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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder TRAVEL - BLUME (1)

FOIA

F97-0066/19

Box Number 61

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172

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	ND	B6
2	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	ND	B6
3	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	9/14/1984	B6
4	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	8/14/1984	B6
5	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	8/27/1984	B6
6	FORMS	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY, + PHOTOCOPY OF CHECK)	1	ND	B6
7	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	8/22/1984	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.

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4801

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 31, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff
Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To accompany the President, Nov. 1 - Nov. 7, 1984

3. ITINERARY Wash. DC, Boston, Mass, Rochester, NY, Detroit, MI, Saginaw, MI, Cleveland, OH, Springfield, IL, Little Rock, Ark
(List all cities where stopover occurs.)

4. DEPARTURE LA, CA and return to Washington, DC RETURN: Los Angeles, CA, Santa BA

Date: Nov. 1, 1984 Date: Nov. 7, 1984

Time: approx. 10:30 AM Time: approx. 6:00 PM

Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 _____ 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 \$ _____

103 110 1311

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4801

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 31, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff

Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To accompany the President, Nov. 1 - Nov. 7, 1984

3. ITINERARY Wash. DC, Boston, Mass, Rochester, NY, Detroit, MI, Saginow, MI, Cleveland, OH, Springfield, IL, Des Moines, Iowa, Winterset, IA, Milwaukee, Wis, Chicago, Illinois
(List all cities where stopover occurs.)

4. DEPARTURE: LA, CA and return to Washington, DC RETURN: Los Angeles, CA, Santa Ana

Date: Nov. 1, 1984 Date: Nov. 7, 1984

Time: approx. 10:30 AM Time: approx. 6:00 PM

Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 _____ 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 \$ _____

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4917

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 19, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff

Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To accompany the President, Oct. 21-24, 1984

3. ITINERARY Washington, D.C., Kansas City, MO Palmdale, CA, San Diego, CA, Medford-Jackson, Oregon, Portland, Oregon, Seattle, Washington, Columbus, Ohio and return to Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: Oct. 21, 1984 Date: October 24, 1984

Time: 1:55 PM Time: 2:55 PM

Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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:

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 \$ _____

103461508

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4917

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 19, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff
Extension: 6475 Room: WM Other

2. PURPOSE(S) and DATE(S): To accompany the President, Oct. 21-24, 1984

3. ITINERARY Washington, D.C., Kansas City, MO, Palmdale, CA, San Diego, CA, Medford-Jackson, Oregon, Portland, Oregon, Seattle, Washington, Columbus, Ohio and return to Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: Oct. 21, 1984 1:55 PM Gov. Trans. RETURN: October 24, 1984 2:55 PM Gov. Trans.

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 _____ 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 \$ _____

DATE: October 18, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

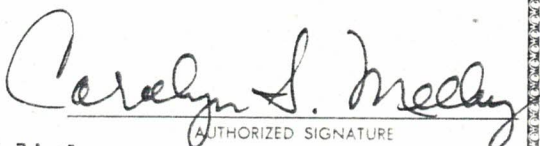
COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$22.50

PURPOSE: Accompany the President to Ohio 10/12/84

Date	Invoice	Item	Quantity	Amount

REAGAN-BUSH '84		CHECK NO. 13909				
GENERAL ELECTION CAMPAIGN COMMITTEE		15-3				
440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001		540				
THE RIGGS NATIONAL BANK WASHINGTON, D.C.						
*****TWENTY TWO AND 50/100		<table border="1"> <tr> <th>DATE</th> <th>CHECK NUMBER</th> </tr> <tr> <td>10/22/84</td> <td>0000013909</td> </tr> </table>	DATE	CHECK NUMBER	10/22/84	0000013909
DATE	CHECK NUMBER					
10/22/84	0000013909					
PAY TO THE ORDER OF: BLUME, DONNA THE WHITE HOUSE WASHINGTON, DC. 20500		<table border="1"> <tr> <th>AMOUNT</th> </tr> <tr> <td>\$ *****22.50*</td> </tr> </table>	AMOUNT	\$ *****22.50*		
AMOUNT						
\$ *****22.50*						
11013909 1054000030 01 08 486 324		 AUTHORIZED SIGNATURE				

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THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4906

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 10, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff

Extension: 6475 Room: NW Other

2. PURPOSE(S) and DATE(S): To accompany the President, October 12, 1984

3. ITINERARY Washington, D.C., Toledo, Dayton, Sidney, Lima, Ottawa, Deshler, Perrysburg, Toledo and return to Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE:

Date: October 12, 1984 RETURN: October 12, 1984

Time: 9:50 AM Time: 10:00 PM

Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 _____ Registration Fee of \$ _____
Hotel Name _____ Commercial Car Rental
Hotel Daily Rate \$ _____ Excess Baggage
Other _____ Other _____

SPECIAL EXPENSES:

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 \$ _____

MEMORANDUM
THE WHITE HOUSE
WASHINGTON

lu

DATE: October 18, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$0

PURPOSE: Accompany the President to Chicago 10/16/84

Date	Invoice	Item	Quantity	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Authorized by: 
(Signature of approving official)

Date sent for payment: _____

COMMENTS:

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder

TRAVEL - BLUME (1)

FOIA

F97-0066/19

COHEN, D

Box Number

61

172

DOC Document Type

No of

Doc Date

Restric-

NO Document Description

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1 FORM

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B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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.

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. (a) Show amount incurred for each meal, including tax and tips, and daily total plate only
 (b) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 (c) Complete for per diem and actual expense travel.
 (d) Show total subsistence expense incurred for actual expense travel.
 (e) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (d) or maximum rate.
 (f) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this PAGE 2 if this is a continuation OF 1 PAGES
 TRAVEL AUTHORIZATION NO.
 TRAVELER'S LAST NAME
 BLUME

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES				MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED								
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)		MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
10/15	9:15	Dpt. Andrews AFB														
	10:00	Ar. O'Hare, Chicago, IL														
	10:05	Dpt. O'Hare														
	10:20	Ar. Wilco Landing Zone														
	11:00	Dpt. Wilco Area Center														
	11:10	Ar. Bolingbrook Landing Zone														
	11:45	Dpt. Bolingbrook Landing Zone														
	11:55	Ar. DuPage Landing Zone														
	1:50	Dpt. DuPage Landing Zone														
	2:05	Ar. OHare, Chicago														
	2:10	Dpt. O'Hare, Chicago, IL														
	4:40	Ar. Andrews AFB														
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 with 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

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4912

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 11, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff
Extension: 6475 Room: WW Other _____

2. PURPOSE(S) and DATE(S): To accompany the President, October 16, 1984

3. ITINERARY Washington, D.C. Chicago, Illinois, Will County and DuPage County
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:
Date: October 16, 1984 Date: October 16, 1984
Time: 9:05 AM Time: TBD
Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE: 100% Official 100% Political

6. SIGNATURES: A. B. Kermit D. Tuttle/ps

Traveler: _____ (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 \$ _____

103 #0P506

DATE: October 18, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$22.50

PURPOSE: Accompany the President to Alabama, Georgia, and S. Carolina 10/15/84

Date	Invoice	Item	Quantity	Amount

REAGAN-BUSH '84

GENERAL ELECTION CAMPAIGN COMMITTEE

440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001

CHECK NO. 13892

15-3
540

THE RIGGS NATIONAL BANK
WASHINGTON, D.C.

DATE	CHECK NUMBER
10/22/84	0000013892

AMOUNT
\$ *****22.50*

*****TWENTY TWO AND 50/100

PAY TO THE ORDER OF: BLUME, DONNA
THE WHITE HOUSE
WASHINGTON, DC. 20500

Cerdyn S. Malby
AUTHORIZED SIGNATURE

⑈013892⑈ ⑈054000030⑈ 01 08 486 324⑈

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THE WHITE HOUSE
WASHINGTON

DATE: October 12, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$37.50

PURPOSE: Accompany the President to Louisville, KY, Charlotte, NC and
Baltimore, MD 10/7-8/84

Date	Invoice	Item	Quantity	Amount

REAGAN-BUSH '84		CHECK NO. 13653				
GENERAL ELECTION CAMPAIGN COMMITTEE		15-3				
440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001		540				
THE RIGGS NATIONAL BANK WASHINGTON, D.C.		<table border="1"> <tr> <th>DATE</th> <th>CHECK NUMBER</th> </tr> <tr> <td>10/18/84</td> <td>0000013653</td> </tr> </table>	DATE	CHECK NUMBER	10/18/84	0000013653
DATE	CHECK NUMBER					
10/18/84	0000013653					
<p>*****THIRTY SEVEN AND 50/100*****</p> <p>PAY TO THE ORDER OF: BLUME, DONNA THE WHITE HOUSE WASHINGTON, DC. 20500</p>		<table border="1"> <tr> <th>AMOUNT</th> </tr> <tr> <td>\$ *****37.50*</td> </tr> </table>	AMOUNT	\$ *****37.50*		
AMOUNT						
\$ *****37.50*						
<p>013653 0540000301 01 08 486 324</p>		<p><i>Carolyn S. Mealy</i> AUTHORIZED SIGNATURE</p>				

