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**Collection: Deaver, Michael**  
**Folder Title: Travel-Deaver (2)**  
**Box: 59**

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# WITHDRAWAL SHEET

## Ronald Reagan Library

**Collection Name** DEAVER, MICHAEL: FILES

**Withdrawer**

KDB 8/29/2011

**File Folder** TRAVEL - DEAVER (2)

**FOIA**

F97-0066/19

**Box Number** 61

COHEN, D

175

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	ND	B6
4	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	8/27/1984	B6
5	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	ND	B6
6	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  
WASHINGTON

DATE: October 7, 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 *Mike Seaver*

The White House

Washington, D.C. 20500

CHECK PAYABLE TO: Donna Blume

AMOUNT: \$75.00

PURPOSE: Accompany the President to Detroit, Mississippi, and Texas 10/1-3/84

Date	Invoice	Item	Quantity	Amount

**REAGAN-BUSH '84**  
 GENERAL ELECTION CAMPAIGN COMMITTEE  
 440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001  
 THE RIGGS NATIONAL BANK  
 WASHINGTON, D.C.

CHECK NO. **12809**  
 15-3  
 540

DATE	CHECK NUMBER
10/11/84	0000012809

AMOUNT  
 \$ \*\*\*\*\*75.00\*

PAY TO  
 THE  
 ORDER OF: THE HONORABLE MICHAEL K DEEVER  
 THE WHITE HOUSE  
 WASHINGTON, DC. 20500

*[Signature]*  
 AUTHORIZED SIGNATURE

⑈012809⑈ ⑈054000030⑈ 01 08 486 324⑈

THE WHITE HOUSE  
WASHINGTON

DATE: October 7, 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:

\$75.00

PURPOSE:

Accompany the President to Detroit, Mississippi, and Texas 10/1-3/84

Date	Invoice	Item	Quantity	Amount

CHECK NO. 12808  
15-3  
540

REAGAN-BUSH '84  
GENERAL ELECTION CAMPAIGN COMMITTEE  
440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001  
THE RIGGS NATIONAL BANK  
WASHINGTON, D.C.

DATE	CHECK NUMBER
10/11/84	0000012808

AMOUNT  
\$ \*\*\*\*\*75.00\*

\*\*\*\*\*SEVENTY FIVE AND 00/100

PAY TO  
THE  
ORDER OF:

BLUME, DONNA  
THE WHITE HOUSE  
WASHINGTON, DC. 20500

  
AUTHORIZED SIGNATURE

⑈012808⑈ ⑆054000030⑆ 01 08 486 324⑈

*JW*

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: Michael K. Deaver  
The White House  
Washington, D.C. 25000

CHECK PAYABLE TO: Michael K. Deaver

AMOUNT: \$0

PURPOSE: Accompany the President to Connecticut and New Jersey on 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 - DEAVER (2)

*FOIA*

F97-0066/19

COHEN, D

*Box Number*

61

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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 FORM	1	ND	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]

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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.

**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.

(m) 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.

(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.

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

**TRAVEL AUTHORIZATION NO.**

**TRAVELER'S LAST NAME**

Deaver

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	Ar. Atlantic City, NJ															
	6:00	Dpt. Atlantic City, NJ															
	6:35	ar. Andrews AFB															
<b>SUBTOTALS</b>																	
<b>TOTALS</b>																	

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

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

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.

**TOTAL AMOUNT CLAIMED**

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4996

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 17, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff

Extension: 6475 Room: WW  Other \_\_\_\_\_

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

3. ITINERARY Washington, D.C., Waterbury, Connecticut and Washington, D.C.  
and 20 Clinton Court, New Jersey

4. DEPARTURE:

RETURN:

Date: September 19, 1984

Date: September 19, 1984

Time: 8:55 AM

Time: 6:25 PM

Mode: Gov. Trans.

Mode: Gov. Trans.

5. NATURE:  100% Official

100% Political  
*Reagan-Bush*

*Margaret P. Tutwiler / jg*

6. SIGNATURES:

Traveler: \_\_\_\_\_

*Michael K. Deaver*

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

*Michael K. Deaver*  
Department Head

*D. 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 N/A

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

*Michael R Deaver*

AUTH. NO.

