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**Collection: Deaver, Michael**  
**Folder Title: Travel Vouchers 1981-1983 (11)**  
**Box: 59**

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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 (11)

**FOIA**

F97-0066/19

**Box Number** 61

COHEN, D

170

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	2/14/1982	B6
3	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	2/22/1982	B6
4	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	1/6/1982	B6
5	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	12/2/1981	B6
6	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	11/16/1981	B6
7	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	10/21/1981	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.



EUROPE - SUK

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 1023-200558, Dated February 11, 1982

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

ITINERARY:

Travel from Washington, D.C. on or about 14 February 1982  
to London, England; Paris, France; Rome, Italy; Brussels,  
Belgium and to other such places at such times as  
necessary to complete the mission and return to  
Washington, D.C. on or about 20 February 1982.

PURPOSE:

Pre Advance for President Reagan's visit to Europe.

AUTHORIZATIONS:

Use of military aircraft when applicable.

Economy travel on commercial airlines.

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

Use of taxicabs for official business.

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization</u>	<u>Object</u>	<u>Amount</u>
1920113	1023	200558	2000	2152	\$7,000.00

Travel Requested by:

Funds Available:

Authorizing Officer

Thomas M. Tracy  
Asst. Sec. for  
Administration

Charles Maguire  
Chief Budget  
Officer A/EX

Thomas M. Tracy  
Asst. Sec. for  
Administration

# WITHDRAWAL SHEET

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<i>DOC Document Type</i>	<i>No of</i>	<i>Doc Date</i>	<i>Restric-</i>
<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
1 LIST RE NAMES AND SOCIAL SECURITY NUMBERS	1	ND	B6

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*pages tions*

*NO Document Description*

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2 FORM

1 2/14/1982 B6

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

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12. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)

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

PRESERVATION COPY

Dates 1982 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
2/14	8:00a	depart AAFB via MAC	1/2	23.00	5.75	
	7:50p	arrive London, England	1/2	6.00	3.00	
2/15	5:10p	depart London via MAC	3/4	54.00	40.50	
	7:10p	arrive Paris, France				
2/16	6:15p	depart Paris via MAC	1	48.00	48.00	
	8:05p	arrive Rome, Italy				
2/18	9:00a	depart Rome via MAC	1 3/4	42.50	74.38	
	11:15a	arrive Brussels, Belgium				
2/20	10:30a	depart Brussels via MAC	2	46.50	93.00	
	11:10a	arrive Shannon				
	12:10p	depart Shannon				
	2:10p	arrive AAFB	1/2	6.00	1.50	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						266.13

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.

2/17/82

Mr. Michael Deane paid  
\$20.00 dollars - for dinner 2/16/82

Bill L. Sittmann

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 1447

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request February 11, 1982

1. TRAVELER

Name: MICHAEL K. DEAYER  White House Staff  
Extension: 6475 Room: West Wing  Other

2. PURPOSE(S) and DATE(S): European Survey Trip - February 14 thru 20, 1982

3. ITINERARY London, England, Paris, France, Rome, Italy, Brussels, Belgium  
(List all cities where stopover occurs.)  
& Shannon

4. DEPARTURE: RETURN:  
Date: February 14, 1982 Date: February 20, 1982  
Time: 8:00 a.m. Time: 10:40 p.m.  
Mode: Government Air Mode: Government Air

5. NATURE:  100% Official  100% Political

6. SIGNATURES:  
Traveler: [Signature]  
MICHAEL K. DEAYER (I have read and agree to the terms set forth on the reverse side)

[Signature] 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 \$ \_\_\_\_\_



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3 FORM

1 2/22/1982 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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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.

