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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

8/29/2011

KDB

File Folder

TRAVEL VOUCHERS 1981-1983 (9)

FOIA

F97-0066/19

Box Number	61		CO	HEN, D
DOC Doc Type NO	Document Description	No of Pages	Doc Date R	estrictions
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	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]

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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.

OR ICAL EXPENSES

Name: MICHAEL K. DEAVER
Permanent Address: The White House
Washington, D.C. 20500
Social Security No. 202-333-1548
Self Employed: YES □ NO □
NO
DATE: <u>June 30, 1982</u>

Veek Ending 1-08-0400-50206

ash Expe	enses			DATE	<u>=</u> : <u>June 30</u>	, 1982		
Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
Breakfast					*			
Lunch								
Dinner								
Hotel					/			
Tips								
Taxi & Rent Car								
Tel & Tel	1							
Transportation								
Entertainment								
.Miscellaneous								
I. Total Cash Expenses			dep. at 2:30					1000
2. Per Diem			\$11.50 \$17.25	\$17.25				\$ 34.50

*Details of Transportation & Entertainment

Transportation	Date	From-To	Method Used	Purpose	COST
			,		
Entertainment	Date	Name of Person(s)	Where Entertained	Purpose	COST
γ				,	

White House Political Affairs or VP's Office Approved by

RNC/Approved by

White House Department Head/Approved by

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

No. 0093

	THIS APPROVAL IS SUBJECT TO AL	A
ame: CHARL K. DRAVER	White House Staff WELL AS THE FOLLOWING ADMINISTRATIVE	45
	Room: Wing VASET OF O Other, 1989	
	AND GOVERNMENT-ISSUED TICKET XT , motsuoH of qirT [sitneb]	
URPOSE(S) and DAIE(S)	dential Trip to Houston, ta	
June 15 -	16, 1982	
	ANCES FOR OFFICIAL TRAVEL ONLY	I. ADV
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tine insecondated-for	nces will not be provided to anyone with an outstance	sybA.
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VENDOR NUMBER		VEN	DOR NAME		CHECK DATE	CHECK NO.
22348	MICHAEL K.	DEAVER			07/30/82	021474
INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT		EXPLANATION	
MD0630	28.75		28.75	PERDIEN		
4						
				£		



can National Committee.

46936

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

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

TRENTY EIGHT DELLARS & 75 CENTS ***************

07/30/82 021474

PAY TO THE

MICHAEL K. DEAVER WEST WING WHITE HOUSE MASHINGTON, DC 20500

1.11c 11.71t

THE WHITE HOUSE

WASHINGTON

July 1, 1982

MEMORANDUM FOR:

PAT BYE

FROM:

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.

Mile propried



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.

Appropriation

Allotment

Obligation

Organization

Object

Amount

1920113

1023

200705

200000

2152

\$62,000.0

Travel Requested by:

Funds Available:

Authorizing Officer

Thomas M. Tracy Asst. Sec. for

Administration

Charles

Chief Budget

Officer A/EX

Thomas M. Tracy Asst. Sec. for

Administration

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LIST

61

1

168

DOC Document Type NO Document Description

No of Doc Date Restrictions

1

pages

ND

B6

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Box Number

61

168

DOC Document Type NO Document Description pages

No of Doc Date Restric-

tions

2 **FORM**

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)]

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

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

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 HOITASIROSTO · of exchange, etc.) 10.0.5 -- Local Per Diem Daily Amount 19 82 Itinerary and Description Days Rate Time Per Diem Other ------__-(c) # (E) (B) (D) (F) (G) FORWARDED 10:30a depart AAFB 6/2 1/2 23.00 5.75 11:50p arrive Paris, France 6.00 3.00 45.50 204.75 6/7 8:55a Hepart París 11:00a grrive Rome, Italy 4:4:Cp depart Rome 1/2 6.00 1.50 5:50p errive London; -England 87.50 1 3/4 50.00 6/9 11:00a depart London - 1:00p arrive Bonn, Germany E. 1.01 to Fayer 2:50p travel Bonn/Berlin/Bonn) 6/11 (8:35a -101.25 2 3 45.00 4:10p depart Bonn 5.75 23.00 6:40p errive AAFB TING CLASSIE G. Paving Office -C A .2 GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER 409.50 (Subtotals To Be Carried Forward) 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 (aster) 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.

