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Folder Title: Travel Vouchers 1981-1983 (9)
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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder TRAVEL VOUCHERS 1981-1983 (9)

FOIA

F97-0066/19

Box Number 61

COHEN, D

168

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	6/30/1982	B6

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

B-1 National security classified information [(b)(1) of the FOIA]

B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]

B-3 Release would violate a Federal statute [(b)(3) of the FOIA]

B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]

B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]

B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]

B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]

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

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

7/12/82

OR POLITICAL EXPENSES

Name: MICHAEL K. DEEVER

Permanent Address: The White House
Washington, D.C. 20500

Social Security No. 202-333-1548

Self Employed: YES NO

NO. _____

DATE: June 30, 1982

Week Ending 1-D8-D400-50206

Cash Expenses

Expense Item	Sunday	Monday	Tuesday <i>6/15</i>	Wednesday <i>6/16</i>	Thursday	Friday	Saturday	TOTALS
Breakfast								
Lunch								
Dinner								
Hotel								
Tips								
Taxi & Rent Car								
Tel & Tel								
Transportation								
Entertainment								
Miscellaneous								
1. Total Cash Expenses			<i>dep. at 2:30</i>					<i>28.75</i>
2. Per Diem			<i>11.50</i>	<i>\$17.25</i>				<i>\$34.50</i>

*Details of Transportation & Entertainment

Transportation	Date	From-To	Method Used	Purpose	COST

Entertainment	Date	Name of Person(s)	Where Entertained	Purpose	COST

[Signature]
Requesting Signature

[Signature]
White House Political Affairs or VP's Office / Approved by
[Signature]
RNC/Approved by

White House Department Head/Approved by

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 0093

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request June 14, 1982

1. TRAVELER

Name: MICHAEL K. DEEVER White House Staff

Extension: 6475 Room Wing Other

2. PURPOSE(S) and DATE(S)

Residential Trip to Houston, TX
June 15 - 16, 1982

3. ITINERARY Houston, Texas

(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: June 15, 1982

Date: June 16, 1982

Time: 3:30 P.M.

Time: 12:40 PM

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 _____

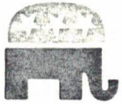
Balance this trip _____

9. FOR TRANSPORTATION OFFICE USE ONLY:

GTR No. _____

Amount \$ _____

VENDOR NUMBER	VENDOR NAME			CHECK DATE	CHECK NO.
22348	MICHAEL K. DEEVER			07/30/82	021474
INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT	EXPLANATION	
MD0630	28.75		28.75	PER DIEM	



Republican National Committee

310 First Street Southeast, Washington, D.C. 20003

CHECK NO. 46936

68-408
560

BANK OF VIRGINIA - POTOMAC
5205 LEESBURG PIKE
FALLS CHURCH, VA. 22041

DATE	CHECK NUMBER
07/30/82	021474

TWENTY EIGHT DOLLARS & 75 CENTS *****

PAY TO
THE
ORDER OF

MICHAEL K. DEEVER
WEST WING WHITE HOUSE
WASHINGTON, DC 20500

AMOUNT
\$*****28.75

Michael Deever

AUTHORIZED SIGNATURE

⑈046936⑈ ⑆056004089⑆ 651⑈7307499⑈

THE WHITE HOUSE

WASHINGTON

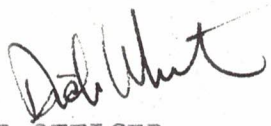
July 1, 1982

MEMORANDUM FOR:

PAT BYE

FROM:


RICHARD WHITE
ADMINISTRATIVE OFFICER



SUBJECT:

HOUSTON TRIP

The President's trip to Houston on June 15-16, 1982 was determined to be solely and exclusively political, as there was no official activity of the President's. Therefore, your travel expenses must be submitted on the "RNC Weekly Report for Political Expenses" form so it can be paid by the RNC.

Mike:
Please sign
form. 



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 1023-200705, Dated May 31, 1982

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

ITINERARY:

Travel from Washington, D.C. on or about June 2, 1982 to Paris, France; Rome, Italy; London, England; Bonn and Berlin, Germany and other such places in such order at such time as necessary to complete the mission and return to Washington, D.C. on or about June 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.