**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.

Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

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

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

Col. (h) 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. (i) Show expenses, such as: tax/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

PAGE OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE	TIME	DESCRIPTION	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)		NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
B. 8	2:55PM	From Andrews AFB to Minneapolis, Minn.; Des Moines, Iowa; Indianapolis, Ind.															
B. 9	5:10 PM	Arrive Andrews AFB															
		<i>Des Moines 11/4 days (also incidental charge \$5.40 Minn.) Hotel</i>															
<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** *92.47*

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 1431

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request Feb 6, 1982

1. TRAVELER

Name: MICHAEL K. DEEVER  White House Staff

Extension: 6475 Room: West Wing  Other

2. PURPOSE(S) and DATE(S): Presidential Trip Feb 8 - 9, 1982

3. ITINERARY Minneapolis, Des Moines, Indianapolis  
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:  
Date: Feb. 8, 1982 Date: Feb. 9, 1982  
Time: 2:55 PM Time: 5:10 PM  
Mode: Government Air Mode: \_\_\_\_\_

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: [Signature] (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 \$ \_\_\_\_\_

12/1 Denver, Michael MR. 2/8  
 MS. RATE SEG. C/O AR. C/O GTD./TA  
 SPECIAL INSTRUCTIONS  
 STAFF  
 ARV.  
 CLERK  
 1 1 358 1  
 SGL. DBL. 2 BED PLR. SUITE RMS. PRS. RATE PER DAY CODE  
 MADE BY list ce2/6 PHONE

NO.	MEMO	DESCRIPTION	CHARGE/CREDIT	BALANCE
1				
2				
3		A ROOM		59.00
4		RTAX		2.95
5		MOVIE		5.40
6		STAX		1.77
7		TG470A02/08B99 707 68		69.12
8				
9				
10				
11				
12		% PRBAL	68	69.12
13		% TRNCR		69.12
14		%G789A02/09BA 707 27		.00
15				
16				
17				
18				
19				
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28				
29				
30				

**SIGN TO MASTER**

BILLING SIG.	 <p>DES MOINES MARRIOTT HOTEL          700 GRAND AVENUE          DES MOINES, IOWA 50309          (515) 245-5500</p>
BILLING ADDRESS	
STREET	
CITY STATE ZIP	
ATTENTION	

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4 FORM

1

1/6/1982

B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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). Complete for per diem and actual expense travel.

(i) Show total subsistence expense incurred for actual expense travel.

(j) 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.

(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.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE CLAIMED								
			MEALS:			MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE:	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)					
			BREAKFAST (d)	LUNCH (e)	DINNER (f)									TOTAL (g)				
2/27/81	11:00 A.M.	Departing for LAX																
2/27/81	2:30 AM	Arrive LAX																
1/2/82	10:00	Depart Tahoe for Palm Springs, Calif.																
1/2/82	11:00	Arrive Palm Springs																
1/3/82	NOON	Depart Palm Springs																
1/3/82	7:30	Arrive Wash. D.C.																
		Per Diem 134 Days Hotel													40.25			
															214.00			
SUBTOTALS																		
TOTALS																		

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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 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 254.25

# THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

DATE December 23, 1981

TRAVELER'S NAME MICHAEL K. DEEVER

EXTENSION 6475

Room No. West Wing

WHITE HOUSE STAFF  OTHER \_\_\_\_\_

2. ITINERARY Washington, D.C. to California and return

3. DEPARTURE DATE 12/27/81 RETURN DATE 1/4/82

TIME 11:00 AM TIME 8:30 PM

MODE OF TRANSPORTATION Air Force #1 MODE OF TRANSPORTATION Air Force #1

4. IS GOVERNMENT-ISSUED TICKET BEING REQUESTED? YES  NO

5. PURPOSE(S), EVENT(S), DATE(S) Presidential visit

6. NATURE: 100% OFFICIAL  100% POLITICAL  MIXED OFFICIAL/POLITICAL

7. TRAVEL ADVANCE REQUESTED \$ None

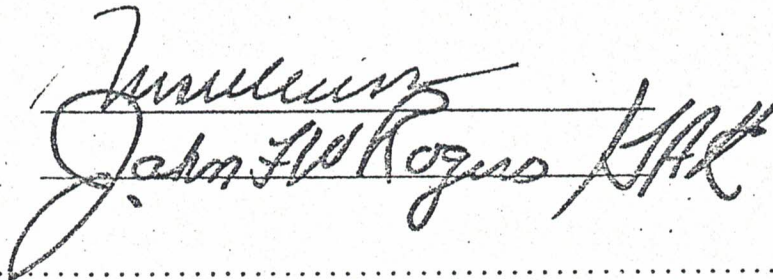
8. TRAVELER'S SIGNATURE: \_\_\_\_\_

(I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE)

9. APPROVALS

DEPT. HEAD/DEPUTY

APPROVING OFFICER



FOR ACCOUNTING USE ONLY:

ESTIMATED COST:

- TRANSPORTATION \_\_\_\_\_
- PER DIEM \_\_\_\_\_
- OTHER \_\_\_\_\_

2/79 TA 9070  
code 103  
cost 210





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THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 1052

(TRAVELER TO COMPLETE SECTIONS 1-8.)

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

1. TRAVELER

Name: MICHAEL DEEVER  White House Staff  
Extension: 6475 Room: \_\_\_\_\_  Other \_\_\_\_\_

2. PURPOSE(S) and DATE(S): CALIF. TRIP WITH PRESIDENT

3. ITINERARY NOV. 23-30 Wash. D.C. to Santa Barbara; Nov. 30 return  
via Cincinnati (List all cities where stopover occurs.)

4. DEPARTURE: RETURN:  
Date: 11-23 Date: 11-30  
Time: 5:30 pm Time: 8:45 pm  
Mode: \_\_\_\_\_ Mode: \_\_\_\_\_

5. NATURE:  100% Official  100% Political

6. SIGNATURES:  
Traveler: [Signature] (I have read and agree to the terms set forth on the reverse side.)  
Department Head: \_\_\_\_\_  
Approving Officer: [Signature] (Special Assistant to the President for Administration)

7. ESTIMATED COSTS: SPECIAL EXPENSES:  
No. of Days Per Diem \_\_\_\_\_  Registration Fee of \$ \_\_\_\_\_  
Hotel Name Sheraton SB  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

Cost: \$685

(8/13/81)

CITY & STATE

W.H. Staff

SPECIAL INSTRUCTIONS

W.H.  
Room/tax

010991

ADVANCE DEPOSIT

- 1
- 2
- 3
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- 34

NOV 21	PREV BAL		89.04
NOV 22	ROOM CHG	84.00	
NOV 22	TAX	5.04	
C#5801	ROOM 235		89.04
NOV 22	PREV BAL		89.04
NOV 23	ROOM CHG	84.00	
NOV 23	TAX	5.04	
C#5807	ROOM 235-1		178.08
NOV 24	PREV BAL		178.08
NOV 24	ROOM CHG	84.00	
NOV 24	TAX	5.04	
C#6389	ROOM 235-1		267.12
NOV 25	PREV BAL		267.12
NOV 25	ROOM CHG	84.00	
NOV 25	TAX	5.04	
C#6827	ROOM 235-1		356.16
NOV 26	PREV BAL		356.16
NOV 26	ROOM CHG	84.00	
NOV 26	TAX	5.04	
C#7194	ROOM 235-1		445.20
NOV 27	PREV BAL		445.20
NOV 27	ROOM CHG	84.00	
NOV 27	TAX	5.04	
C#8107	ROOM 235-1		534.24
NOV 28	PREV BAL		534.24
NOV 28	ROOM CHG	84.00	
NOV 28	TAX	5.04	
C#8009	ROOM 235-1		623.28
NOV 29	PREV BAL		623.28
NOV 29	ROOM CHG	84.00	
NOV 29	TAX	5.04	
C#8407	ROOM 235-1		712.32

NOV 30 DIRECT B 712.32  
 NOV 30 PREV BAL 712.32  
 //SEE FOLIO REF # 0991//

PAY LAST AMOUNTS SHOWN IN THIS COLUMN  
 //SEE FOLIO REF # 0991//

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated persons, company or association fails to pay for any part or the full amount of these charges.