STATE DEPARTMENT TRIP

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

No. 0092

	VELER TO COMPLETE SECTIONS 1-8.)	Date of Request 1982
. 1	TRAVELER	THIS APPROVAL IS SU
N	Name CHAEL K. DEAVER DEE GMA SW.	A DEPLICABLE COMPRIMENT LA
	COLUMN STATE OF THE STATE OF TH	ACMENT ACTION OF THE SALING AL
	extension: Room: Room:	Other
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中国电话 法	thington, D.C.	/ xome to London; June 9 - London to
	MIN	C ADVANCES FOR OFFICIAL TRAVEL C
. I	TINERARYIS, Rome, London, Bonn.	Berlin odwod Ewa zapowine levert dae ?
	TINERARYIS, Rome, London, Bonn,	(List all cities where stopover occurs.)
. D	DEPARTURE:	Advances will not be provided to anyone advance. : NRUTAR
D	to White House Administrated Office ! sho	Advance S80 531 recording hours actice extent in energencies.
T	intepprox. 10:30 a.m.	Tihe 30 p.m.
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c. MAILING ADDRESS (Inc	clude ZIP Code)			d. 01	FFICE TELEPHONE NO.	7. TRAVEL			
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e. PRESENT DUTY STATIO	ON		CE (City and S			1 00 1			
The White	House		Dexter			10. CHECK	NO.		
A TRAVEL ABVANCE			ngton,		•	aa DAID	DV.		
8. TRAVEL ADVANCE a. Outstanding	T	a. DATE RE	CELVED		MOUNT RECEIVED	11. PAID	ВТ		
b. Amount to be applied		a. DATE HE	CEIVED	\$	MOONT RECEIVED				
c. Amount due Government		c. PAYEE'S	SIGNATURE						
(Attached: Check C	Cash)								
D. Balance outstanding		N.							
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REQUESTS, OR TRANSPORTATION	portation charges describ	MODE.	nased under ca	ish pay	ment procedures (FPMR 1	01-7)			
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(List by number below) VA	LUATION RIER	SERVICE AND ACCOM-	ISSUED		FROM		то		
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side.)	187	107	107		167		17.	<u></u>	
GOVERNMENT AIR									
13. I certify that this youcher is	true and correct to the b	est of my know	vledge and beli	ef, and	that payment or credit ha	s not been			
received by me. When applic	acie, per dieta diaymed is	DIII	verage cost of						
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NOTE: Falsification of an item in	n an expense account wo			I.S.C. 2	2514) and may result in a f			911	
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OFFICIAL SIGN HERE					amount) ————		(id 7-	15-8
15. LAST PRECEDING VOUCHE	R PAID UNDER SAME	TRAVEL AUT	HORIZATION	V t	o. TOTAL VERIFIED CO	RRECT FOR	, , ,		
a. VOUCHER NO.	b. D.O. SYMBOL		c. MONTH & YEAR		CHARGE TO APPROP	RIATION		(20)	
16. THIS VOUCHER IS CERTIF	ELED CORDECT AND O	DODE D FOR D			Certifier's initials:	CLU	\$	(38)	28
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CERTIFYING OFFICIAL	, ,		DATE	- 1			\$		
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18. ACCOUNTING CLASSIFICA	ATION								W
obj. 02. 43	38,28								

