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Ronald Reagan Library

Collection Name		DEAVER, MICHAEL: FILES		Wit	hdrawer	
File	Folder	TRAVEL - BLUME (2)		КD FO	IA	
Box	Number	61		F97-0066/19 COHEN, D 173		
DOC NO	Doc Type	Document Description	No of Pages	Doc Date R	estrictions	
1	FORMS	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) + COPY OF CHECK	1	7/27/1984	В6	
2	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	7/27/1984	B6	
3	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	5/1/1984	В6	
4	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT OF FORM + CONTINUATION SHEET)	2	12/9/1983	B6	
5	FORMS	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) + COPY OF CHECK	1	10/7/1983	В6	
6	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	10/7/1983	В6	

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

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.

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]

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 8175

	Date of Request August 17,	A. 7 9 %
	THIS APPROVAL IS S	
Name: Donna L. Blume	Dr White House Staff	
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THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 8175

VELER TO COMPLETE SECTIONS 1-8.)	Date of Request August 17, 1984
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(8/13/81)

THE WHITE HOUSE OFFICE No. 4999

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TRAVEL		UBJECT TO ALL	THIS APPROVAL IS S	ADDIN
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	POLICIES	DMINISTRATIVE		
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THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 4999

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Salt Lake City	, Utah, Chicago, C	of be provided to anyon	urn to Washington, D.C. Advances will
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THE WHITE HOUSE OFFICE No. 8154

AVELER TO COMPLETE SECTIONS 1-8.)	Date of Request
Name: Donna L. Blume Extension: Room:	OK White House Staff
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ITINERARY Washington, D.C. Los	Angeles-Santa Barbara, Washington, D.C. (List all cities where stopover occurs.)
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THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 8154

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		White House Staff
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FROM:	ASSISTA	W. ROGERS NT TO THE PRESIDENT FOR GEMENT AND ADMINISTRATION		34
SUBJECT:	AUTHO	RIZATION FOR PAYMENT		
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COMPANY:		Donna Blume		
		The White House		
		Washington, D.C. 20500		
CHECK PAYABLE	то:	Donna Blume		
AMOUNT:		\$22.50		
PURPOSE:		Accompany the President to	o Huntsville, Ala 7/4-5	/84
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		The White House	E an ar		
		Washington, D.C. 20500			
	TO:	Donna Blume			
AMOUNT:		\$22.50		al de la composition	a star second
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COMMENTS:

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Ronald Reagan Library

Collection Name		Withdrawer
DEAVER, MICHAEL: FILES		KDB 8/29/2011
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File Folder		FOIA
TRAVEL - BLUME (2)		F97-0066/19
		COHEN, D
Box Number		
61		173
DOC Document Type		No of Doc Date Restric-
NO Document Description		pages tions

1 FORMS

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) + COPY 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]

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

1 7/27/1984 B6

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES	Withdrawer KDB 8/29/2011
File Folder TRAVEL - BLUME (2)	<i>FOIA</i> F97-0066/19 COHEN, D
Box Number 61	173
DOC Document Type NO Document Description	No of Doc Date Restric- pages tions
2 FORM	1 7/27/1984 B6

TRAVEL VOUCHER (FORM SF1012)

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-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.