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization</u>	<u>Object</u>	<u>Amount</u>
1920113	1023	200705	200000	2152	\$62,000.00

Travel Requested by:

Funds Available:

Authorizing Officer:

Thomas M. Tracy

Thomas M. Tracy
Asst. Sec. for
Administration

Charles Maguire

Charles Maguire
Chief Budget
Officer A/EX

Thomas M. Tracy

Thomas M. Tracy
Asst. Sec. for
Administration

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DOC Document Type

NO Document Description

No of Doc Date Restriction
pages *tions*

1 LIST

1 ND B6

RE NAMES AND SOCIAL SECURITY NUMBERS

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

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2 FORM

1 6/30/1982 B6

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

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

B-1 National security classified information [(b)(1) of the FOIA]

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

CLAIM (Show complete itinerary and/or transportation expenses for dependent children, including weights/measures and attach all receipts.)

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

PRESERVATION COPY

Dates 19 82 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount		
					Per Diem (F)	Other (G)	
FORWARDED							
6/2	10:30a	depart AAFB	1/2	23.00	5.75		
	11:50p	arrive Paris, France	1/2	6.00	3.00		
6/7	8:55a	depart Paris	4 1/2	45.50	204.75		
	11:00a	arrive Rome, Italy					
	4:40p	depart Rome					
	5:50p	arrive London, England	1/2	6.00	1.50		
6/9	11:00a	depart London	1 3/4	50.00	87.50		
	- 1:00p	arrive Bonn, Germany					
6/11	(8:35a - 2:50p	travel Bonn/Berlin/Bonn)					
	4:10p	depart Bonn	2 1/2	45.00	101.25		
	6:40p	arrive AAFB	1/2	23.00	5.75		
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						409.50	

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

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 0092

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request May 28, 1982

1. TRAVELER

Name: MICHAEL K. DEEVER White House Staff

Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S)

Presidential Trip: June 2 - DC to Paris; June 2 - 7 Paris, June 7 - Paris to Rome; June 7 Rome to London; June 9 - London to Bonn; June 11 - Bonn to Berlin; June 11 - Berlin to Bonn; June 11 Bonn to Washington, D.C.

3. ITINERARY: Paris, Rome, London, Bonn, Berlin, Washington
(List all cities where stopover occurs.)

4. DEPARTURE:

Date: June 2, 1982

Time: Approx. 10:30 a.m.

Mode: Government Air
A

RETURN:

Date: June 11, 1982

Time: 6:30 p.m.

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:

No. of Days Per Diem _____

Hotel Name _____

Hotel Daily Rate \$ _____

Other _____

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 \$ _____

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. MAY 25-28, 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 May 25 b. TO May 28, 1982					
	c. MAILING ADDRESS (Include ZIP Code) The White House			d. OFFICE TELEPHONE NO. 456-6475		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0090 b. DATE(S)					
	e. PRESENT DUTY STATION The White House			f. RESIDENCE (City and State) 4521 Dexter St. N.W. Washington, D.C.		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. 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 <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>	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)					▶ <i>Traveler's Initials</i>	
	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	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 ▶ *Michael K. Deaver*
MICHAEL K. DEAVER

DATE 6-1-82 AMOUNT CLAIMED ▶ \$ 517.90

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).)	17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
	a. DIFFERENCES, IF ANY (Explain and show amount)	\$ 479.62 <i>less hotel paid directly</i>
APPROVING OFFICIAL SIGN HERE ▶ <i>[Signature]</i>	DATE	<i>Paid 7-15-82</i>

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials: <i>CLW</i> \$ 38.28	

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ <i>[Signature]</i>	DATE	\$ 38.28	
18. ACCOUNTING CLASSIFICATION		d. NET TO TRAVELER ▶	
Obj. 22. #38.28		\$ 38.28	

73 ROOM	T4c White House		135 RATE	30 CO	T.A.	AR.	CO	GTD.
COMPANY NAME				AR 5	SHARING WITH			
STREET				AM CLK	MADE BY			
CITY				STATE	ZIP CODE	SEG.	PHONE	
SGL	DBL	TWIN	PLR.	SUITE	RMS.	PRS.	RATE PER DAY	
<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mas <input type="checkbox"/> Ex <input type="checkbox"/> Am <input type="checkbox"/> Din <input type="checkbox"/> CB								

