# Ronald Reagan Presidential Library Digital Library Collections

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

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### **Ronald Reagan Library**

Colle	ction Name	DEAVER, MICHAEL: FILES		<b>Wit</b> KDI	<b>hdrawer</b> B 8/29/2011
File F	Folder	TRAVEL - DEAVER (2)		FOI	Ά
Box	Number	61		COI 175	-0066/19 HEN, D
DOC NO	<b>Doc Type</b>	Document Description	No of Pages	Doc Date R	estrictions
1	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	ND	В6
2	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	ND	B6
3	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	ND	В6
4	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	8/27/1984	В6
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-3 Release would violate a Federal statute [(b)(3) 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]

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]

NEMORANDUM

# THE WHITE HOUSE

WASHINGTON

DATE: October 7, 1984

and the second

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:	Domins Blume Mile Stances
a Severa	Washington, D.C. 20500
CHECK PAYAB	LE TO: Donna Blume
AMOUNT:	\$75.00 Accompany the President to Detroit, Mississippi, and Texas 10/1-3/84
PURPOSE:	Accompany the President to Detroit, Mississippi,
	Invoice Item Quantity Amount
Dete	
	CHECK 12809 NO. 15-3 540
INTERACTOR STREET	EAGAN-BUSH '84 L ELECTION CAMPAIGN COMMITTEE L ELECTION COMMITTEE L ELECTION CAMPAIGN COMMITTEE L ELECTION COMPAIGN COMMITTEE L ELECTION COMPAIGN COMMITTEE L ELECTION COMPAIGN COMP
FIRST STREE	, N.W.
THE RIGGS NATION WASHINGTON, D.C.	AL BANK AL BANK SEVENTY FIVE AND 00/100 10/11/84 AMOUNT
e e e e e e e e e e e e e e e e e e e	L ELECTION CAMPAIGN OF WASHINGTON, D.C. 2000 N.W. • SUITE 400 • WASHINGTON, D.C. 2000 AL BANK AL BANK ************************************
PAY TO THE ORDER OF:	THE HONORABLE MICHAEL K DEAVER THE WHITE HOUSE WASHINGTON, DC. 20500
	AL BANK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MEMORANDUM

## THE WHITE HOUSE

WASHINGTON

DATE: October 7, 1984

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ASSIS	STANT TO THE PRESIDENT F	TRATION				
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MEMORANDUM

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#### 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	ttem	Quantity	Amount
uthorized by:			
	(signature of approving o	fficial)	

COMMENTS:

## **Ronald Reagan Library**

	lection Name AVER, MICHAEL: FILES		Withdrav KDB 8/2	
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No	O Document Description	pages		tions
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	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.	Enter grand (n), below a this form.	1	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 per- tormance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under, the authority of the Internal Account Number (SSN) is solicited under, the authority of the Internal	ons or prosecution onnection with ity clearance, o Government se ted under the	tory investigations ( is agency in conne ance of a security al duty while in Gov (SSN) is solicited	or regulator ent by this e, the issuan of official of Number (S	criminal, requirem employee formance Account	101.7), 3397 of	ized by t ized by t (FPMR 2, E.O. ( primary	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. Chai: 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 results of information is to determine names of the primary purpose	ince with the initiation of th s implemente of July 22, 1943, and lested inform	omplia of Soli 11609 rember
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						+	+	+	+	Dpt. Hartford, CT	2:40	
										Ar. Hartford, CT	11:30	
										Dpt. Andrews AFB	10:30	9/19
SE SUBSISTENCE OTHER	MILEAGE	NO. OF MILES (k)	SUBSISTENCE EXPENSE (j)	LODGING (i)	SUBSIS- TENCE (h)	TOTAL	DINNER	LUNCH	BREAK FAST (d)	of expense) (c)	am/pm) (b)	(a)
		RATE:	TOTAL		MISCEL-		MEALS			(Departure/arrival city, per diem	-	19 84
AMOUNT CLAIMED	AN	MILEAGE		PENSES	ITEMIZED SUBSISTENCE EXPENSES	AIZED SUBS	ITEN			DESCRIPTION	TIME	DATE
TRAVELER'S LAST NAME		ed with cash), , relocation o	the lesser of the amount from col. (j) or maximum rate. Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	the lesser of the amount from col. (J) or maximum rate Show expenses, such as: taxi/limousine fares, air fare (ir long distance telephone calls for Government business, subsistence, etc.	hount from cc ch as: taxi/lim hone calls for	the lesser of the am Show expenses, suc long distance telepl subsistence, etc.	(n) Show of the less of the le		traver	of children (unless infor- mation is shown on the travel authorization.)	Ü	CLAIMED
TRAVEL AUTHORIZATION NO.	-	I. actual expen	Complete for per diem and actual expense travel. Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or if travel on actual expense, show	Complete for per diem and actual expense travel. Show total subsistence expense incurred for actu Show per diem amount, limited to maximum ratu	liem and actua ence expense i ount, limited	ete for per d total subsiste per diem amo	(i) Compl (i) Show (m) Show		actual expense	members' names, ages, and relationship to em-		AND
sheet. L PAGES		s, tips to bellt	Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).	, cleaning and pi ls).	Show expenses, such as: laundry, cl porters, etc. (other than for meals).	expenses, suc s, etc. (other	(h) Show		only	members of employee's immediate family, show	SES	EXPENSES
continuation OF		daily total	ncluding tax and tips, and daily total	-	Col. (d) Show amount incurred for each meal, thru (g) meal cost.	amount incu ost	(d) Show	Col.	Com-	Col. (c) If the voucher includes Com- per diem allowances for $plete$ thru (g) meal cost.	ULE	
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Date of RequestSeptember 17, 1984
White House Staff
D Other
resident Reagan, September 19, 1984
Ar - Ar
ury, Connecticut and Washington, D.(
RETURN:
Date: September 19, 1984
Time:6:25 PM
Mode:Gov. Trans.
100% Political Rangeted P. Indurla 7
- Deduced Wilson, J. 9/17 Approving Officer (Special Assistant to the President for Administration)
SPECIAL EXPENSES:
□ Registration Fee of \$
Commercial Car Rental
Excess Baggage
□ Other
No Amount: \$
Date:
Schedule Balance this trip