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4901

Date of Request October 4, 1984

(TRAVELER TO COMPLETE SECTIONS 1-8.)

1. TRAVELER

Name: Donna L. Blase

White House Staff

Extension: 6475

Room: 111

Other

2. PURPOSE(S) and DATE(S):

To accompany the President, Oct. 7 and 8, 1984

3. ITINERARY

Washington, D.C., Louisville, Kentucky, Charlotte, North Carolina, Baltimore, MD and Washington, D.C.
(List all cities where stopover occurs.)

RETURN:

4. DEPARTURE:

Date: October 7, 1984

Date: October 8, 1984

Time: 2:30 PM

Time: 5:00 PM

Mode: Gov Trans.

Mode: Gov. Trans.

5. NATURE:

100% Official

100% Political

6. SIGNATURES:

Traveler: _____

(I have read and agree to the terms set forth on the reverse side)

Department Head

Approving Officer
D. Blase
(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 \$ _____

Lu

THE WHITE HOUSE
WASHINGTON

DATE: September 23, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$0

PURPOSE: Accompany the President to Connecticut and New Jersey 9/19/84

Date	Invoice	Item	Quantity	Amount

Authorized by: _____
(signature of approving official)

Date sent for payment: _____

COMMENTS:

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder

TRAVEL - BLUME (1)

FOIA

F97-0066/19

COHEN, D

Box Number

61

172

DOC Document Type

No of

Doc Date

Restric-

NO Document Description

pages

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2 FORM

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B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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]

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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.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

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

(i) Complete for per diem and actual expense travel.

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

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

(l) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

B I U M E

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED						
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
9/19	10:30	Dpt. Andrews AFB															
	11:30	Ar. Hartford, CT															
	2:40	Dpt. Hartford, CT															
	3:45	At. Atlantic City, NJ															
	6:00	Dpt. Atlantic City, NJ															
	6:35	Ar. Andrews AFB															
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

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4994

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 17, 1984

1. TRAVELER

Name: Donna L. Blume

White House Staff

Extension: 6475

Room: WW

Other _____

2. PURPOSE(S) and DATE(S): To accompany the President, September 19, 1984

3. ITINERARY Washington, D.C., Waterbury, Connecticut and Washington, DC.
(List all stops where stopover occurs.)
also Hampton, NJ

4. DEPARTURE:

RETURN:

Date: September 19, 1984

Date: September 19, 1984

Time: approx. 8:55 AM

Time: 6:25 PM

Mode: Gov. Trans.

Mode: Gov. Trans.

5. NATURE: 100% Official

100% Political

6. SIGNATURES:

Ronald Bush *Margaret D. Tutwiler/jc*

Traveler: *Donna Blume*

(I have read and agree to the terms set forth on the reverse side)

M. D. Wilson
Department Head

Edward Wilson, Jr. 9/17/84
Approving Officer
(Special Assistant to the President for Administration)

7. ESTIMATED COSTS:

SPECIAL EXPENSES:

No. of Days Per Diem 0

Registration Fee of \$ _____

Hotel Name MA

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 \$ _____

103 #0 1433

VOUCHER WORKSHEET

TRAVELER'S NAME

Donna Blume

AUTH. NO.

DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	() BILLED HOTEL	DAILY TOTAL	NOTES
<i>9/19</i>	<i>/</i>	<i>no per diem - 10 hour ride</i>						

	#days	less hotel if billed		<u>Object Codes</u> 23 or 24
	rate	grand total subsistence		
	amount			
	less incidentals on hotel			

Other expenses

Air/rail fare		22
Local trans (list dates and amounts)		21
Auto Rent - (excludes insurance) \$ _____		25
Other travel (specify)		26
Phone calls - Certified as official business ()		29
Other misc. (specify)		52
TOTAL	<i>—</i>	

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

DATE: September 20, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

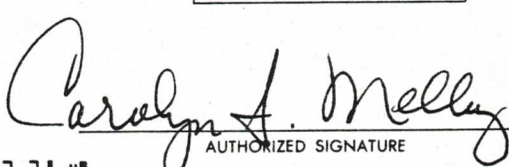
COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$22.50

PURPOSE: Accompany the President to Cedar Rapids, Iowa and Grand
Rapids, Michigan on 9/20/84

Date	Invoice	Item	Quantity	Amount

REAGAN-BUSH '84		CHECK NO. 11385				
GENERAL ELECTION CAMPAIGN COMMITTEE		15-3				
440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001		540				
THE RIGGS NATIONAL BANK WASHINGTON, D.C.						
		<table border="1"> <tr> <th>DATE</th> <th>CHECK NUMBER</th> </tr> <tr> <td>09/27/84</td> <td>0000011385</td> </tr> </table>	DATE	CHECK NUMBER	09/27/84	0000011385
DATE	CHECK NUMBER					
09/27/84	0000011385					
*****TWENTY TWO AND 50/100*****						
PAY TO THE ORDER OF: BLUME, DONNA THE WHITE HOUSE WASHINGTON, DC. 20500		<table border="1"> <tr> <th>AMOUNT</th> </tr> <tr> <td>\$ *****22.50*</td> </tr> </table>	AMOUNT	\$ *****22.50*		
AMOUNT						
\$ *****22.50*						
		 AUTHORIZED SIGNATURE				
⑈011385⑈ ⑆054000030⑆ 01 08 486 324⑈						

VENDOR NUMBER	VENDOR NAME			CHECK DATE	CHECK NO.
2993	BLUME, DONNA			09/17/84	0000010775
INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT	EXPLANATION	
000000000786	97.50		97.50	REIMBURSEMENT-FOOD	
			97.50	***CHECK TOTAL***	

REAGAN-BUSH '84		CHECK NO. 10775				
GENERAL ELECTION CAMPAIGN COMMITTEE		<u>15-3</u>				
440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001		540				
THE RIGGS NATIONAL BANK WASHINGTON, D.C.						
		<table border="1"> <thead> <tr> <th>DATE</th> <th>CHECK NUMBER</th> </tr> </thead> <tbody> <tr> <td>09/17/84</td> <td>0000010775</td> </tr> </tbody> </table>	DATE	CHECK NUMBER	09/17/84	0000010775
DATE	CHECK NUMBER					
09/17/84	0000010775					
*****NINETY SEVEN AND 50/100*****						
PAY TO THE ORDER OF: BLUME, DONNA THE WHITE HOUSE WASHINGTON, DC. 20500		<table border="1"> <thead> <tr> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>\$ *****97.50*</td> </tr> </tbody> </table>	AMOUNT	\$ *****97.50*		
AMOUNT						
\$ *****97.50*						
<i>Carolyn S. Madry</i> AUTHORIZED SIGNATURE						
@010775@ :054000030: 01 08 486 324@						

THE WHITE HOUSE

WASHINGTON

DATE: September 11, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$97.50

PURPOSE: Accompany the President to California, Utah, and Illinois 9/2-5/84

Date	Invoice	Item	Quantity	Amount

Authorized by: 
(signature of approving official)

Date sent for payment: _____

COMMENTS:

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

DATE: September 17, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$0

PURPOSE: Accompany the President's trip to Nashville, TN on 9/13/84

Date	Invoice	Item	Quantity	Amount

Authorized by: _____
(signature of approving official)

Date sent for payment: _____

COMMENTS:

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

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TRAVEL - BLUME (1)

FOIA

F97-0066/19

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Box Number

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pages*

Doc Date

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3 FORM

1 9/14/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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]

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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.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). 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. (j) or maximum rate.