*7996*

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

	#days	less hotel if billed	
	rate	grand total subsistence	<input type="text"/>
	amount		
<i>/</i>	less incidentals on hotel		

**Object Codes**  
23 or 24

**Other expenses**

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

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: Michael K. Deaver  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Michael K. Deaver  
AMOUNT: \$22.50

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

Item Quantity Amount

REAGAN-BUSH '84

GENERAL ELECTION CAMPAIGN COMMITTEE  
440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001  
THE RIGGS NATIONAL BANK  
WASHINGTON, D.C.

CHECK NO. 11386  
15-3  
540

DATE	CHECK NUMBER
09/27/84	0000011386

AMOUNT  
\$ \*\*\*\*\*22.50\*

PAY TO THE ORDER OF:  
THE HONORABLE MICHAEL K DEEVER  
THE WHITE HOUSE  
WASHINGTON, DC. 20500

\*\*\*\*\*TWENTY TWO AND 50/100

*Carolyn J. Melby*  
AUTHORIZED SIGNATURE

⑈011386⑈ ⑆054000030⑆ 01 08 486 324⑈

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4986

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 20, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: WW  Other

2. PURPOSE(S) and DATE(S): To accompany the President, September 23-24, 1984

3. ITINERARY Washington, D.C. Newark, NJ New York, NY, Newark, NJ Washington  
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:  
Date: September 23, 1984 Date: September 24, 1984  
Time: approx. 10:30 AM Time: approx. 4:00 PM  
Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE:  100% Official  100% Political **X STATE**

6. SIGNATURES:  
Traveler: [Signature]  
(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 \$ \_\_\_\_\_

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4986

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 20, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: WW  Other

2. PURPOSE(S) and DATE(S): To accompany the President, September 23-24, 1984

3. ITINERARY Washington, D.C. Newark, NJ New York, NY Newark, NJ Washington  
(List all cities where stopover occurs.)

4. DEPARTURE:

Date: September 23, 1984 RETURN: Date: September 24, 1984  
Time: approx. 10:30 AM Time: approx. 4:00 PM  
Mode: Gov. Trans. Mode: Gov. Trans.

5. NATURE:  100% Official  100% Political **X STATE**

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 \$ \_\_\_\_\_

lu

MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

DATE: September 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: Michael K. Deaver  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Michael K. Deaver

AMOUNT: \$0

PURPOSE: Accompany the President 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

*File Folder*

TRAVEL - DEAVER (2)

*FOIA*

F97-0066/19

COHEN, D

*Box Number*

61

175

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*DOC Document Type*

*NO Document Description*

*No of  
pages*

*Doc Date*

*Restric-  
tions*

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2 FORM

1

ND

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]

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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). Complete for per diem and actual expense travel.

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

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

Col. (h) 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  
 information if this is a continuation OF 1 PAGES  
 TRAVELER'S LAST NAME  
 Deaver

DATE	TIME	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															
<b>SUBTOTALS</b>																	
<b>TOTALS</b>																	

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

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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

**VOUCHER WORKSHEET**

TRAVELER'S NAME

*Michael K. Deaver*

AUTH. NO.

*4978*

DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	( ) BILLED HOTEL	DAILY TOTAL	NOTES	
<i>9/13</i>	<i>—</i>	<i>no per diem - 10 hour mile</i>							

	#days	less hotel if billed	
	rate	grand total subsistence	
	amount		
<i>/</i>	less incidentals on hotel		

**Object Codes**  
23 or 24

**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
<b>TOTAL</b>	<i>/</i>	_____



THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4978

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request ~~September 7, 1984~~

1. TRAVELER

Name: Michael K. Deaver  White House Staff

Extension: 6475 Room: WW  Other \_\_\_\_\_

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

3. ITINERARY Washington, D.C., Nashville, Tennessee and Washington, D.C.

(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: Gov. Transportation Mode: Gov. Transportation

5. NATURE:  100% Official

100% Political

6. SIGNATURES:

*Reagan Bush*

*Margaret D. Tutwiler/jb*

Traveler: *Michael K. Deaver*  
(I have read and agree to the terms set forth on the reverse side)

*Michael K. Deaver*  
Department Head

*D. Edward Wilson/j.* 9/13/84  
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 #10 #2432*

THE WHITE HOUSE  
WASHINGTON

DATE: September 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: Michael K. Deaver  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Michael K. Deaver

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

*File Folder*

TRAVEL - DEAVER (2)

*FOIA*

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*Box Number*

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3 FORM

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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.