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 parformance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil,	ocompliance with the Privacy Act of 1974, the following in ded: Solicitation of the information on this form is authohap. 57 as implemented by the Federal Travel Regulation O. 11609 of July 22, 1971, E.O. 11012 of March 27, 190. O. 11609 of July 20, 1975.	If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.		perdiem for 3/a days		1-10 final & harrier	hotel room s tax	May 28 a.m. Washington, UC	ST Santa Barbar	May 25 PST Santa Barbara	25p	May 25pm PST Los Angeles	ა —	0 0 0	DATE TIME DESCRIPTION		SCHEDULE Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show
reimbursement to sxpenses incurred ord and maintain formation will be information in the y be disclosed to relevant to civil,	rized by 5 U.S.C. s (FPMR 101-7), 62, E.O. 9397 of primary purpose	1012-A BACK. leavi		 a) shap				 		-	<u> </u>	-	 	BREAK: LUNCH		actual (i) expense (m) travel (n)	Com- Col. (d) plete thru (g) only (h)
Revenue Code (26 to 1943, for use as a tax is MANDATORY or expense reimbursem your SSN and other however, fallure to support the claim magnetic support su	criminal, or regulato requirement by this employee, the issuar formance of official Account Number (S	ng the front blank.		0.50 less	-							-		DINNER TOTAL	ITEMIZED SUBSI		Show amount incurred for each me meal cost. Show expenses, such as: laundry, cl porters, etc. (other than for meals).
Revenue Code (26 U.S.C. 6011(b) and billyl and c.C. 939/, 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			 incipientals b	- 1			 						LANEOUS LODGING SUBSIS- TENCE (h) (i)	ITEMIZED SUBSISTENCE EXPENSES	Complete for per diem and actual expense travel. Show total subsistence expense incurred for actual expense travel. 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. 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.	eaning
(by) and E.O. 9397, November 22, November 22, Petravel and/or relocation allowance be, taxable income. Disclosure of is voluntary in all other instances; ion (other than SSN) required to so of reimbursement.	icutions, or when pursuant to a virth the hiring or firing of an execution of the perce, or investigations of the percent service. Your Social Security the authority of the Internal	TOTALS ▶	SUBTOTALS >	 or Hold on R	3			-	-					TOTAL SUBSISTENCE EXPENSE	R.	vel. ctual expense travel. rate, or if travel on act mum rate. air fare (if purchased v business, car rental, rel	and pressing of clothes, tips to bellboys,
The state of the s	-	LS ▼	S	med bill)										NO. OF MILES	RATE:	ual expense, show with cash), local or location other than	ps to bellboys,
TOTAL AMOUNT CLAIMED CTANDARD FORM 1012 BACK (10-77)	Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.	51790		- 0	30 0	42/22	437/40	 				-+-		MILEAGE SUBSISTENCE OTHER	AMOUNT CLAIMED		sheet. TRAVEL AUTHORIZATION NO.

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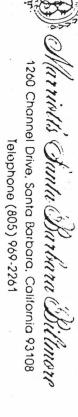
TOLL FREE RESERVATIONS CALL 800-228-9290

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

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THE WHITE HOUSE

5/24/82 to 6/02/82

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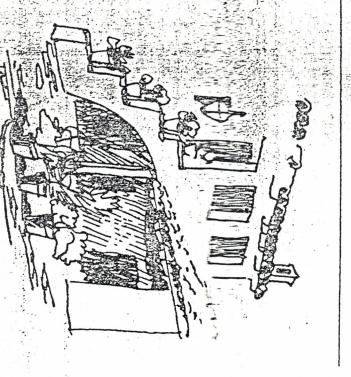
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Thank you for allowing us to some you would should be say we appreciate your patronage and trust that we will have the opportunity of secing you frequently.

Marriotts Santa Barbara

Jour Comments and Suggestions Are
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WASHINGTON, D. C.