(m) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. OF 1 PAGES

TRAVELER'S LAST NAME

BLUME

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES					MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED									
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)		LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)					
9/13	10:10	Dpt. Andrews AFB																
	10:45	CDT Ar. Nashville, TN																
	3:30	" Dpt. Nashville, TN																
	4:05	Ar. Andrews AFB																
SUBTOTALS																		
TOTALS																		

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

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THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4982

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff
Extension: 2861 Room: WW Other _____

2. PURPOSE(S) and DATE(S): to accompany the President, September 13, 1984

3. ITINERARY Washington, D.C., Nashville, Tennessee, Washington, DC
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:
Date: September 13, 1984 Date: September 13, 1984
Time: 9:50 AM Time: 4:25 PM
Mode: Air Force One Mode: Air Force One

5. NATURE: 100% Official 100% Political
Reason: Bush

6. SIGNATURES: *Margaret D. Tutwiler / jt*
Traveler: *Donna Blume*
(I have read and agree to the terms set forth on the reverse side)

William D. ... Department Head
D. Edward Wilson, Jr. 9/12/84
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 \$ _____

103 #0 PY/84

lw

THE WHITE HOUSE
WASHINGTON

DATE: September 17, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$0

PURPOSE: Accompany the President to Buffalo and Broome County, NY 9/12/84

Date	Invoice	Item	Quantity	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Authorized by: _____
(signature of approving official)

Date sent for payment: _____

COMMENTS:

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

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FOIA

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Box Number

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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>
4 FORM	1	8/14/1984	B6
TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)			

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

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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.

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: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. **PAGE 2 OF 2 PAGES**

TRAVELER'S LAST NAME
Blume

TRAVEL AUTHORIZATION NO.

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE	AMOUNT CLAIMED			
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)					MILEAGE (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
9/12	10:00	Dpt. Andrews AFB												
		Ar. Buffalo, NY												
		Dpt. Buffalo, NY												
		Ar. Broome Cty, NY												
	5:30	Dpt. Broome Cty, NY												
	6:25 PM	Ar. Andrews AFB												
SUBTOTALS														
TOTALS														

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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

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 4981

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff

Extension: 2861 Room: WW Other _____

2. PURPOSE(S) and DATE(S): To accompany the President, September 12, 1984

3. ITINERARY Washington, D.C., Buffalo, NY, Broome County, NY and return
washington, D.C. (List all cities where stopover occurs.)

4. DEPARTURE:

Date: September 12, 1984

Time: 9:50 AM

Mode: Air Force One

RETURN:

Date: September 12, 1984

Time: 6:40 PM

Mode: Air Force One

5. NATURE: 100% Official

100% Political Reagan-Bush Margaret D Tuttle/jab

6. SIGNATURES:

Traveler: *Donna Blume*
(I have read and agree to the terms set forth on the reverse side)

Michael D. ...
Department Head

Edward Wilson Jr. 9/12/84
Approving Officer
(Special Assistant to the President for Administration)

7. ESTIMATED COSTS:

No. of Days Per Diem _____

Hotel Name _____

Hotel Daily Rate \$ _____

Other _____

SPECIAL EXPENSES:

Registration Fee of \$ _____

Commercial Car Rental

Excess Baggage

Other _____

8. TRAVEL ADVANCE REQUESTED: YES No Amount: \$ _____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. FOR TRANSPORTATION OFFICE USE ONLY:

GTR No. _____ Amount \$ _____

103 #0 P431

SLW

THE WHITE HOUSE
WASHINGTON

DATE: September 13, 1984

FOR: ANGELA M. BUCHANAN JACKSON
TREASURER, REAGAN/BUSH '84

FROM: JOHN F. W. ROGERS
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Donna Blume
 The White House
 Washington, D.C. 20500

CHECK PAYABLE TO: N/A

AMOUNT: \$0

PURPOSE: Accompany the President to Dallas, TX 8/22-24

Date	Invoice	Item	Quantity	Amount

Authorized by: _____
(signature of approving official)

Date sent for payment: _____

COMMENTS:

No expenses authorized for this trip.

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

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Doc Date

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NO Document Description

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5 FORM

1 8/27/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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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.)

Complete this information if this is a continuation sheet. **PAGE 2** OF **PAGES**

TRAVELER'S LAST NAME
Blume

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	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)		
8/22	1:20	Dpt. Andrews AFB														
8/22	3:00	Ar. Dallas, Tx														
8/24	11:30	Dpt. Dallas, Tx														
8/24	1:20	Ar. Chicago, IL														
8/24	3:35	Dpt. Chicago, IL														
8/24	6:05	Ar. Andrews AFB														
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

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 8175

TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 17, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff

Extension: 6475 Room: WW Other _____

2. PURPOSE(S) and DATE(S): To accompany the President on August 22-24, 1984

3. ITINERARY Washington, DC to Dallas, Texas to Chicago, Illinois and return to Wash. D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: August 22, 1984 Date: August 24, 1984