VOUCHER WORKSHEET			Muchael & Deaner				)	AUTH. NO. 7996
DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	( ) BILLED HOTEL	DAILY TOTAL	NOTES
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Other trave		· · · · · · · · · · · · · · · · · · ·						29
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Other misc.								
		TOTAL					1	
							A DESCRIPTION OF THE OWNER	



#### 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 Ce Rapids, Michigan on 9/20/84	dar Rapids, Iov	va and Grand
<u>,</u>	item	Quantity	Amount
PAY TO THE WORDER OF: THE WHITE HOLD WASHINGTON, D.C.	AN-BUSH '84 ON CAMPAIGN COMMITTEE SUITE 400 • WASHINGTON, D.C. 20001 **********************************	\$	CHECK NUMBER CHECK NUMBER CHECK NUMBER 0000011386 AMOUNT ********22.50*

	THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No.	4986
	(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request	er 20, 1984
1.	1. TRAVELER	
	Name: Michael K. Deaver Deaver White House Staff	
	Extension: Room: Other	
2.	AND COVERNMENT-ISSUED TICKETS	-24 3004
		-24, 1984
	ADVANCES FOR OFFICIAL TRAVEL ONLY	
2		1
3.	3. ITINERARY <u>Washington, D., C Newark, NJ New York, NY, Newark</u> , (List all cities where stopover occurs.)	NJ Washingt
4.	Advances will not be provided to anyone with an outstanding unaccounted for dyances will and be provided to anyone with an outstanding unaccounted for seturated to anyone with an outstanding unaccounted for	
	ALTORN.	
	Date: <u>September 23, 1984</u> <u>and to police to Mate</u> Date: <u>September 24, A1</u>	984
	Time: approx. 10:30 AM Time: approx. 4:00 PM	Mg Contraction
	Mode: <u>Gov. Trans</u> Mode: <u>Gov. Trans</u>	C
5.		
6.	<b>STATE</b> A within 15 days after return will be repaid by a deduction from the Stall	
0.	member's salary.	
	Traveler:(I have read and agree to the terms set forth on the reverse side)	
	COVERNMENT INCRETE FOR OFFICE INAVIA OF	"P applied
	Approving Officer (Special Assistant to the President for	Administration)
	government-issued tickets that end being used for unofficial travel will be considered	Auministration)
7.	7. ESTIMATED COSTS: Vignibio Special Expenses: normal s	
	No. of Days Per Diem Registration Fee of \$	
	Hotel Name Commercial Car Rental	
	Hotel Daily Rate \$ Excess Baggage	
	Other	
8.		
	Cignations of Desiries 1	
	REPAID: Amount Date Schedule Balance this tr	ip
9.	9. FOR TRANSPORTATION OFFICE USE ONLY:	
	GTP No	

GTR No.

