

733



GUEST RECORD

01002 ROOM SERVICE

Mc Dewar (3)

DATE	SERVER	TABLE	PERSONS	659822
1				
2				
3				
4				
5				
6				
7	1-18RS	91	5.52	SER 23 GUEST 2 ACT 129 1 JUL 19:16 2 CALL 6.50 TXB BR 6.50 TX .39 129 TOTAL 6.89 129 FORWARD 6.89 MISC L 3.00 1 CALL 3.05 TXB BR 12.75 TX .38 129 TOTAL 13.52
8				
9				
10				
11				
12				
13				
14				
15				TIP 2.00 129 20:05 CHR #6 13.52 23 CHG TIP 2.00
16				
17				
18				
19				
20				

THANK YOU \* TOTAL AMOUNT

\$

DATE	PERSONS	TOTAL AMOUNT
		659822

Thank You  
For  
Your Patronage

# 91

*personal*



1918 DEEVER MIKE 7/2 1/103

ROOM NO. NAME

OUT RATE

CENTURY PLAZA

STREET ADDRESS RR1 7/1 CP/VH

FROM

2025 AVENUE OF THE STARS 195720  
LOS ANGELES, CALIF. 90067

CITY STATE

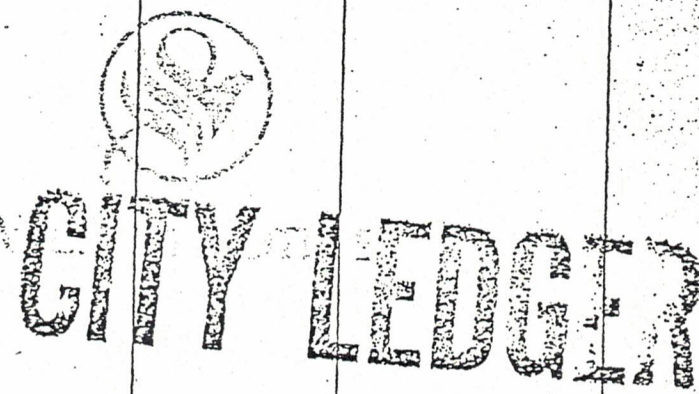
TO

CORPORATE AFFILIATE 25-1244

IN CLERK

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

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICKUP
JUL-18	ROOM 1918	*103.00			
JUL-18	TAX 1918	* 7.73		* 110.73 *	



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

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.

CREDIT CARD

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
CHARGE TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1917 DEAVER MR MIKE 6 1/103

ROOM NO.	NAME	OUT	RATE
	RR1		
STREET ADDRESS		FROM	
775 GP/JS			
CITY		TO	
STATE			
CORPORATE AFFILIATE		IN	CLERK
25-1244			

# CENTURY PLAZA

2025 AVENUE OF THE STARS  
LOS ANGELES, CALIF. 90067 196483

- 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
JUL-582	ROOM 1917	C* 103.00			
JUL-582	TAX 1917	C* 7.73			
				* 110.73	

# CITY LEDGER

W.H. STAFF

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

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CREDIT CARD

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK-UP
1	6/29	TR.CH.	91 C*135.00			
2		TR.CH.	91 C* 10.80			
3		ROOM	91 C*135.00			
4		RMTAX	91 C* 10.80		* 291.60 *	
5						B* 291.60
6		PESTR	91 B* 35.37 ✓		* 326.97	C* 326.97
7		ROOM	91 C*135.00			
8		RMTAX	91 C* 10.80			
9		PESTR	91 C* 15.52 ✓		* 488.29 *	A* 488.29
10						
11		PESTR	91 A* 57.21 ✓		* 545.50	C* 545.50
12		ROOM	91 C*135.00			
13		RMTAX	91 C* 10.80		* 691.30 *	A* 691.30
14		PESTR	91 A* 31.07 ✓		* 722.37	A* 722.37
15		PESTR	91 A* 13.34 ✓		* 735.71	C* 735.71
16		ROOM	91 C*135.00			
17		RMTAX	91 C* 10.80		* 881.51 *	C* 881.51
18		ROOM	91 C*135.00			
19		RMTAX	91 C* 10.80		* 1,027.31 *	B*1,027.31
20		PESTR	B* 18.03 ✓		* 1,045.34	C*1,045.34
21		ROOM	91 C*135.00			
22		RMTAX	91 C* 10.80		* 1,191.14 *	C*1,191.14
23		TR. CR.	91	C*1,191.14		
24					* .00 *	


BILLING ADDRESS NAME OR FIRM

STREET

CITY STATE ZIP

ATTENTION

BILLING SIGNATURE



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

TOLL FREE RESERVATIONS CALL 800-228-9290

TREASURY  
FISCAL SERVICE  
DIVISION OF  
DISBURSEMENT

WASHINGTON, D. C.