Time: approx. 1:00 PM Time: TBD

Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE: 100% Official 100% Political

SIGNATURES: Reagan Book Margaret D. Tuttle / job

Traveler: Donna L. Blume
(I have read and agree to the terms set forth on the reverse side)

M. P. ... Department Head Thomas ... 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 _____

FOR TRANSPORTATION OFFICE USE ONLY:

GTR No. _____ Amount \$ _____

103 #0 9/28

ORIGINAL (Return with Voucher)

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6 FORMS	1	ND	B6
TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY, + PHOTOCOPY OF CHECK)			

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]

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7 FORM

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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.)

Complete this PAGE 2
 Information OF continuation 1 PAGES
 TRAVELER'S LAST-NAME
 Blume

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED						
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
7/28	9:00	Dpt. Andrews AFB															
7/28		Ar. Los Angeles															
7/28		Dpt. Los Angeles															
7/28		Ar. Santa Barbara															
8/7	8:00	Dpt. Santa Barbara															
8/7	9:30	Ar. Los Angeles															
8/15		Dpt. Los Angeles															
8/15	6:35	Ar. Andrews AFB															
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 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 is expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 8154

TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request July 27, 1984

1. TRAVELER

Name: Donna L. Blume White House Staff

Extension: 6475 Room: WW Other _____

2. PURPOSE(S) and DATE(S): To accompany the President, July 28- Aug. 15, 1984

3. ITINERARY Washington, D.C. Los Angeles-Santa Barbara, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: July 28, 1984 Date: August 15, 1984

Time: 10:50 AM Time: Afternoon

Mode: Gov. Transportation Mode: Air force One

5. NATURE: 100% Official 100% Political

SIGNATURES:

Traveler: *Donna L. Blume*
(I have read and agree to the terms set forth on the reverse side)

M. H. ... Department Head

Thomas ... 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 _____

FOR TRANSPORTATION OFFICE USE ONLY:

GTR No. _____ Amount \$ _____

3 \$3,100 P425

VOUCHER WORKSHEET

TRAVELER'S NAME

Ronna Blume, cont

AUTH. NO.

8154

DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	BILLED HOTEL	DAILY TOTAL	NOTES
<i>8/7</i>	<i>1</i>					<i>Santa Barbara Kitmore</i>		
<i>8/8</i>	<i>1</i>					<i>Century Plaza</i>		
<i>8/9</i>	<i>1</i>							
<i>8/10</i>	<i>1</i>							
<i>8/11</i>	<i>1</i>							
<i>8/12</i>	<i>1</i>							
<i>8/13</i>	<i>1</i>							
<i>8/14</i>	<i>1</i>							
<i>8/15</i>	<i>3/4</i>							

<i>18 1/2</i>	#days	less hotel if billed	
<i>30.00</i>	rate	grand total subsistence	
<i>555.00</i>	amount		
<i>-</i>	less incidentals on hotel		

Object Codes
23 or 24

Other expenses

Air/rail fare		21
Local trans (list dates and amounts)		25
Auto Rent - (excludes insurance) \$ _____		26
Other travel (specify)		29
Phone calls - Certified as official business ()		52
Other misc. (specify)		
TOTAL	<i>555.00</i>	

555.00 22

VOUCHER WORKSHEET

TRAVELER'S NAME
Donna Blume

AUTH. NO.
854

DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	() BILLED HOTEL	DAILY TOTAL	NOTES
<i>7/28</i>	<i>3/4</i>							
<i>7/29</i>	<i>1</i>							
<i>7/30</i>	<i>1</i>							
<i>7/31</i>	<i>1</i>							
<i>8/1</i>	<i>1</i>							
<i>8/2</i>	<i>1</i>							
<i>8/3</i>	<i>1</i>							
<i>8/4</i>	<i>1</i>							
<i>8/5</i>	<i>1</i>							
<i>8/6</i>	<i>1</i>							

	#days	less hotel if billed		Object Codes 23 or 24
	rate	grand total subsistence		
	amount			
	less incidentals on hotel			

Other expenses		22
Air/rail fare		21
Local trans (list dates and amounts)		25
Auto Rent - (excludes insurance) \$ _____		26
Other travel (specify)		29
Phone calls - Certified as official business ()		52
Other misc. (specify)		_____
TOTAL		