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982-361-526/8092	rmation is to determine paym rmation is to determine paym ministrative authorization and rements to the Government. employees who have a need to official duties. The informat State, local, or foreign agencie	In compliance with the Privacy Act of 1974, the following information is pro- vuded: 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 E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of	If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.			Ar. Washington, D.C.	Dpt. San Antonio,	Ar. San Antonio, TX	Dpt. Huntsville, MI	Ar. Huntsville, MI	Dpt. Decatur AL	Ar. Decatur, AL	Dpt. Daytona, FL	AR. Daytona FL.	Dpt. Washington, DO	of expense) (c)	arrival city, per diem n, or other explanations	DESCRIPTION	of children (unless infor- mation is shown on the travel authorization.)	members' names, ages, and relationship to em-	immediate family, show	per diem allowances for members of employee's	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory) Col. (c) If the voucher includes Com- Col. (d) Show amount inclure
	y. Ine primary purpo ent or reimbursement action expenses incurr to record and maint the information will yr the information in 1 ion may be disclosed ion may her relevant to ci y, when relevant to ci	rmation is ed by 5 U (FPMR 10 (FPMR 3939	12-A BAC		 	+-			+-				+-	+-			RRFAK.			expense	for	plete	(Unlisted Com-
			K. leaving		 	+ -	+ -	+-		+-	+-		+-	+		LUNCH [ME		(n)	je:	E 19	(h) (h)	col. (d)
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	Revenue Code (26 U.S.C. 601(b) and 610 1943, for use as a tax payer and/or employe is MANDATORY on vouchers claiming t expense reimbursement which is, or may your SSN and other requested information however, failure to provide the information however, failure to provide the information	criminal, or regulatory investigations or pro requirement by this agency in connection employee, the issuance of a security cleara formance of official duty while in Governm Account Number (SCN) is exlicited unde			 	+-	+-	+ -	+-			+ -		+-	+	TENCE	LANEOUS	ITEMIZED SUBSISTENCE EXPENSES	h as: taxi/lin hone calls for	Show total subsistence expense incurred for Show per diem amount, limited to maximum the lesser of the amount from col. (i) or ma	porters, etc. (other than for meals) Complete for per diem and actual	meal cost. Show expenses such as: laundry cleaning a) red for each
	0 0 0 0 0 0 0				 												- ODGING	KPENSES	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.	cleaning and pre	items are self-explanatory) \overline{Co} , d Show amount incurred for each meal, including tax and tips, and daily total
	109) and E.O. 9397, No ee identification numbe travel and/or relocation be, taxable income. D n is voluntary in all oth ion (other than SSN) ss of reimbursement.	secutions, or when pursuant to a with the hiring or firing of an nce, or investigations of the per- ent service. Your Social Security ent servicy of the Internal	TOT	SUBTOTALS					_							EXPENSE (j)	TOTAL		fare (if purchased iness, car rental,	actual expense travel. n rate, or if travel on a		nd pressing of clothes, tips to bellboys.	ax and tips , and
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DARD FORM 1		Enter grand total of columns (II), (m) and (n), below and in item 13 on the front of this form.														(m)	SUBSISTENCE	AMOUNT CLAIMED	BLUME	8165	TRAVEL AUTH	continuation sheet.	5
STANDARD FORM 1012 BACK (10-77)		nns (I), (m) and on the front of											+-		+	(n)	NCE OTHER	ED	LAST NAME		TRAVEL AUTHORIZATION NO.	DF PAGES	PAGE