Check No. 46,269,086  
SYMBOL 3004

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



United States Treasury  $\frac{15-51}{000}$

PAY TO THE  
ORDER OF MICHAEL K DEEVER

MONTH	DAY	YEAR
08	20	82

11010001

DOLLARS	CTS.
*****45	02

WHITE HOUSE  
V006WH



T/A 0110

⑈ 3004 ⑈

⑆000000518⑆ 462690866⑈

MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

August 4, 1982

TO: JOHN F. W. ROGERS  
DEPUTY ASSISTANT TO THE PRESIDENT  
FOR MANAGEMENT

FROM: MICHAEL K. DEAVER  
ASSISTANT TO THE PRESIDENT  
DEPUTY CHIEF OF STAFF

SUBJECT: Official Staff Charges

The attached receipts for charges incurred during the Presidential trip to California from July 1 thru July 6, 1982 are submitted for payment.

Check #659011 - Staff meeting  
\$57.21 (Attendees: Craig Fuller, W. P. Clark,  
Richard Darden, E. V. Hickey, M.K. Deaver)

Check #659124 - Scheduling Meeting  
\$31.07 (Attendees: W. P. Clark, Richard Darden,  
Craig Fuller, E.V. Hickey, M. K. Deaver)

Check # 659555 - Staff Meeting  
\$18.03

Check # 196485 - \$29.59 - Meeting: W. P. Clark, J. A. Baker,  
\$18.49 M. K. Deaver

\$27.46 - Staff Meeting

DATE	SERVER	TABLE	PERSONS	659011
1				
2				
3				
4				
5				
6				
7	JUL -28RS	91	57.21	
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

SER 3 GUEST 8  
 ACT 47  
 2 JUL 3:10  
 MISC FD 10.00  
 3 OJ 6.75  
 2 2 EGGS 7.00  
 1 MUFFIN 1.75  
 2 BACON 4.50  
 3 WAFFLES 11.25  
 8 BEV 8.00  
 TWB FD 49.25  
 TX 2.96

*Date & Time*

47 TOTAL 52.21

47 9:25 CHR #5 52.21  
 3 CHG TIPS, 8.00

*Muller*  
 #91

*57.21*

THANK YOU • TOTAL AMOUNT  $\uparrow$

		\$	659011
DATE	PERSONS	TOTAL AMOUNT	

Thank You  
 For  
 Your Patronage

RESERVED FOR YOUR CONVENIENCE FOR TAX AND PERSONAL RECORDS

7/3  
DATE

3  
SERVER

24  
TABLE

3  
PERSONS

659124

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

SER 3 GUEST 3  
 ACT-28  
 3 JUL 8:13 *date + time*  
 MISC FD 4.00  
 1 2 EGGS 3.50  
 1 OMELETE 4.00  
 1 OMELET 1.00  
 1 ST BARS 6.50  
 1 IM BEER 2.75  
 1 OJ 2.25  
 2 BEV -2.00  
 TXB FD 23.25  
 TXB BR 2.75  
 TX 1.57

28 TOTAL 27.57  
 3.50

*Wendell*  
 28 27.57  
 27.57

#91  
 31.07

31.07

THANK YOU • TOTAL AMOUNT

DATE	PERSONS	TOTAL AMOUNT	\$	659124
------	---------	--------------	----	--------

#91

Thank You  
 For  
 Your Patronage

7-5 DATE    IRYAN SERVER    3 TABLE    3 PERSONS    659555

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

JUL -5@RS    3\*    8.03

SER 13    GUEST 3  
 ACT 57  
 5 JUL .10:03 *Date & Time*  
 MISC FD 2.00  
 2 MELON 4.50  
 3 BEV 3.00  
 1 WAFFLES 3.75  
 1 BACON 2.25  
 TXB FD 15.50  
 TX .93  
 57 TOTAL 16.43