No. 01634	MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE PICK-UP
1		25 92	ROOM	3 C* 135.00			
2		25 92	RMTAX	3 C* 10.80			
3		25 92	REVGE	3 C* 27.50		* 173.30	
4	Drawer	26 92	PESTR	3 A* 14.72		* 188.02	
5		26 92	ROOM	3 C* 135.00			
6		26 92	RMTAX	3 C* 10.90		* 333.82	
7		27 92	ROOM	3 C* 135.00			
8		27 92	RMTAX	3 C* 10.90		* 479.62	
9		28 92	PESTR	3 B* 16.96		* 496.48	
10		28 92	ROOM	3 C* 135.00			
11	11.54	28 92	RMTAX	3 C* 10.90		* 642.28	
12		29 92	PHONE	3 A* .50		* 642.78	
13		29 92	PESTR	3 B* 29.58		* 672.46	
14		29 92	ROOM	3 C* 135.00			
15		29 92	RMTAX	3 C* 10.90		* 818.26	
16		30 92	TR. CP.	3	C* 818.26	* .00	
17							
18							

BILLING ADDRESS	BILLING SIGNATURE
STREET	 Marriott's Santa Barbara Biltmore 1260 Channel Drive, Santa Barbara, California 93108 For reservations call 805-969-2261, or toll-free 800-228-9290
CITY	
STATE	
ATTENTION	

TOLL FREE RESERVATIONS CALL 800-228-9290

Deaver 25-27th (7pm)
 Meese 28-30th

DATE	SERVER	TABLE	PERSONS	081746
1				
2				
3				
4			SER 3 GUEST 2	
5			ACT 27	
6			26 M R Y 8:49	
7	MAY 26	73	MISC FD 1.50	14.72
8			1 OMELETE 4.00	
9			1 OMELET 1.00	
10			1 2 EDGE 3.50	
11			2 BEV 2.00	
12			TXB FD 12.00	
13			TX .72	
14			27 TOTAL 12.72	
15				2.00
16				14.72
17			9:20 CHS 1.75 1.75	
18			2 CHS TIF 2.00	
19				

Gratuities Are Not Included

THANK YOU • TOTAL AMOUNT \uparrow

Please Print - Name DEAUETZ
 Signature [Signature]
 Address [Address]
 Room No. H 73

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

WASHINGTON, D. C.

Check No. 94,220,519
SYMBOL 3004

United States Treasury ¹⁵⁻⁵¹/₀₀₀



PAY TO THE
ORDER OF MICHAEL K DEEVER

MO	TH	DAY	YEAR
07	15	82	

11010001

DOLLARS	CTS.
\$\$\$\$55	53

WHITE HOUSE
0358WH



T/A 0125/0090

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

⑈ 3004 ⑈ ⑆ 000000518 ⑆ 942205198 ⑈

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

PHILADELPHIA

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 type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. <u>MAY 14, 1982</u>
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 May 14 b. TO May 14, 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) 1445 b. DATE(S)
	e. PRESENT DUTY STATION The White House		f. RESIDENCE (City and State) 4521 Dexter St., N.W. Washington, D.C.	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		10. CHECK NO.
a. Outstanding <u>None</u>		a. DATE RECEIVED		11. PAID BY
b. Amount to be applied		b. AMOUNT RECEIVED, \$		
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 Helicopter - Marine I				White House Washington, D.C.	Philadelphia, PA and return

No Payment

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 **May 15, 1982** AMOUNT CLAIMED \$ **0**

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 *Michael K. Deaver* DATE _____

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	\$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	\$ 0
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$
d. NET TO TRAVELER	\$ 0

18. ACCOUNTING CLASSIFICATION

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 per diem allowance 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. (e) Show amount incurred for each meal, including tax and tips, and daily total per diem allowance 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. (f) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

Col. (g) Complete for per diem and actual expense travel.

Col. (h) Show total subsistence expense incurred for actual expense travel.