SIGNATURE \_\_\_\_\_

CHARGE TO \_\_\_\_\_

ROOM NO.	RATE	# PERSONS
235	\$84	

010991

THE SHERATON SANTA BARBARA IS OWNED BY SANTA BARBARA FOOD & BEVERAGE CO. AND OPERATED UNDER A LICENSE ISSUED BY SHERATON INNS INC.

ROOM	Deaver, M.	RATE	DATE IN	OUT
ADDRESS	NAME			

**Sheraton **  
**Santa Barbara**  
**Hotel & Spa**

CITY & STATE \_\_\_\_\_


SPECIAL INSTRUCTIONS

Incidentals

ADVANCE DEPOSIT

1		NOV 22	PREV BAL		.00
2		NOV 22	AUTHORIZE CHARGE		
3		C#5602	ROOM 235-2		.00
4		NOV 24	PREV BAL		.00
5		NOV 24	LOCAL PH	.25	
6		#6135	ROOM 235-2		.25
7		NOV 25	PREV BAL		.25
8		NOV 25	LOCAL PH	.25	
9		#6507	ROOM 235-2		.50
10		NOV 29	PREV BAL		.50
11		NOV 29	REF #. 6479		
12		NOV 29	SEVILLE	55.60	
13		C#8352	ROOM 235-2		56.10
14		NOV 30	PREV BAL		56.10
15		NOV 30	DIRECT B	56.10-	
16		////////////////CHECKOUT////////////////			
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34					

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated persons, company or association fails to pay for any part or the full amount of these charges.

PAY LAST AMOUNT SHOWN IN THIS COLUMN 

SIGNATURE \_\_\_\_\_

ROOM NO.	RATE	# PERSONS

CHARGE TO \_\_\_\_\_

010991

TREASURY  
FISCAL SERVICE  
DIVISION OF  
DISBURSEMENT

WASHINGTON, D. C.

Check No. 89,831,355

SYMBOL 3004

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

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



PAY TO THE

ORDER OF

MICHAEL K DEEVER

MONTH	DA	YR
01	20	82

11010001

DOLLARS	CTS.
***110	65

WHITE HOUSE

0106WH

1052

*Henry M. Cade*  
REGIONAL DISBURSING OFFICER

⑈ 3004 1 ⑈

⑆000000518⑆ 898313559⑈

# WITHDRAWAL SHEET

Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

*Withdrawer*

KDB 8/29/2011

*File Folder*

TRAVEL VOUCHERS 1981-1983 (11)

*FOIA*

F97-0066/19  
COHEN, D

*Box Number*

61

170

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*DOC Document Type*

*NO Document Description*

*No of Doc Date Restric-*  
*pages tions*

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6 FORM

1 11/16/1981 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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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.





# THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION

DATE November 10, 1981

TRAVELER'S NAME MICHAEL K. DEEVER

EXTENSION 6475

Room No. 1st Floor West Wing

WHITE HOUSE STAFF

OTHER \_\_\_\_\_

2. ITINERARY Houston and San Antonio, TX

3. DEPARTURE DATE Nov. 13, 1981

RETURN DATE Nov. 15, 1981

TIME 3:55 PM

TIME 7:05 PM EST

MODE OF TRANSPORTATION AF One

MODE OF TRANSPORTATION \_\_\_\_\_

4. IS GOVERNMENT-ISSUED TICKET BEING REQUESTED? YES  NO

5. PURPOSE(S), EVENT(S), DATE(S) Presidential Visit

6. NATURE: 100% OFFICIAL  100% POLITICAL  MIXED OFFICIAL/POLITICAL

7. TRAVEL ADVANCE REQUESTED \$ \_\_\_\_\_

8. TRAVELER'S SIGNATURE: *Michael K. Deever*

(I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE)