*Tps 1.60*  
 10:51 CHR #6 16.43  
 13 CHG TIP 1.60  
*Miller*  
 #91 18.03

THANK YOU • TOTAL AMOUNT →



1917 DEAVER MR MIKE 6 INFO

ROOM NO.	NAME	OUT	RATE
	RR1		
STREET ADDRESS		FROM	
715 GP/JS			
CITY		TO	
STATE			
CORPORATE AFFILIATE	IN	CLERK	
25-1244			

**CENTURY PLAZA**  
 2025 AVENUE OF THE STARS  
 LOS ANGELES, CALIF. 90067 196485

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

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICKUP
JUL-5-62	NISC 1917	C* .00		* .00 *	
JUL-6-62	DRESTR1917	* 29.59	meeting		
JUL-6-62	DRESTR1917	* 18.00			
JUL-6-62	DRESTR1917	* 27.46	Staffing	* 75.53	

**CITY LEADER**

W.H. STAFF

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

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.

CREDIT CARD

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 CHARGE TO \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INCIDENTAL CHARGES  
 Santa Barbara Biltmore  
 Mr. Deaver

FW  
 (Handwritten signature)

Check # 659822  
 1 July 7:16pm

2 call	\$6.50
txb br	6.50
TX	.39
	<u>6.89</u>
misc L	3.00
1 call	3.25
txb br	12.75
tx	.38
	<u>13.57</u>
tip	2.00
Total Charges	<u>15.52</u>

Restaurant charge

2 alcoholic beverages  
 taxable bar  
 tax

miscellaneous liquor  
 1 alcoholic beverage  
 taxable bar  
 tax

WPC, CF, RD

Check # 21893  
 1 July 8:18pm

mis nfd	\$4.50
room grat.	3.15
3 MAR BRG	18.00
3 bev.	3.00
Txb fd	28.65
tx	1.72
	<u>30.37</u>
tip	5.00
Total Charges	<u>35.37</u>

Room service

delivery charge of food  
 automatic tip for room service  
 3 Marrriott burgers  
 3 drinks  
 taxable food  
 tax

(1)  
 (Handwritten circle around '1')  
 (Handwritten circle around 'null')

Check # 659011  
 2 July 9:15am

Misc fd	\$10.00
3 OJ	6.75
2 eggs	7.00
1 muffin	1.75
2 bacon	4.50
3 waffles	11.25
8 beverages	8.00
txb fd	49.25
tx	2.96
	<u>52.21</u>
tip	5.00
Total Charges	<u>57.21</u>

Restaurant

Miscellaneous food i.e.  
 toast, etc.

CF, WPC, ED, EVH  
 Staff meetings

taxable food  
 tax

Check # 659124  
3 July 8:13am

Misc fd	\$4.00
1 2 eggs	3.50
1 omelete	4.00
1 omelete T	1.00
1 ST Barb	6.50
1 IM beer	2.75
1 OJ	2.25
2 bev	2.00
txb fd	23.25
txb br	2.75
tx	1.57
	<hr/>
	27.57
tip	3.50
Total Charges	<hr/>
	31.07

Check # 22381  
3 July 8:57am

Misc nfd	\$1.50
Room grat	1.20
2 OJ	4.50
2 muffin	3.50
txb food	10.70
tx	.64
	<hr/>
	11.34
tip	2.00
Total Charges	<hr/>
	13.34

Check # 659555  
5 July 10:03am

Misc fd	\$2.00
2 mellon	4.50
3 bev	3.00
1 waffle	3.75
1 bac	2.25
txb fd	15.50
tx	.93
	<hr/>
	16.43
tip	1.60
Total Charges	<hr/>
	18.03

Restaurant

Misc food i.e. toast, etc.

additional topping  
Santa Barbara breakfast  
Imported beer

taxable food  
taxable bar  
tax

WPC, RD, CZ, BH  
Staff meeting

Room service

delivery charge - food  
tip room service

taxable food

mini

Restaurant

misc food - toast, etc.

taxable food  
tax

staff

\$29.59  
Breakfast  
1 cottage cheese  
3 coffee  
3 OJ  
3 bacon & eggs

WPC  
MKO  
JAB

\$18.49  
1 eggs benedict  
1 coffee  
1 large OJ  
1 danish  
1 ?