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

Col. (j) 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 OF 1 PAGES

TRAVELER'S LAST NAME: DEEVER

TRAVEL AUTHORIZATION NO.:

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 (j)	TOTAL SUBSISTENCE EXPENSE (i)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
May 14	9:35 a.m.	White House Wash, D.C.															
"	10:30	Landenberg, PA															
"	5:57	Dep Philadelphia, PA															
"	7:00 p.m.	White House, Wash. D.C.															
<i>and per diem (Travel all other working days)</i>																	
SUBTOTALS																	
TOTALS																	

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 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 0

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 1445

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request May 13, 1982

1. TRAVELER

Name: MICHAEL K. DEAVER White House Staff

Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S): To accompany the President to Philadelphia on
Friday, May 14, 1982

3. ITINERARY Depart Washington enroute Philadelphia and return.
(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: May 14, 1982

Date: May 14, 1982

Time: 9:00 a.m.

Time: 7:00 p.m.

Mode: US Gov't Helicopter

Mode: US Gov't Helicopter

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

John S. ...
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 \$ _____

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

3. VOUCHER NO. **CHICAGO, ILLINOIS MAY 10, 1982**

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

b. SOCIAL SECURITY NO.
202-333-1548

6. PERIOD OF TRAVEL
a. FROM **May 10** b. TO **May 10, 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) **0107** 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)	TO (f)
Government Air				Andrews AFB	Chicago, IL

Handwritten: Paid Check # 43,863,781
8-51
date 6/4/82

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 **May 11, 1982** AMOUNT CLAIMED **\$ 67.23**

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).)

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount) *Hotel ad direct* \$ **58.46**

APPROVING OFFICIAL SIGN HERE *[Signature]* 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 \$ **8.57**
Certifier's initials:

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 **\$ 8.57**

18. ACCOUNTING CLASSIFICATION
obj 24 \$8.57

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 this information if this is a continuation OF 1 PAGES
 TRAVELER'S LAST NAME
 DEAVER
 TRAVEL AUTHORIZATION NO.

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.

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)			
Dep 10	8:00 EDT	a.m. Andrews AF Base														
May 10	8:35 CDT	Chicago, IL														
Dep 10	5:00 CDT	Chicago, IL														
May 10	6:15 p.m. EDT	Andrews AF Base														
		<i>per diem 1 1/2 days @ \$34.50 less \$25.43 incidentals</i>														
		<i>Hotel</i>														
SUBTOTALS																
TOTALS																

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

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

TOTAL AMOUNT CLAIMED 67.23

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 0107

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request May 5, 1982

1. TRAVELER

Name: MICHAEL K. DEAVER White House Staff

Extension: 6475 Room: West Wing WH Other

2. PURPOSE(S) and DATE(S): May 10, 1982 Presidential Trip

3. ITINERARY Chicago, Illinois
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

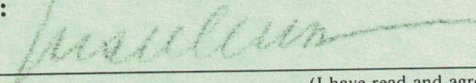
Date: May 10, 1982 Date: May 10, 1982

Time: 8:00 a.m. Time: approx. 6:30 p.m.

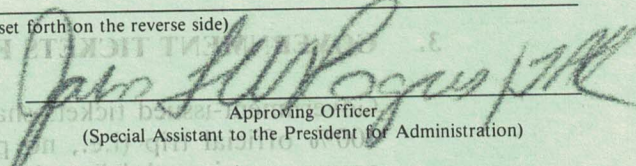
Mode: Government Air Mode: Government Air

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 \$ _____

UR 6 103 725

25191A
(ROOM)

DEALER, MR. MI

301
(RATE-OUT DATE)