THE WHITE HOUSE OFFICE No. 8165

VELER TO COMPLETE SECTIONS 1-8.)	
FRAVELER	· · · · · · · · · · · · · · · · · · ·
Name: Donna L. Blume	X White House Staff
Extension: <u>6475</u> , Room: <u>WW</u>	Other
PURPOSE(S) and DATE(S): To accompany	the Presdient - July 4 - July 6, 1984
	8 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	na, FL to Decatur, Alabama to Pontiac/
	List all cities where stopover occurs.) n Antonio, TX and Washington, D.C. RETURN:
Date:July 4, 1984	Date: July 6, 1984
Гіте: <u>9:30 дм</u>	
	Mode: Government Transportation
SIGNATURES:	A 100% Political Margast Tutwelery alabame only R-B'89
SIGNATURES:	A 100% Political Margast Jutwelerg alabame only R-B'89 agree to the terms set form on the reverse side) Approving Officer (Special Assistant to the President for Administration)
SIGNATURES: Traveler:	agree to the terms set forth on the reverse side)
SIGNATURES: Traveler: Under read and Department Had ESTIMATED COSTS:	agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES:
SIGNATURES: Traveler: Under read and Department Head ESTIMATED COSTS: No. of Days Per Diem	agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$
SIGNATURES: Traveler: Department Had Department Had ESTIMATED COSTS: No. of Days Per Diem Hotel Name	agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$
SIGNATURES: Traveler: Charles read and Department Hold Department Hold CESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Hotel Daily Rate \$	agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental
SIGNATURES: Traveler: Department Had Department Had Department Had CESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Dther TRAVEL ADVANCE REQUESTED: □ YES	agree to the terms set forth of the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage
SIGNATURES: Traveler: Department Had Department Had Department Had CESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Dther TRAVEL ADVANCE REQUESTED: Utility read and Department Had Department Had Dep	agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage Other
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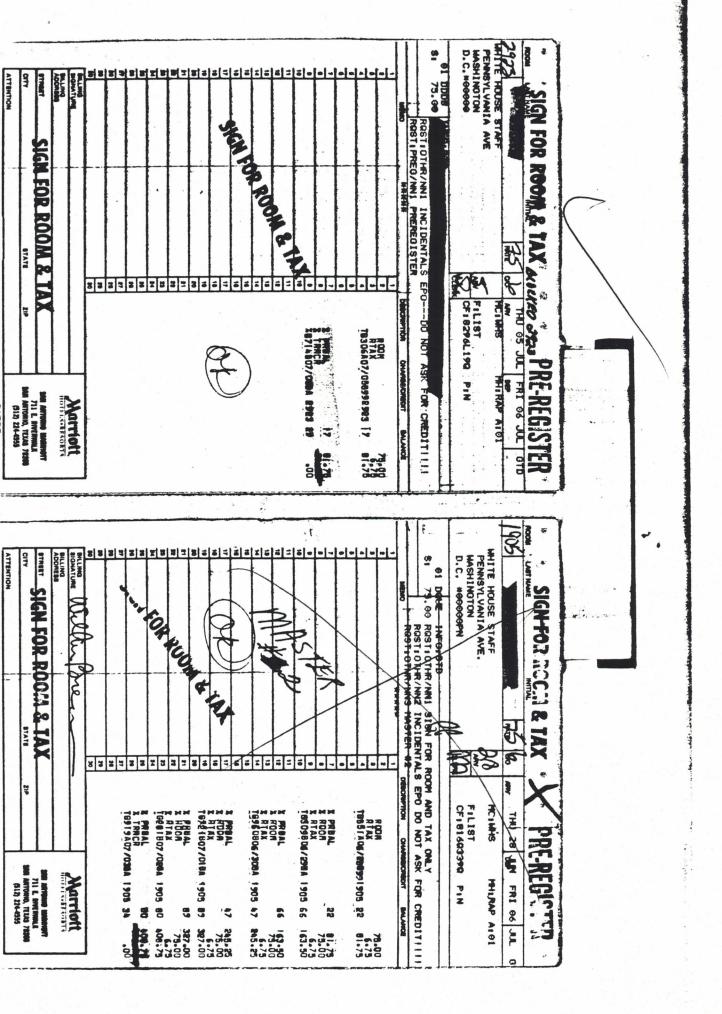
Mixed Trip Worksheet

NAME DONNA Blume TANO. 8165												
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Other expenses

Air/rail fare		21
Local trans (list dates and amounts)	_	25
Auto Rent - excludes insurance \$ Other travel (specify)		26 29
Phone calls - Certified as official business ()		52
Other misc (specify)	75.00	



Check No. 61, 447, 311 WASHINGTON, D. C. SYMBOL 3005 TREASURY BUREAU OF GOVERNMENT FINANCIAL OPERATIONS United States Treasury 15-51 DO NOT FOLD, SPINDLE OR MUTILATE KNOW YOUR ENDORSER .. REQUIRE IDENTIFICATION CTS. DOLLARS CO PAYTOTHE \$****45 ORDER OF DONNA L BLUME WHITE HOUSE VO62WH 11010001 E024EEE T/A 6800 614473112#

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3 FORM	5/1/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form. TOTAL AMOUNT CLAIMED ►													_	(m)	SUBSISTENCE	AMOUNI CLAIMED	TRAVELER'S LAST NAME BLUME	6800	sheet.	if this is a -	
nns (I), (m) an on the front o	$\left \right $	-												(n)	ICE OTHER	-	AST NAME)0	OF 1 PAGES	-	