\$27.46 (President's room signed by Mr. Deaver)  
1 bacon & eggs  
1 scrambled egg  
1 poached egg  
1 English muffin  
1 cottage cheese  
3 coffee

staff meeting

The Century Plaza Hotel bill for the President's July trip arrived yesterday. Mr. Deaver has three incidental charges (folio attached). The hotel did not include the backup for these charges. I have called and requested a copy of these room service checks. They mailed a copy of them to me yesterday.

Being as I will be out-of-town tomorrow and next week, the hotel was kind enough to read the charges to me over the telephone. In my absence, if you have any questions or problems, they should be directed to Dick White.

Following is an itemization of the charges all of which occurred on July 6, 1982.

New York

<b>TRAVEL VOUCHER</b> <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <i>JUNE 17, 1982</i>	
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 Jun. 17 b. TO Jun 17, 1982	
	c. MAILING ADDRESS (Include ZIP Code) The White House Washington, D.C. 20500			d. OFFICE TELEPHONE NO. 456-6475		7. TRAVEL AUTHORIZATION a. NUMBER(S) 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			9. CASH PAYMENT RECEIPT			11. PAID BY	
a. Outstanding			a. DATE RECEIVED			b. AMOUNT RECEIVED	
b. Amount to be applied			c. PAYEE'S SIGNATURE				
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							

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)	TO (f)
GOVERNMENT AIR				White House	New York, N.Y.

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* MICHAEL K. DEAVER DATE Jun. 18, 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

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) *none*

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

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: *RW* \$ 17.25

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

d. NET TO TRAVELER ▶ \$ 17.25

18. ACCOUNTING CLASSIFICATION \$ 17.25 06/24

**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.)

Col. (d) 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 PAGE 1  
 Information if this is a continuation OF 1 PAGES  
 TRAVEL AUTHORIZATION NO.  
 TRAVELER'S LAST NAME  
 DEEVER

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES				MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED									
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)		MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
Jun 17	8:40	EDT Dep White House															
Jun 17	8:55	Arr Andrews AF Base															
Jun 17	9:00	Dep Andrews AF Base															
Jun 17	10:10	Arr New York															
Jun 17	7:05	Dep New York															
Jun 17	7:55	p.m. Arr Andrews AF Base															
Jun 17	8:00	p.m. Dep Andrews AF Base															
Jun 17	8:15	p.m. Arr White House															
		per diem 3 1/4 day															
<b>SUBTOTALS</b>																	
<b>TOTALS</b>																	

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

SUBTOTALS  
 TOTALS

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

17.25

TOTAL AMOUNT CLAIMED

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 0125

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request June 16, 1982

1. TRAVELER

Name: MICHAEL K. DEAVER  White House Staff

Extension: 6475 Room: West Wing  Other \_\_\_\_\_

2. PURPOSE(S) and DATE(S): Presidential Trip - June 17, 1982

3. ITINERARY New York City

(List all cities where stopover occurs.)

4. DEPARTURE:

Date: June 17, 1982

Time: 8:40 a.m.

Mode: Government Air

RETURN:

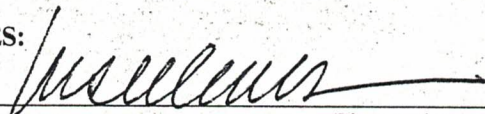
Date: June 17, 1982

Time: 3:45 p.m.

Mode: Government Air

5. NATURE:  100% Official  100% Political

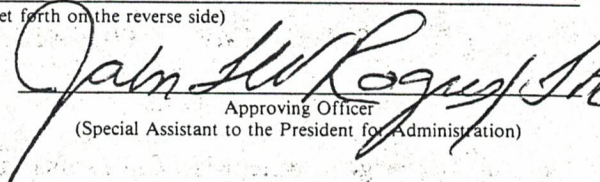
6. SIGNATURES:

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:

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 \$17.25

TREASURY  
FISCAL SERVICE  
DIVISION OF  
DISBURSEMENT

WASHINGTON, D. C.

Check No. 94,220,519  
SYMBOL 3004

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



United States Treasury 15-51  
000

PAY TO THE  
ORDER OF MICHAEL K DEEVER

MO	DAY	YEAR
07	15	82

11010001

DOLLARS	CTS.
*****55	53

WHITE HOUSE  
0358WH

T/A 0125/0090



⑈ 3004 ⑈ ⑆000000518⑆ 942205198⑈

*Check for Trips: Santa Barbara - May 25-28, 1982  
New York - June 17, 1982*