12-
9
TAX

(LAST) _____ (NAME) _____ (FIRST) _____

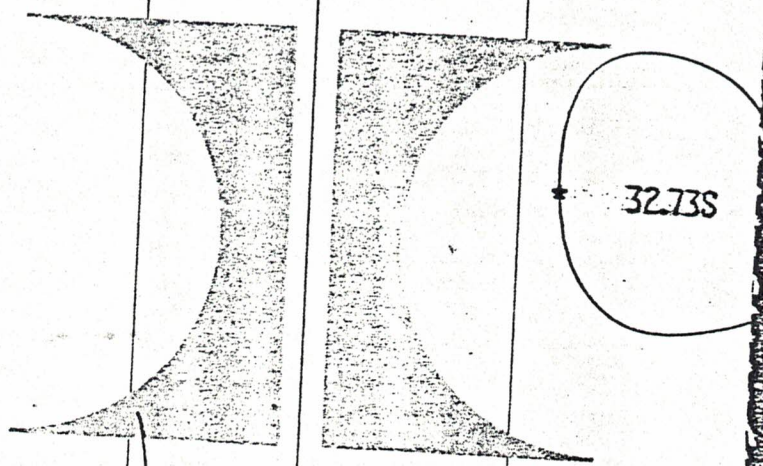
ADMIN. OFFICE THE WHITE HOUSE
ATTN: RICHARD WHITE
WASHINGTON DC 20500
CHICHHHDMAYUICHICHHH

()
TIME ARR. DATE
T
A
X
R CR NR

ROOM CLERK

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
	MAY-98	ROOM 2519	30.00		* 32.73 *
	MAY-98	ROOM TAX 2519	1.83		
	MAY-98	ROOM/TX 2519	.90		

0275



32.73S

HILTON
#6747

White House

GUEST SIGNATURE

TRM

ADDRESS

STATE

ZIP

53305

RATES DO NOT INCLUDE APPLICABLE SALES, OCCUPANCY, OR OTHER TAXES

THE CONRAD HILTON
Chicago, Illinois 60605

TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

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

3. VOUCHER NO. MAY 1-2, 1982
4. SCHEDULE NO.

(Read the Privacy Act Statement on the back)

5. a. NAME (Last, first, middle initial)

DEAVER, MICHAEL K.

b. SOCIAL SECURITY NO.

202-333-1548

6. PERIOD OF TRAVEL

a. FROM 5-1-82 b. TO 5-2-82

c. MAILING ADDRESS (Include ZIP Code)

The White House, Washington, D.C.

d. OFFICE TELEPHONE NO.

456-6475

7. TRAVEL AUTHORIZATION

a. NUMBER(S) b. DATE(S)

1440

e. PRESENT DUTY STATION

The White House

f. RESIDENCE (City and State)

4521 Dexter St., N.W.
Washington, D.C. 20007

10. CHECK NO.

11. PAID BY

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

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

Table with columns: AGENT'S VALUATION OF TICKET, ISSUING CARRIER, MODE, CLASS OF SERVICE AND ACCOMMODATIONS, DATE ISSUED, POINTS OF TRAVEL (FROM, TO). Includes entry for Government Air from Washington, DC to Knoxville, TN and back.

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

TRAVELER SIGN HERE MICHAEL K. DEAVER

DATE 5-3-82

AMOUNT CLAIMED

\$ 110.85

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)

less hotel paid directly \$ 76.35

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:

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):

\$ 34.50

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE

DATE

d. NET TO TRAVELER

\$ 34.50

18. ACCOUNTING CLASSIFICATION

obj. #31.50

Paul

STATEMENT

FROM Family Inns of America
Box 135
Caryville, Tenn 37714 may 5 19 82
 TO CECE KRAMER
 ADDRESS THE WHITE HOUSE
 CITY Room-179 QE0B
 TERMS WASHINGTON, D.C. 20500

	EVANS		76	35
	SITTMAN		76	35
	MOORE		76	35
	HICKEY		76	35
	DEAVERS		76	35
	KUONENN		76	35
	POINDETER		76	35
	WILES ?		134	22
	WILES ?		76	35
	OFFICE		140	31
	OFFICE		76	35
	Baggage Handling		30	00
	CLAMPTON DRIVER ?		76	35
	MARCUM DRIVER ?		76	35
	BALANCE DUE		1,144	38

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT



WASHINGTON, D. C.

Check No. 93,825,096
SYMBOL 3004

United States Treasury ¹⁵⁻⁵¹
000

PAY TO THE

ORDER OF MICHAEL K DEEVER

MONTH DAY YEAR
07 08 82

11010001

DOLLARS CTS.
\$ *****34 50

WHITE HOUSE

0336WH



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

⑆3004⑆ ⑆000000518⑆ 938250962⑆