THE WHITE HOUSE OFFICE No. 6800

VELER TO CO	MPLETE SECTIONS 1-8.)	Date of Request	<u>April 10, 1984</u>
Manna	SUBJECT TO ALL	White House	Staff
6	2861 Room: GAWest	Wing Other	ANN CA
PURPOSE(S) an	d DATE(S): Travel with	the President, Apr	il 11 and 12, 1984
	VIZO.	States and March States	Physic & Mer
ITINERARY Wa	ashington, DIC., Kansas turn to Wash. D.C.	City, Missouri to ist all cities where stopover occurs.)	Dallas, Texas and
DEPARTURE:	Charles & connered by one of	RETURN:	.⊜)∩avb.
Date:4/.	ce to White House Adminip88411	<u>່າວກະລາຍ</u> ອ ່າ Date: ບາກາ ຊີ່ /ີງໃນ ເຮັດເຫັນອາການສາມາດ ເປັນອາດ	784 2000 00 A
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SIGNATURES:	i, binni nolibinbar e içi bişger vi	1	islan oʻdan oʻ
Traveler:	Donno Y-D	agree to the terms set forth on the every	side)
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ESTIMATED C		SPECIAL EXPE	NSES:
No. of Days Per	Diem	Registration H	Fee of \$
Hotel Name			Car Rental
Hotel Daily Ra	te \$	Excess Bagga	ge
Other		Other	
TRAVEL ADV	ANCEREOUESTED:	□ No Amount: S	<u> </u>
Signature of R	ecipient:		_ Date:
REPAID:	Amount Date	Schedule	Balance this trip
	ORTATION OFFICE USE ONLY:		
FOR TRANSP	AUMUA 8		

VOUCHER	WORKSHEE	r	Traveler	's Name	D. Blu	me	Auth. N	10. <u>6800</u>
	Per Diem		Lunch	Dinner	Misc Sub	()Billed Hotel	Daily Total	Notes
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Other expenses

전화 방법 그는 이번 가지 말한 분들에 가지 않는 것이 안 없다. 것이 많이		
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 CHARGED TO APPROPRIATION	45.00 -	

Amfac Hotel & Resort

INSIDE DALLAS/FT. WORTH AIRPORT

P.O. BOX 619025 DALLAS/FT. WORTH REGIONAL AIRPORT TEXAS, 75261 (214) 453-8400

Amfac Hotel & Resort

Albuquerque

Dallas/Fort Worth Los Angeles Minneapolis San Francisco Silverado

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4/10 10181	40.00	HOOL-GROUP	GCVT	1 NIGHT	€ 40.00

PLEASE PAY LAST

AMOUNT IN THIS

CHARGE TO_______

APPROVAL ______

ATTENTION _______

STREET ADDRESS

CITY_______

STATE ______

IAGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE

INDICATED PERSON, COMPANY, OR ASSOCIATION FAILS TO PAY ANY OR PART OF THE FULL AMOUNT OF THESE CHARGES.

Burrough

THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 6800

Je

(T	TRAVELER TO COMPLETE SECTIONS 1-8.)	Date of Request April 10, 1984
1.		THIS ADDON'S
	Name: Donna L. Blume	White House Staff
	CHISTIG I THIRAFOININGA UNI	AS WELL AS THE FULLOW
	Extension: Room: West Win	
2.	. PURPOSE(S) and DATE(S): <u>Pravel with the</u>	MUNIVOD MUA President, April 11 and 12, 1984
		and and any apprenticed
	VINO 1711	
		L. ADVANCES FOR OFFICIAL TR
3.	. ITINERARY Washington, D.C., Kansas City zeturn to Wash. D.C. (List all cities	where stopover occurs.)
4	anvone with an outstanding unaccounted-for	Advances will not be provided to
4.	DEPARTURE:	RETURN:
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6.	SIGNATURES:	member's salary.
	Traveler:	G /
	(I have read and agree to the	terms set forth on the reverse side)
	III_{1} III_{1} III_{1}	(Diner)/lagarelle
	ot be requested of basH membraged valling other than cal or personal travel). The entire cost of any	(Special Assistant to the President for Administration)
7.	being used for unofficial travel will be considered	government-issued tickets that end
		SPECIAL EXPENSES: DOLLAR B
	No. of Days Per Diem	_
	Hotel Name	Commercial Car Rental
	Hotel Daily Rate \$	Excess Baggage
0	8	Other
8.	TRAVEL ADVANCE REQUESTED: USUBLE YES	No Amount: \$
	Signature of Recipient:	Date:
	and and a second s	Schedule Balance this trip
9.		
	FOR TRANSPORTATION OFFICE USE ONLY:	
	GTR No.	Amount \$
	10 2 11 1 11 1	(8/13/81)