**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.)

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

**Col. (g)** 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.

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

**Col. (m)** 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.

**Col. (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.

Complete this information if this is a continuation sheet. **PAGE 2** OF **1** PAGES

**TRAVEL AUTHORIZATION NO.**

**TRAVELER'S LAST NAME**  
DEAVER

DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES				MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED											
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)		MISCELLANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)						
9/12	10:00	Dpt. Andrews AFB																	
		Ar. Buffalo, NY																	
		Dpt. Buffalo, NY																	
		Ar. Broome County, NY																	
	5:30	Dtp. Broome County																	
	6:25	Ar. Andrews AFB																	
<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 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**

# VOUCHER WORKSHEET

TRAVELER'S NAME

*Michael K. Deaver*

AUTH. NO.

*8158*

DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	( ) BILLED HOTEL	DAILY TOTAL	NOTES
<i>9/12</i>	<i>—</i>	<i>no per diem - 10-hour mile</i>						

#days less hotel if billed  
 rate grand total subsistence  
 amount  
 less incidentals on hotel

**Object Codes**  
23 or 24

**Other expenses**

Air/rail fare		22
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)		
<b>TOTAL</b>	<i>—</i>	

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 8152

TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER **Michael K. Deaver**

Name: \_\_\_\_\_  White House Staff

Extension: 6475 Room: WW  Other \_\_\_\_\_

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

3. ITINERARY Washington, D.C., Buffalo and Broome, County, New York-  
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*

*Nargant D. Tutodes / jtk*

6. SIGNATURES:

Traveler: \_\_\_\_\_

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

*Michael K. Deaver*  
Department Head

*D. DeLoach & M. Bradford* 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 #10 P/B*

VENDOR NUMBER		VENDOR NAME			CHECK DATE	CHECK NO.
2994		THE HONORABLE MICHAEL K DEEVER			09/17/84	0000010776
INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT	EXPLANATION		
000000000797	97.50		97.50	REIMBURSEMENT-FOOD		
			97.50	***CHECK TOTAL***		

**REAGAN-BUSH '84**

GENERAL ELECTION CAMPAIGN COMMITTEE

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

THE RIGGS NATIONAL BANK  
WASHINGTON, D.C.

CHECK NO. **10776**

15-3  
.540

DATE	CHECK NUMBER
09/17/84	0000010776

\*\*\*\*\*NINETY SEVEN AND 50/100\*\*\*\*\*

PAY TO THE ORDER OF: THE HONORABLE MICHAEL K DEEVER  
THE WHITE HOUSE  
WASHINGTON, DC. 20500

AMOUNT
\$ *****97.50*

Cady S. Melly

AUTHORIZED SIGNATURE

⑈010776⑈ ⑆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: Michael K. Deaver  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Micahel K. Deaver

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:



*llu*

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: Michael K. Deaver  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Michael Deaver

AMOUNT: \$22.50

PURPOSE: Pre-advance on 8/16 for the President's trip to Dallas 8/22-24/84

Date	Invoice	Item	Quantity	Amount

<b>REAGAN-BUSH '84</b>		CHECK NO. <b>20418</b>				
440 FIRST STREET, N.W. • SUITE 600 • WASHINGTON, D.C. 20001		15-3 540				
THE RIGGS NATIONAL BANK WASHINGTON, D.C.		<table border="1"> <tr> <th>DATE</th> <th>CHECK NUMBER</th> </tr> <tr> <td>09/18/84</td> <td>0000020418</td> </tr> </table>	DATE	CHECK NUMBER	09/18/84	0000020418
DATE	CHECK NUMBER					
09/18/84	0000020418					
*****TWENTY TWO AND 50/100*****						
PAY TO THE ORDER OF:	THE HONORABLE MICHAEL DEEVER 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*						
<p>   0 204 18    : 054000030 : 0 1    08484679   </p>		<p><i>Carolyn S. Melby</i> AUTHORIZED SIGNATURE</p>				

SW

MEMORANDUM

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: Michael K. Deaver  
The White House  
Washington, D.C. 205000

CHECK PAYABLE TO: N/A

AMOUNT: \$0

PURPOSE: Accompany the President to Dallas, Texas 8/22-24/84

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

*File Folder*

TRAVEL - DEAVER (2)

*FOIA*

F97-0066/19

COHEN, D

*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	8/27/1984	B6
TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)			

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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.