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Amount \$\_\_\_\_

	SUBJECT TO ALL	THIS APPROVAL IS	
N	Name: MICHAELK. DEAVER	White House Staff	
F	# # # # P P P P P P P P P P P P P P P P	AGT OT DOTHER 199	
F	Extension: Room:	the President, September 28-24,	198
	VIVO.	1. ADVANCES FOR OFFICIAL TRAVES	
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1	ne with an dutstanding unaccounted-for <b>:3AUTRAGAG</b>	REIUKN:	
]	Date: Septmeber 23, A1984 Mich of the	Date: Description 24/2/1984	
	Time: approx. 10:30 AM	extension 2500 except in emergencies.	-
	AL TRAVER PNEM	agree to the terms set forth on the reverse side)	
	edersted OfbasH memregen villing officer man personal travel). The entire cost of any		tration)
	personal travel). The entire cost of any sed for unofficial travel will be considered	Special Assistant to the President for Administ Sovernment is the code being us a person <b>:SERNARXE LAISAGE</b> (reated acco	tration)
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MEMORANDUM

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#### 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	ltem	Quantity Amount
Authorized by:	an an an and the	
Autorized by:	(signature of approving	official)

Date sent for payment: \_

COMMENTS:

### **Ronald Reagan Library**

Collection Name			Withdraw KDB 8/2	
DEAVER, MICHAEL: FILES			KDD 0/2	0/2011
File Folder			FOIA	
TRAVEL - DEAVER (2)			F97-0066	/19
			COHEN,	D
Box Number				
61			175	
DOC Document Type		U	Doc Date	
NO Document Description		pages		tions
2 FORM		1	ND	B6
TRAVEL VOUCHER (FORM	M SF1012) (FRONT			

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

ONLY)

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STANDARD FORM 1012 BACK (10-77)	DARD FORM 10	STANC											
	D -I	TOTAL AMOUNT CLAIMED	ovember 22, ar; disclosure in allowance bisclosure of ier instances; required to	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 of 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.	b) and 6109) an r employee iden laiming travel or may be, ta formation is vol information (o alay or loss of re	Revenue Code (26 U.S.C. 6011(b) and 1943, for use as a tax payer and/or emplo is MANDATORY on vouchers claimin expense reimbursement which is, or mi your SSN and other requested informat however, failure to provide the informat however, failure to provide the informat	e Code (26 or use as a ta IDATORY of reimbursen N and other r, failure to the claim m	Recoord 1943, fo is MAN expense your SS however support	hary purpose bursement to bursement to nses incurred and maintain and maintain ation will be nation in the mation the disclosed to vant to civil,	Governber 22, 1943, and 26 U.S.C. 6011(0) 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 cost 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,	943, and 2 3 informati als for all the adminis the adminis bimburseme t and empl their offic their offic	visovember 22, 1943, of the requested inf eligible individuals f under appropriate a costs of such reimbu used by officers and performance of thei appropriate Federali	Novem eligible under costs c used b perfor
ns (I), (m) and n the front of	Enter grand total of columns (II, (m) and (n), below and in item 13 on the front of this form.	T	ursuant to a firing of an of the per- cial Security the Internal	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 per- formance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal	ions or prosecut connection with rity clearance, of Government se sited under the	ory investigati s agency in c ince of a secu I duty while ir (SSN) is solic	, or regulate nent by thise ae, the issua the of official the Number (	criminal requiren formanc	nation is pro- 1 by 5 U.S.C. PMR 101-7), E.O. 9397 of	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), 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.	with the Privan of the in of the in plemented July 22, 19	Solicitation Solicitation S7 as imp 1609 of	In com vided: Chap E.O. 1
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(n)	(m)	(1)	(k)	(j)	(1)	TENCE	TOTAL	DINNER	FAST LUNCH	of expense) (c) F.		am/pm) (b)	(a)
CE OTHER		MILEAGE	NO. OF	TOTAL	LODGING	LANEOUS SUBSIS		MEALS	BREAK-	arrival city, per diem n, or other explanations			19 84
_	AMOUNT CLAIMED	AM	MILEAGE RATE:		PENSES	ITEMIZED SUBSISTENCE EXPENSE	IZED SUBS	ITEM		DESCRIPTION	m	TIME	DATE
, )	Deaver	ther than	relocation of	long distance telephone calls for Government business, car rentar, relocation other main subsistence, etc.	sovernment busi	none calls for (	long distance teleph subsistence, etc.	long dis subsiste		mation is shown on the travel authorization.)		MED	CLAIMED
LAST NAME	TRAVELER'S L		d with cash),	Show per diem amount, limited to maximum rate, or it travel on actual expense, show 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 Show expenses.	) maximum rate, or it (j) or maximum rate usine fares, air fare (it	Show per diem amount, limited to maxi the lesser of the amount from col. (j) or Show expenses, such as: taxi/limousine	er diem amo er of the amo xpenses, suc		expense travel	of children lunless infor-	-	JNTS	AMOUNTS
				e travel. for actual expense travel.	expense travel. curred for actua	Complete for per diem and actual expens Show total subsistence expense incurred	te for per di otal subsister	(i) Comple (ii) Show to	actual	members' names, ages,		NSES	AND
L PAGES	STREEL		tips to bellb	Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, nother each (other than for meals)	cleaning and pre	Show expenses, such as: laundry, c	xpenses, such	(h) Show e					OF
OF	is a nuation		daily total	Col. (d) Show amount incurred for each meal, including tax and tips, and daily total thru (g) meal cost.	heal, including ta	red for each m	mount incur ost.	d) Show an all co	Com- Col. ( plete thru (	Col. (c) It the voucher includes C	Col. (	DULE	SCHEDULE
PAGE 2	is						planatory	s are self-ex	Inlisted item	INCEDITIONS TO TRAVELER (Unlisted items are self-explanatory)	INC		
			No. of Concession, Name of Street, or other										