Check No. 94,220,519 SYMBOL 3004

United States Treasury 15-51

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ORDER OF MICHAEL K DEAVER

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	Helicopter - M	larine	e I				Washington,	D.C	and return
TRA	I certify that this voucher is received by me. When applie this voucher. AVELER MICHAE N HERE MICHAE TE: Falsification of an item is than \$10,000 or impriso	L K.	DEAVER	based on the average of the second of the se	verage cost of I	odging	DATE May 15, 19	od covere	NT S
	This voucher is approved. L necessary in the interest of t are included, the approving head of the department or a	the Govern <i>official mu</i>	nment. (NOTE: ust have been au	If long distance othorized in wri S.C. 680a).)	telephone cal	's	DIFFER-ENCES, IF ANY (Explain		\$
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in Compliance with the vided: Solf-itation of Chap. 57 as impleme E.O. 11609 of July 2 November 22, 1943, of the requested infoeligible individuals to costs of such reimbursed by officers and performance of their appropriate Federal,	ii additional space i	If additional annual					p.m.	p.m. 7:00	" Lv 5:57	" Arr.	May 14 8:35	(a) am/pm/	19 (Hour	BATE	CLAIMED	AMOUNTS	AND	CYPTAIGN	SCHEDULE
In Compliance with the Privacy Act of 1974, the following information is provided: Solf'station 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,	in auditional space is required, continue on another SF 1012-A BACK. leaving the front blank.					Hw per dum		White House, Wash.	Dep Philadelphia, PA	Landenberg, PA	White House Wash, D.C.	Dep. (c)	(Departure/arrival city, per diem computation, or other explanations	DESCRIPTION	of children (unless information is shown on the travel authorization.)	and relationship to employee and marital status	members' names, ages,	members of employee's	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory) Col. (c) If the voucher includes per diem allowances for plete thru (g) meal cost.
ormation is proceed by 5 U.S. (FPMR 101; 2), E.O. 9397; E.O. 9397 orimary purpor imburses incurred and maintad and	112-A BACK.		 		ļ - -	 (Have		D¢-				FAST LU				expense	for actual		Com-
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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 £.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.	e front blank.					the colo	_					DINNER TOTAL	S	ITEMIZED SUBSISTENCE EXPENSES	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 the lesser of the amount from col. (i) or maximum rate.	porters, etc. (other than for meals). Complete for per diem and actual expense travel	Show expenses, such as: laundry, cleaning	items are self-explanatory) Col. (d) \ Show amount incurred for each meal, including tax and tips, and daily total thru (g) \ meal cost.
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secutions, or when pursuant to a with the hiring or firing of an nnce, or investigations of the persent service. Your Social Security or the authority of the Internal 99) and E.O. 9397, November 22, eidentification number; disclosure avel and/or relocation allowance is voluntary in all other instances; on (other than SSN) required to of reimbursement.	101	SUBTOTALS >	 			 in day						SUBSISTENCE EXPENSE (j)	TOTAL		fare (if purchase siness, car rental	e, or if travel on		and pressing of clothes, tips to bellboys,	tax and tips , and
when pursuant to a tring or firing of an stigations of the per- Your Social Security of the Internal 9397, November 22, an number; disclosure relocation allowance come. Disclosure of in all other instances; an SSN) required to ment.	TOTALS >	ALS >										MILES	c	MILEAGE RATE:	ed with cash) , relocation o	l. actual expen		s, tips to bell	daily total
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in item 13 on			 				-		-			(m)		AMOUNT CLAIMED	TRAVELER'S LAST DEAVER		TRAVEL AUTHORIZATION NO.	sheet.	s,
the front of									-			(n)	_		ST NAME		RIZATION NO.	PAGES	PAGE 1

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 1445

(TF	RAVELER TO COMPLETE SECTIONS 1-8.) Date of Request
1.	THIS APPROVAL IS SUBJECT TO ALL
	Name: MICHAEL K. DEAVER WALL 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
	1. ADVANCES FOR OFFICIAL TRAVEL ONLY
3.	ITINERARY Depart Washington enrouse Philadelphia and return. (List all cities where stopover occurs.)
	(.sruppo revotors seem self) Advances will not be provided to anyone with an outstanding unaccounted-for
4.	DEPARTURE: RETURN: RETURN:
	Date: 91 May 14 1982 sould still the House S
	Time: 7:00 p.m.
	Mode: US Gov't Helicopter Mode: US Gov't Helicopter
5.	NATURE: negation of 100% Official of acceleration of the second of the s
6.	voucher, within 15 days after return, will be repaid by a deduction from the Staff member's salary.
	Traveler:(I have read and agree to the terms set forth on the reverse side)
	MICHAEL K. DEAVER (I have read and agree to the terms set forth-on the reverse side)
	Approving Officer VIIS TO 1200 STITUS SITE (System is no 2100 Isombod) (Special Assistant to the President for Administration)
7.	government-issued tickets that end being used for unofficial travel will be considered a persona: SZZOZOZI reated accordingly. : SZZOZ GZZAMITZZ
	No. of Days Per Diem Registration Fee of \$
	Hotel Name Commercial Car Rental
	Hotel Daily Rate \$ 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 \$