THE WHITE HOUSE OFFICE No. 6800

	ONDLETE SECTIONS 1-8	8.)	Date of Request	April 10, 1884
VELER TO C	OMPLETE SECTIONS 1-8		A DEST	
TRAVELER	TOALL	T IS SUBJECT	THIS APPROVA	TOUR
	The man P . 23 March	TAA STRATTON	White House Staf	AS WEL
Name:	TRATIVE POLICIES	UNG ADMINIST	L AS THE FOLLOW	LLUS SI CARE
Extension: _	2961 Room	n: (<u>West Min</u>	Other	and share the shift of
PURPOSE(S)	and DATE(S):	al with the	AND GOVERNM	11 and 12, 1984
		STATISTIC	S FOR OFFICIAL TRA	L ADVANCE
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			The state of the s	Officiar
	Di torito gittili (Department	Head O balasupar ac	TION USING (Special Assist	ant to the President for Administration)
vn.	D. The entire cost of a	dispit toning in the	Stied tickets that and hair	ST-JUDULULIA CS
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9 FOR TRA	INSPORTATION OFFICE			
	ANSPORTATION OFFICE		Amount \$	

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NO Document Description	pages tions

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4 FORM

DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT OF FORM + CONTINUATION SHEET)

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-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.

*18. 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.)

Per diem for all locations in China reduced to 30% since lodging and all dinners were provided at no cost to the traveller.

Amount Per Diem Daily Local Dates Days Rate ltinerary and Description Other 19 83 Time Per Diem (E) (F) (G) (D) ·(C) (B) (A) FORWARDED 5.75 1/4 23.00 0730 Depart Andrews AFB 11/8 ÷ Arrive Anchorage, AK 1100 Depart Anchorage 1200 (6.00)Cross International Date Line - West 7.50 6.00 1-1/4 Arrive Tokyo 11/9 1350 (50%) 160.88 58.50 2-3/4 0750 Depart Tokyo 11/12 0955 Arrive Seoul (50%) 48.50 97.00 2 Depart Seoul 11/14 1100 1.50 1/46.00 Arrive Beijing 1710 (30%) 42.90 2 - 3/415.60 0900 Depart Beijing 11/17 •. Arrive Xi'an 1110 (30%) 12.30 1 12.30 0835 Depart Xi'an 11/18 Arrive Yichang 1035 via boat for river trip Depart Yichang 1230 6.00 9.00 1-1/2 Arrive Yichang 11/19 1900-(30%) 1/2 7.20 3.60 Depart Yichang 0935 11/20 Arrive Suzhou 1130 (30%)1 7.20 7.20 Depart Suzhou 11/21 1035 GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward) 341.63

Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705

PRIVACY ACT STATEMENT 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.

PRESERVATION COPY

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DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT OF FORM + CONTINUATION SHEET)

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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.

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能 单 (正联) 人	
BILL 19	年1月7日
	A73-2
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膳食 Meals	
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中华人民共和国邮电部	
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1	THE WHITE OFFICIAL TRAVI	EL AUTHORIZATION No. 5434
	THE SECTIONS 1.8)	Date of Request November 1, 1983
(TRA	VELER TO COMPLETE SECTIONS 1-8.)	
1.	Name: Donna L. Blune (MA 2004) Extension: 2861 23 Room: (Pest	White House Staff
2.		ntial Travel and Special Mission to November 8, - November 23, 1983
	Y.IV	L ADVANCES FOR OFFICIAL TRAVEL O
3.	ITINERARY <u>Washington</u> D.C. An People's Republic of China, TOTOSINI AND	(List all cities where stopover occurs.) (List all cities where stopover occurs.) RETURN: Some where stopover occurs.)
4.	DEPARTURE:	enuod stund-Date: upst 02. November /23, 1983
	Date:	extension 2500, except in emergencies
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		Mode: Mode: Military Mrcraft
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	Traveler:(I have read	d and agree to the terms set forth on the reverse side)
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	escol OlbaH membrade Villang Other Than sonal travely The entire cost of any for unofficial travel will be considered mgly. STEOD GETAMITEE	Special EXPENSES: Detroit of the second
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	No. of Days Per Diem Hotel Name	그렇게 물건에 걸려 안 걸 물건을 받았다.
	Hotel Daily Rate \$	
	Other	
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8	TRAVEL ADVANCE REQUESTED.	Date:
8	Signature of Recipient:	Date: Date: Date:
8	Signature of Recipient:	Date: Schedule Balance this trip Y:

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Collection Name	<i>Withdrawer</i>
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5 FORMS

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) + COPY OF CHECK

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

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

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Ronald Reagan Library

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6 FORM

1 10/7/1983 B6

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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]

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e Federal, State,	E.O. 11609 of July 22, 1971, E.C. November 22, 1943, and 26 U.S. of the requested information is t eligible individuals for allowable under appropriate administrative costs of such reimbursements to cost by officers and employees i used by officers and employees i netformance of their official dut	tation of the	al space is re			hua							×:			7			10 SLA	(b)	am/pm) of o		TIME	0	<u> </u>		
ate, local, or foreign agencies, when relevant to civil	E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1902, E.O. 900, or 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 duries. The information may be disclosed to	In compliance with the Privacy Act of 1974, the following information is pro- vided: 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),	If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.		: San	nt Ing Angeles C	Arr. Santa Barb.		nt New Orleans,	Ar. New Orleans,	Dt. La Paz, MA	H J J	Ar. La Paz, Mex/	Dpt. El Paso, Tx		Ar Fl Paso, Tx	Dept. Tampa	Ar. Tampa	Dept. Wash.	(c)	computation, or other explainations of expense)	(Departure/arrival city, per diem	DESCRIPTION	and relationship to em- ployee and marital status of children (unless infor- mation is shown on the read authorization)	immediate family, show members' names, ages,	per diem allowances for members of employee's	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory) Col. (c) If the voucher includes Com $Col.$ (d) Show amount includes
hen relevant t	27, 1902, C.O. 2007 (9). The primary purpose ent or reimbursement cation expenses incurr to record and maintu to record and maintu The information will or the information in in or may be disclosed	g information thorized by 5 tions (FPMR 1	F 1012-A BA		tx -	CA			LA	IA A	144	9	1 13	per	>			+-		(d)	BREAK			expense travel	for actual	plete	ER (Unlisted
			CK. leaving ti						Inter	unth 1	C YOUNE	A INDA	aso m	Mene		_	+-	+		(e) (1)	СН	MEALS	-		- (i) Por (i) Cor	(h) Sho	Col. (d) Sho
support the class	Account Number (SSN) is solicited un Account Number (SSN) is solicited un 1943, for use as a tax payer and/or emplo is MANDATORY on vouchers claiming expense reimbursement which is, or ma your SSN and other requested informati however, failure to provide the inform however, failure to provide the inform	criminal, or regulatory investigations or requirement by this agency in connect employee, the issuance of a security cle formance of official duty while in Gover	he front blank			+-			Plak	saucher		has H!	misc		11/1/41					19/	10	_	ITEMIZED SUBSISTENCE EXPENSES	Show per diem an the lesser of the a Show expenses, su long distance telep subsistence, etc.	Show total subsistence expense incurred fi	Show expenses, such as: laundry, cleaning	if-explanator
	umber (SSN) is solicited u eas a tax payer and/or empli- FORY on vouchers claimin FORY on vouchers claimin mbursement which is, or m mbursement which is, or m nd other requested informat ind the provide the inform riam may result in delay or	latory investiga this agency in suance of a se cial duty while	5				- +		K 	a 121	2	tese	-								TENCE	LANEOUS	SISTENCE EX	nount, limited mount from co uch as: taxi/lim phone calls for	diem and actua	ich as: laundry	y) urred for each i
	. 6011(b) and 6109) yr and/or employee id Johens claiming trave which is, or may be, ested information is ide the information ide the information	criminal, or regulatory investigations or prosecution requirement by this agency in connection with employee, the issuance of a security clearance, o formance of official duty while in Government se				+	-+			mer					-								PENSES	Show per diem amount, limited to maximum rate, or in the lesser of the amount from col. (j) or maximum rate Show expenses, such as: taxi/limousine fares, air fare (i) long distance telephone calls for Government business, subsistence, etc.	l expense travel	cleaning and p	neal, including
	Account Number (SSN) is solicited under the authority or the interview 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 however, failure to provide the information (other than SSN) required to	gulatory investigations or prosecutions, or when pursuant to y this agency in connection with the hiring or firing of an issuance of a security clearance, or investigations of the per- tricial duty while in Government service. Your Social Security thicial duty while in Government service.	10	SUBTO			-+							_							EXPENSE	TOTAL		Show per diem amount, limited to maximum rate, or in traver on excersion excersion, since the lesser of the amount from col. (i) 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.	Complete for per diem and actual expense travel. Show total subsistence expense incurred for actual expense travel.	and pressing of clothes, tips to bellboys,	items are self-explanatory) Col. (d) Show amount incurred for each meal, including tax and tips, and daily total the following the set form
	November 22, ber; disclosure tion allowance Disclosure of ther instances; N) required to	ring or firing of an stigations of the per- Your Social Security	TOTALS	SUBTOTALS -															-		MILES	NO. OF	RATE:	ed with cash), I , relocation ot		s, tips to bellbo	daily total
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THE WHITE HOUSE OFFICE No. 9122