VOUCHER WORKSHEET TRAVELER'S NAME						auth. NO. 4978		
DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	() BILLED HOTEL	DAILY TOTAL	NOTES
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		rate			grand total	subsistence		23 or 24
		amount						
		less incider	itals on hotel					7
Other ex	nenses							22
Air/rail far								21
Local trans (list dates and amounts)						· .		
								25
	3							_
		nsurance) \$						26
Other trav	el (specify)							29
Phone call	s – Certified	as official busi	ness()					52
Other mise	e. (specify)							
		TOTAL						

VELER TO COMPLETE SECTIONS 1-8.)	Date of Request September 7, 1984
TRAVELER	
Name: Michael K. Deaver	White House Staff
Extension: Room:	Other
PURPOSE(S) and DATE(S): <u>To accompany</u>	the President, September 13,1984
	ashville, Tennessee and Washington, I all cities where stopover occurs.)
DEPARTURE:	RETURN:
Date: September 13, 1984	Date: September 13, 1984
Time: 9:50 AM	Time: 4:25 PM
Mode: Gov. Transportation	Mode: Gov. Transportation
SIGNATURES: Traveler:	K 100% Political Reagan Buch Margand D. Tuchorley ree to the terms set forth on the reverse side)
Department Head	Declarad Wilson fr. 9/17/0 Approving Officer (Special Assistant to the President for Administration)
ESTIMATED COSTS:	SPECIAL EXPENSES:
No. of Days Per Diem	Registration Fee of \$
Hotel Name	Commercial Car Rental
Hotel Daily Rate \$	Excess Baggage
nuce Daily Rate 3	
	Other
Other	□ No Amount: \$
Other TRAVEL ADVANCE REQUESTED:	
Other TRAVEL ADVANCE REQUESTED:	□ No Amount: \$ Date:

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

Date	Invoice		Item		Quantity	Amount	
PURPOSE:	-	Accompany the	President	to Buffalo	and Broome	County, NY	9/12/84
AMOUNT:	-	\$0					
CHECK PAYABLE TO	-	Michael K. Dea	aver				
	-	Washington, D.	C. 20500				
	_	The White Hous	se				
COMPANY:	-	Michael K. Dea	iver				

(signature of approving official)

COMMENTS:

Authorized by: \_\_\_\_\_

Date sent for payment: \_\_\_\_\_

### **Ronald Reagan Library**

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	TRAVEL VOUCHER (FORM SFI ONLY)	1012) (FRG	ONT			

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

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

B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]

B-3 Release would violate a Federal statute [(b)(3) of the FOIA]

B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]

B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]

B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]

B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]