	• •		NT OR F	STABLISHMEN	Т,		E OF TRAVEL	3. VOUC	HEB NO	0, 12LIN	1015
TI	RAVEL VOUCHER	BUREAU D	IVISION	OR OFFICE			MPORARY DUTY	4. SCHEE	94 10	178-	
**	(Read the Privacy Act Statement on the back)					LJ OF	RMANENT CHANGE STATION	6. PERIO			
	a. NAME (Last, first, mic	Idle initial)				-	IAL SECURITY NO.	a. FROM	T	h TO	
EE)	DEAVER, M	ICHAEL K.					-333-1548	May	0	May 10, ORIZATION	_1982 _
A	c. MAILING ADDRESS	(Include ZIP Code)				d. OFF	ICE TELEPHONE NO.	a. NUMB		b. DATE(S)	
ELER (P	The White Washingto	House	20500)		456	5-6475	01			
TRAVEL	e. PRESENT DUTY STA			f. RESIDENCE	(City and S	tate)		1.000			
TA	The White			Washir	igton,	D.C	eet, N.W. 20007	10. CHE	August 1		_
8.	TRAVEL ADVANCE		18 81	9. CASH PAY		IPT	OUNT RECEIVED	┤''' '^'			
_	Outstanding			a. DATE RECE	EIVED	b. AM	JUNI RECEIVED				
b.	Amount to be applied		<u> </u>		CALATURE						
c.	Amount due Government (Attached: Check	Cash)	<u> </u>	c. PAYEE'S SI	IGNATURE						
	Balance outstanding	And the state of		O	I may have a	gainst ar	ny parties in connection ment procedures (FPMF	with reimb	ursable	Traveler's Ini	itials
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	coupon; if cash is used show claim on reverse	(a)	(b)	(c)	(d)		(e)			(f)	
_	side.)	107									
	Government A	ir					Andrews AFE			ago, IL	
							Paid	Clas	8.3 Oth	13,863,	2
	13. I certify that this you			have of my know	wledge and b	elief, an	d that payment or cred	t has not be	een	May Tox 1.	
	this voucher.	cher is true and cor applicable, per die	m claimed	is based on the	average cost		IDAMES 11, 1			6 67	123
/	TRAVELER NO	mu	NV		(-1-: (0.1100	2514) and may result i	n a fine of i	not more	1	
	NOTE: Falsification of an	item in an expense aprisonment for no	account to	works a forfeiture an 5 years or bot	th (18 U.S.C	. 287; i.a	1. 1001).			H MADE I	
	14. This voucher is appro	ved. Long distance	telephone	e calls, if any, are	certified as	calls	17. FOR FINANCE	OFFICE US UTATION	LLET	\$ 58	44
	necessary in the inter are included, the app head of the departme						a. DIFFER- ENCES, IF ANY (Explain				+
	APPROVING OFFICIAL SIGN HERE				DATE		and show amount)	- 400005	T FOR		+
	15. LAST PRECEDING V	b. D.O. S	MBOL	ME TRAVEL AL	c. MONT	H &	b. TOTAL VERIFIE CHARGE TO APP	PROPRIAT	ION	\$ 8	157
	16. THIS VOUCHER IS	CERTIFIED COR	RECT AN	D PROPER FOR	PAYMENT		c. APPLIED TO TR (Appropriation sy	AVEL ADV	ANCE	\$	1
	AUTHORIZED CERTIFYING OFFICIAL SIGN HERE	alle			DATE		d. NE T	TO TRA	VELER)	\$ 8	75/
	18. ACCOUNTING CLA	SSIFICATION My	24	\$8.57						1010 (25)	777)