**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 PAGE 2 information if this is a continuation OF 1 PAGES TRAVEL AUTHORIZATION NO. TRAVELER'S LAST NAME DEAVEY

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	BREAK-FAST (d)	LUNCH (e)	MEALS			MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED			
					DINNER (f)	TOTAL (g)	TOTAL SUBSISTENCE EXPENSE (j)					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. Washington, D.C.													
<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**

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 8164

TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 15, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: WW  Other \_\_\_\_\_

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

3. ITINERARY Washington, D.C., Dallas, Texas, Chicago, Illinois, Wash-  
ington, D.C. (List all cities where stopover occurs.)

4. DEPARTURE: August 22, 1984 Time: TBA Mode: Air Force One  
RETURN: August 24, 1984 Time: TBD Mode: Air Force One

5. NATURE:  100% Official  100% Political

SIGNATURES: Michael K. Deaver (I have read and agree to the terms set forth on the reverse side)  
W. H. [Signature] Department Head  
Thomas M. [Signature] Approving Officer (Special Assistant to the President for Administration)  
Margaret D. [Signature]

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 \_\_\_\_\_

FOR TRANSPORTATION OFFICE USE ONLY:

GTR No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

103 #0 4428

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 8152

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. **TRAVELER** Michael K. Deaver  
 Name: \_\_\_\_\_  White House Staff  
 Extension: 6475 Room: WW  Other \_\_\_\_\_
2. **PURPOSE(S) and DATE(S):** To accompany the President, September 12, 1984

3. **ITINERARY** Washington, D.C., Buffalo and Broome, County, New York-  
Washington, D.C.  
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**  
 Date: September 12, 1984 Date: September 12, 1984  
 Time: 9:50 AM Time: 6:40 PM  
 Mode: Air Force One Mode: Air Force One

5. **NATURE:**  100% Official  100% Political Nargant D. Tutwiler / jfb  
Reagan - Bush

6. **SIGNATURES:**  
 Traveler: *Michael K. Deaver*  
(I have read and agree to the terms set forth on the reverse side)  
*Michael K. Deaver* Department Head *D. Edward McLaughlin* 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 P/B

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 8152

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER

Michael K. Deaver

Name: \_\_\_\_\_  White House Staff

Extension: 6475 Room: 447  Other \_\_\_\_\_

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

3. ITINERARY Washington, D.C., Buffalo and Broome, County, New York-  
Washington, D.C.  
(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: September 12, 1984 Date: September 12, 1984

Time: 9:50 AM Time: 6:40 PM

Mode: Air Force One Mode: Air Force One

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:

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 \$ \_\_\_\_\_

103 710 193

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 8152

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER Michael R. Deaver  
Name: \_\_\_\_\_  White House Staff

Extension: 6475 Room:           Other

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

3. ITINERARY Washington, D.C., Buffalo and Broome, County, New York-  
Washington, D.C.  
(List all cities where stopover occurs.)

4. DEPARTURE: \_\_\_\_\_ RETURN: \_\_\_\_\_

Date: September 12, 1984 Date: September 12, 1984

Time: 9:50 AM Time: 5:40 PM

Mode: Air Force One Mode: Air Force One

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: \_\_\_\_\_ 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 \$ \_\_\_\_\_



THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4978

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: WW  Other

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

3. ITINERARY Washington, D.C., Nashville, Tennessee and Washington, D.C.  
(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: Gov. Transportation Mode: Gov. Transportation

5. NATURE:  100% Official  100% Political  
6. SIGNATURES: Reagan - Bush Margaret D. Tutwiler/jb

Traveler:   
(I have read and agree to the terms set forth on the reverse side)  
 Department Head  
 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 1431

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4978

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: WW  Other

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

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

4. DEPARTURE: September 13, 1984 9:50 AM  
RETURN: September 13, 1984 4:25 PM  
Mode: Gov. Transportation

5. NATURE:  100% Official  100% Political  
6. SIGNATURES: Michael K. Deaver Margaret D. Tuttle/jb

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: \_\_\_\_\_ 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 \$ \_\_\_\_\_

103 110 114

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4978

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 7, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff

Extension: 6475 Room: 44  Other

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

3. ITINERARY Washington, D.C., Nashville, Tennessee and Washington, D.C.

(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: Gov. Transportation Mode: Gov. Transportation

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: 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 \$ \_\_\_\_\_

# WITHDRAWAL SHEET

Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

*Withdrawer*

KDB 8/29/2011

*File Folder*

TRAVEL - DEAVER (2)

*FOIA*

F97-0066/19

COHEN, D

*Box Number*

61

175

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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>
5 FORM	1	ND	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.