## 9. APPROVALS

DEPT. HEAD/DEPUTY

APPROVING OFFICER

*John F. W. Rogan / JFR*

.....  
FOR ACCOUNTING USE ONLY:

ESTIMATED COST:

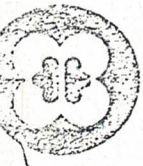
•TRANSPORTATION \_\_\_\_\_

•PER DIEM \_\_\_\_\_

•OTHER \_\_\_\_\_

2/79  
TA 9069  
code 103  
cost \$200

1200 LOUISIANA STREET  
HOUSTON, TEXAS 77002  
(713) 664-1234



CLERK SEQ. DATE TWA  
PERSONS NIGHTS FOLIO NO.  
1 2 341676

NAME AND ADDRESS  
LEAVEL, MICHAEL  
P.O. BOX 20500  
DALLAS, TEXAS 75220

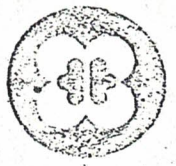
ROOM NO. RATE  
833 73.00  
WHITE  
NOV 13 11 WEDNESDAY

GROUP NAME  
NO. TYPE R. TX ONLY / RESERVATIONS

DEPARTMENT / CLERK	CHARGE	CREDIT	BALANCE	POSTING	EXPLANATION
	NO CHARGE		90.30	BALANCE	
			90.30	NOV 14 81	SAF 09:17 AM
			90.30		

NOV 13 81  
CASH BAL  
TOTAL DUE

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES. I AGREE TO PAY 1/2% PER MONTH SERVICE CHARGE FOR ALL CHARGES NOT PAID WITHIN 30 DAYS UPON RECEIPT OF THE STATEMENT.



TREASURY  
FISCAL SERVICE  
DIVISION OF  
DISBURSEMENT

WASHINGTON, D. C.

Check No. 40,773,592  
SYMBOL 3004

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



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

PAY TO THE  
ORDER OF MICHAEL K DEEVER

MONTH	DAY	YEAR
02	04	82

11010001

DOLLARS	CTS.
*****92	00

WHITE HOUSE  
0134WH

9069/9070

Henry M. Cade  
REGULATORY DISBURSING OFFICER

3004

0000005181 407735922

92.00 Coress

Nov 13 Houston 51.75  
Dec 27 Palm Springs 40.25



United States Department of State

Assistant Secretary of State  
for Administration

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 1023-200548, Dated October 19, 1981

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

ITINERARY: Travel from Washington, D.C. to Cancun, Mexico on October  
21, 1981 and return to Washington, D.C. on October 24,  
1981.

PURPOSE: Support of Presidential Visit.

AUTHORIZATIONS: Applicable per diem will be reduced 50% when there are no  
lodging expenses.

Use of military aircraft when applicable.

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	200548	2000	2152	\$7,600.00

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

# WITHDRAWAL SHEET

Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

*Withdrawer*

KDB 8/29/2011

*File Folder*

TRAVEL VOUCHERS 1981-1983 (11)

*FOIA*

F97-0066/19

COHEN, D

*Box Number*

61

170

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*DOC Document Type*

*No of Doc Date Restriction*

*NO Document Description*

*pages* *tions*

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7 FORM

1 10/21/1981 B6

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

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



THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 1450

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 19, 1981

1. TRAVELER

Name: MICHAEL K. DEEVER  White House Staff

Extension: 6475 Room: 1st FL WW  Other

2. PURPOSE(S) and DATE(S): International Mtg on Cooperation & Development  
October 21 - 24, 1981

3. ITINERARY Cancun, Mexico

(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: October 21, 1981

Date: October 24, 1981

Time: 9:00 a.m.

Time: 4:20 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 \$ \_\_\_\_\_