TRAVELER TO COMPLETE SECTIONS 1-8.) I HE WHITE HOUSE ADMINISTRATIVE OFF	Date of Request <u>August 9, 1983</u>
Name: Donna L. Blume *83 AUG -9 P3:	
Extension: 2861 Room: West Wi	
PURPOSE(S) and DATE(S): To accompany t	he President, August 12 - August 22,
TINERARY <u>El Paso, New Orleans,</u> Barbara (List all	La Paz, Mexico, Los Angeles, Santa cities where stopover occurs.)
DEPARTURE:	RETURN:
Date: August 12, 1983	Date: August 22, 1983
Time:11;30 A.M.	
	Mode: <u>Commercial - Los Angeles</u>
	To San Antonic
(a) All the main proposal in a set of the state of the state	
SIGNATURES:	
Traveler: 1 have read and agree	to the terms set forth of the reverse side)
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Department Head	Approving Officer (Special Assistant to the President for Administration)
ESTIMATED COSTS:	SPECIAL EXPENSES:
No. of Days Per Diem	
Hotel Name	
Hotel Daily Rate \$	
Other	
TRAVEL ADVANCE REQUESTED: YES	\square No Afficient: $3 \square OO / O$
Signature of Recipient.	Date:
REPAID: Amount Date	Schedule Balance this trip
FOR TRANSPORTATION OFFICE USE ONLY:	TKT # 5407811598
GTR No. D7-583-623	Amount \$ 12500

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MEMO 015237 REFERENCE	CHARGES	CREDITS	BALANCE	PREVIOUS BAL PICK-UP
2753 02/12/03 TAY 6 3644 08/17/83 TAY 6 4234 08/17/83 TAY 6 08/18/83 TAX 6 52-7 08/19/83 TAX 6 324 08/20/63 TAX 6	290.00 23.20 290.00 290.00 23.20 290.00 20 290.00 20 290.00 20 290.00 20 290.00 20 290.00 20 290.00 21 20 21 20 21 22 23 20 21 22 23 20 21 22	115 145 145 145 145 105 105 105 870,00	**313.20 / **626.40 / **939.60 / **1:252.80 / **1:566.00 / **1:875.20 / **1:875.20 /	**313. (4 **626. (82 **739.) (47 **1:252. (27+1:566. (17.*1:875.)
BILLING ADDRESS STREET CITY	STATE	ZIP	Sants I For rest	Marriotta Barbara Ba 260 Channel Drive Barbara, California rvations cal 805-92 toll-free 800-228-92



CENTURY PLAZA

2025 Avenue of the Stars, Los Angeles, California 90067 • 213 - 277-2000 • Telex No. 698-664

BLUME, DONNA F22WHITE HOUSE STAFF

ARRIVAL	0 101 107
DEPARTURE	8/21/83 8/22/83
NO. IN PARTY	8/22/83
RATE	1
-	110.00

	DATE		DESCRIPTION	AMOUNT
1	8/21/83	E-00M		\$110.00
2	8/21/83	RUUM TAX		\$11.00
			BALANCE INUE	\$121.0
			BHLHRUE DUE	\$121+0
ardias			STREET	
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