# WITHDRAWAL SHEET

## Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

*Withdrawer*

KDB 8/29/2011

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*FOIA*

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COHEN, D

*Box Number*

61

175

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*DOC Document Type*

*NO Document Description*

*No of Doc Date Restric-  
pages tions*

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6 FORM

1 8/22/1984 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]

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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.)

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

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.

(m) 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.

(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.

DATE	TIME	DESCRIPTION	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	9:30	Dep. Andrews AFB																
7/28		Ar. Los Angeles																
7/28		Dpt. Los Angeles																
7/28		Ar. Santa Barbara																
8/6	6:00	AM Dpt. Santa Barb.																
8/6	8:00	AM Ar. Lake Tahoe																
8/12	4:30	PM Dpt. Lake Tahoe																
8/12	6:00	PM Ar. Los Angeles																
8/15	10:00	AM Dpt. Los Angeles																
8/15	6:35	PM Ar. Washington, D.C.																
<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**

**VOUCHER WORKSHEET**

TRAVELER'S NAME

*Michael K. Deaver, cont.*

AUTH. NO.

*8156*

DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	BILLED HOTEL	DAILY TOTAL	NOTES
<i>8/7</i>	<i>0</i>							<i>Santa Barbara Beltmore</i>
<i>8/8</i>	<i>0</i>							<i>Century Plaza</i>
<i>8/9</i>	<i>0</i>							
<i>8/10</i>	<i>0</i>							
<i>8/11</i>	<i>0</i>							
<i>8/12</i>	<i>1/2</i>	<i>end personal time at 4<sup>th</sup> p.m.</i>						
<i>8/13</i>	<i>1</i>							
<i>8/14</i>	<i>1</i>							
<i>8/15</i>	<i>3/4</i>							

<i>12.00</i>	#days	less hotel if billed	
<i>30.00</i>	rate	grand total subsistence	<input type="text"/>
<i>360.00</i>	amount		
<i>-</i>	less incidentals on hotel		

**Object Codes**  
23 or 24

→  22

**Other expenses**

Air/rail fare	<input type="text"/>	21
Local trans (list dates and amounts)	<input type="text"/>	25
Auto Rent - (excludes insurance) \$ _____	<input type="text"/>	26
Other travel (specify)	<input type="text"/>	29
Phone calls - Certified as official business ( )	<input type="text"/>	52
Other misc. (specify)	<input type="text"/>	
<b>TOTAL</b>	<b>360.00</b>	

<b>VOUCHER WORKSHEET</b>	TRAVELER'S NAME <i>Michael K. Deaver</i>	AUTH. NO. <i>8156</i>
--------------------------	---	--------------------------

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>1/4</i>	<i>begin personal time at 2<sup>nd</sup> getu</i>							

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

<b>Other expenses</b>		
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
<b>TOTAL</b>		



THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 8156

TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request July 27, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff

Extension: 6475  Other

2. PURPOSE(S) and DATE(S): To accompany the President, July 28 - Aug 15, 84

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: Government Trans. Mode: Government Trans.

5. NATURE:  100% Official  100% Political

SIGNATURES:

Traveler: [Signature] (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 # 3,100 P435

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4998

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 27, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: WW  Other

2. PURPOSE(S) and DATE(S): To accompany the President, Sun. - Wed Sept. 2-5,

3. ITINERARY Washington, D.C to Orange County, CA, Cupertino, SE, Salt Lake City, Utah and Chicago, Illinois and return to Washington, D.C.  
(List all cities where stopover occurs.)

4. DEPARTURE: Sept. 2, 1984 Time: approx. 2:20 PM Mode: Air Force One  
RETURN: Sept. 5, 1984 Time: approx. 1:40 PM Mode: Air Force One

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

105 HC 2427

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 4998

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 27, 1984

1. TRAVELER

Name: Michael K. Deaver  White House Staff  
Extension: 6475 Room: 447  Other

2. PURPOSE(S) and DATE(S): To accompany the President, Sun. - Wed Sept. 2-5, 84

3. ITINERARY Washington, D.C to Orange County, CA, Cupertino, CA, Salt Lake City, Utah and Chicago, Illinois and return to Washington, D.C.  
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: Sept. 2, 1984 Date: Sept. 5, 1984  
Time: approx. 2:20 PM Time: approx. 1:40 PM  
Mode: Air Force One Mode: Air Force One

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: 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 \$ \_\_\_\_\_