in compliance with vided: Solicitation of Chap. 57 as implemented of July November 22, 1943 of the requested in eligible individuals under, appropriate costs of such reintused by officers an appropriate Federal	If additional space							ĖD	Arr 6:15	Dep 5:00	Arr 8:35	Dep 8:00 May 10 EDT	(a) am/pm)	1982 (Hour	DATE TIME	CLAIMED	AND	EXPENSES	SCHEDULE	
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 elligible 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 parformance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign asencles, when relevant to civil	If additional space is required, continue on another SF 1012-A BACK. leaving the front blank					hatel	Dedien 1/2 doep		Andrews AF Base		E	Andrews AF Base		(Departure/arrival city, per diem computation, or other explanations	DESCRIPTION	ployee and marital status of children (unless information is shown on the travel authorization.)	members' names, ages, and relationship to em-	members of employee's immediate family, show	Col. (c) If the voucher includes per diem allowances for	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)
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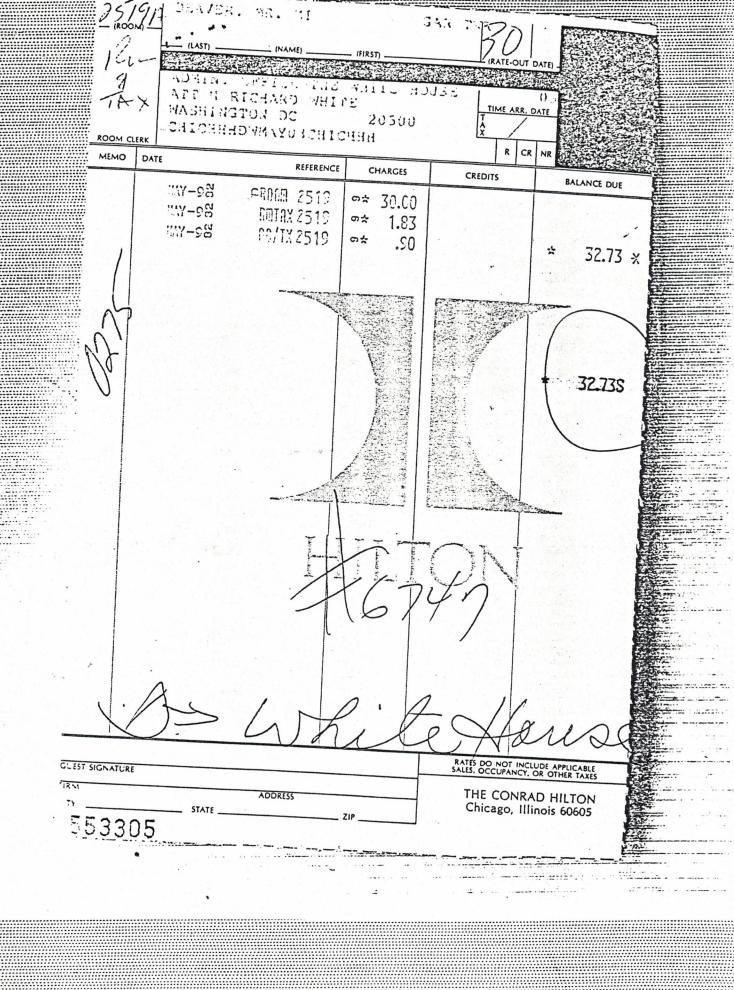
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THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

No. 0107

AVELER TO COMPLETE	SECTIONS 1-8.)	Date of Request	May 5, 1982
TRAVELER Name: MICHAEL	ADMINISTRATIVE P	White House S	AS WELL
Extension: 6475	Room: West W	Other	
PURPOSE(S) and DATE(S	S): Nay 10, 1982	Presidenti	al Trip
	ATMO	FOR OFFICIAL TRAVEL	I. ADVANCES
ITINERARYCh	icago, Illinois	behivering and tog Hiw 290 gsv ist all cities where stopover occurs.)	Cash travel ad
DEPARTURE:		not be provided to anyon:	auvance.
Date: Nay 10, 15	re to White House Ad \$80	ysik requisitable hours notice.	10,21982 A
Time: 8:00 a.m.		Time:	rex. 6:30 p.m.
Mode: Governmen	LARY AFTER TIAAT	Mode: 19 Gove	ernment/Air
NATURE: negge na vd l	100% Official	agen 🗆 100% Political weem	
from the Staff	be repaid by a deduction	1 15 days after return, will	voucher, within member's salar
MICHAEL I	(I have read and	I hos.	Ill Vocus Di
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	Government				- 3.5. v		Washington,	DC	Knoxy	/ille,	TN
	Air						Knoxville,	TN	Washi	ington,	DC
13	. I certify that this vouc	ther is true and corr applicable, per dier	ect to the l n claimed i	best of my know s based on the a	wledge and bel average cost of	ief, and Iodging	that payment or credit h incurred during the peri	od cover	ed by		1
SI	this voucher. RAVELER MICHAI	MULLELA	VER	-		1	DATE	AMOU CLAIM	NT IED	\$ 110	85
	than \$10,000 or in	prisonment for no	t more than	5 years or bot	h (18 U.S.C. 2	87; i.d.	1001).				
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		INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)	3 (Unlist	ed items a	are self-e.	xplanatory	,				2. 6	information	PAGE	
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	USES	members of employee's immediate family, show	for	111 13	,	etc. (other	show expenses, such as than for meals) conters, etc. (other than for meals) complete for per diem and actual of	now expenses, such as reading your propriets, etc. (other than dor meals).	vel.			TRAVEL AUTHORIZATION NO	HORIZATIO	ON NO.
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DATE	TIME	travel authorization.) DESCRIPTION			ITEM	IIZED SUBS	ITEMIZED SUBSISTENCE EXPENSES	XPENSES		MILEAGE	AMO	AMOUNT CLAIMED	(ED	
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In complivided: So Chap. 57 E.O. 1160	ance with the licitation of as implemed of July	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	formation ized by 5 s (FPMR 52, E.O. 9	is pro- i U.S.C. 101-7), 1397 of	requirer employe formanc	, or regulat nent by thi se, the issua	is agency in ance of a second in the column is according to the column in the column is according to the column in the column is according to the column is	connection variety clearance in Government clearance in Government clearance in Government clearance contraction contractions contractin contractions contractions contractions contractions contraction	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 Access to the Internal control of the Internal	firing of an firing of an so of the per-	Enter grand (n), below all this form.	Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.	nns (I), (m) on the fron	(m) and front of
of the re eligible ir under api	quested inf quested inf idividuals f propriate a	November 27, 1943, and 20 0.5 official and another in primary purpose of the requested information is to determine payment to reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain	eimburser xpenses ii rd and m	ment to ncurred	Revenue 1943, fc is MAN	S Code (26 or use as a ta DATORY (U.S.C. 6011 ix payer and/ on vouchers	(b) and 6109) or employee ic claiming trave	and E.O. 9397, Nentification number and/or relocation	November 22, per; disclosure on allowance	TOTAL		6	
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appropriate Federal, Stato, local, or foreign agencies, when relevant to civil,

employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security formance 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. 6011tb) and 6109) and 6.0 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 the performance of the formation of the than SSN) required to CLAIMED CLAIMED

STANDARD FORM 1012 BACK (10-77)

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

No. 1440

1. TRAVELER Name: MICHAEL K. DEAVER	(TR	AVELER TO COMPLETE SECTIONS 1-8.) Date of Request April 29, 1982
Name: MICHAEL K. DEAVER Extension: 6475 Room: Other 2. PURPOSE(S) and DATE(S): To accompany the President to Knoxville for the opening of the World's Fair on Saturday, Hay 1, 1982 3. ITINERARY Knoxville and Huntsville, Tennessee (List all cities where suppose occurs.) 4. DEPARTURE: Date: May 1, 1982 Time: 9:30 A.M. Mode: Air Force I (Government Air) NATURE: Traveler: (I loow Official and bundant agree to the terms set forth on the reverse side) (I have read and agree to the terms set forth on the reverse side) (I have read and agree to the terms set forth on the reverse side) 7. ESTIMATED COSTS: No. of Days Per Diem Read (Saturday) Hotel Name Registration Fee of S Hotel Name Registration Fee of S SPECIAL EXPENSES: Other Registration Fee of S Signature of Recipient: Date: REPAID: Amount Date Schedule Balance this trip 9. FOR TRANSPORTATION OFFICE USE ONLY: GTR No. Amount S	1.	TRAVELED.
Extension: 6475 Room: Other 2. PURPOSE(S) and DATE(S): To accompany the President to Knoxville for the opening of the World's Fair on Saturday, May 1, 1982 3. ITINERARY Knoxville and Huntsville, Tennessee (List all cities where suppose occurs.) 4. DEPARTURE: RETURN: Date: May 2, 1982 Date: Part		MICHAEL & H. DEAVENA SAMA E TRANSMIN A TRANS
2. PURPOSE(S) and DATE(S): To accompany the President to Knoxville for the opening of the World's Fair on Saturday, May 1, 1982 3. ITINERARY Knoxville and Huntsville, Tennessee (List all cities where stopover occurs.) 4. DEPARTURE: RETURN: May 2, 1982 Date: May 1, 1982 Date: 9:30 A.M. Time: 2:30 P.M. Mode: Air Force I (Government Air) Mode: Air Force I (Government Air) 5. NATURE: (I have read and agree to the terms set forth on the reverse side) Department Head 10 Department Head 10 Department Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Head 10 Department Head 10 Department Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Head 10 Department Head 10 Department Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Head 10 Department Head 10 Department Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Head 10 Department Head 10 Department Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Head 10 Department Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to the terms set forth on the reverse side) Pepartment Air (Special Assistant to the President for Administration) Pepartment Air (Special Assistant to the President for Administration) Traveler: (I have read and agree to		AS WELL AS THE FOLLOWING ADMINISTRATIVE POLICIES
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