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

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In compliance with t vided Solicitation of Chap. 57 as implem E.O. 11609 of July November 22, 1943, of the requested inti- eligible individuals t under appropriate a costs of such reimbu- used by officers and performance of theil appropriate Federal,	It additional space					6:25	5:30				9/12 10:00	(a) (b)	19 84 (Hour	DATE TIME	CLAIMED	AND	EXPENSES	SCHEDULE
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), 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 eligible individuals for allowable travel and/or retocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil,	If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.					Ar. Andrews AFB	Dtp. Broome County	Ar. Broome County	Dpt. Buffalo, NY	Ar. Buffalo, NY	0 Dpt. Andrews AFB	(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-	members of employee's immediate family, show	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)         Col. (c) It the voucher includes         per diem allowances for       Com.       Col. (d)       Show amount incurr
prmation is pro 2red by 5 U.S. (FPMR 101.7) 2, E.O. 9397 o hrimary purpose mbursement to penses incurree d and maintair d and and maintair d and and maintai	12-A BACK. I		+	 	 	 		ty, NY		-		FAST LUNCH	BREAK			actual L	only for	(Unlisted ite Com- Co plete thr
	avin			 	 	 						CH DINNER	MEALS	ITEM	(n) Show e long dis subsiste	(i) Comple (i) Show to (m) Show p		nns are self-e) 1. (d) Show a 1. (g) meal co
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 Account Number (SSN) is solicited un Revenue Code (26 U.S.C. 6011(b) and ¢ 1943, for use as a tax payer and/or emplo is MANDATORY on vouchers claiming is MANDATORY on vouchers claiming expense reimbursement which is, or ma your SSN and other requested informatin however, failure to provide the informatin however, failure to provide the information support the claim may result in delay or l	nt blank.			 	 	 	-					TOTAL		ITEMIZED SUBSISTENCE EXPENSES	Show expenses, such as: tax//imousine long distance telephone calls for Govern subsistence, etc.	Complete for per diem and actual exper Show total subsistence expense incurred Show per diem amount, limited to mark the lesser of the amount from col (i) or	Show expenses, such as: laundry, cl porters, etc. (other than for meals).	<i>(planatory)</i> mount incurr ost.
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nns or prosecutions, o prinection with the v try clearance, or inve- Government service. ted under the aution and 6109) and E.O. employee identification employee identification aiming travel and/or or may be, taxable i or may be, taxable i			+	 	 	 						(i)	LODGING	PENSES	usine fares, air	Complete for per diem and actual expense travel, Show total subsistence expense incurred for actual expe Show per diem amount, limited to maximum rate, or if the lesser of the amount from col (i) or maximum rate	cleaning and p	neal, including
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 per- formance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 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 as 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.	TOT	SUBTOTALS -		 		 						EXPENSE (j)	TOTAL		Show expenses, such as: tax/limousine farres, air farre (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. Show per diem amount from col (i) or maximum rate, or if travel on actual expense, show the lesser of the amount from col (i) or maximum rate	Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).	items are self-explanatory) $C_{OI}$ . (d) Show amount incurred for each meal, including tax and tips, and daily total thru (g) meal cost.
	TOTALS -	ALS 🕨										MILES	NO. OF	MILEAGE RATE:	ed with cash), , relocation o	l. actual expen	s, tips to bellt	daily total
Enter grand tot (n), below and in this form. TOTAL AMOUNT CLAIMED►				 -	 	 						(1)	MILEAGE	AMO	and the second se	-		8330
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	AMOUNT CLAIMED	TRAVELER'S LAST DEAVER		Sheet.	lete this nation is a nuation
al of columns (I), (m) and in item 13 on the front of												(n)	ICE OTHER	D	LAST NAME VER	CHIEF HOW NO.	TRAVEL ALITHORIZATION NO	PAGE 2

VOUCH	OUCHER WORKSHEET TRAVELER'S NAME							AUTH. NO. SISY
DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	( ) BILLED HOTEL	DAILY TOTAL	NOTES
9/12		moser	dum	10-hour	mile			
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		#days			less ho	tel if billed		Object Codes
		rate			grand total s	subsistence		23 or 24
		amount						
	/	less inciden	tals on hotel			ſ		1
Other exp	enses							22
Air/rail fare		<ul> <li>1</li> <li>1</li> <li>1</li> </ul>						21
Local trans (	list dates an	d amounts)					•••••••••••••••••••••••••••••••••••••••	
								25
Auto Dont	· · · · · · · · · · · · · · · · · · ·							
	Auto Rent – (excludes insurance) \$         Dther travel (specify)							26
Phone culle	Phone calls – Certified as official business ( )							29
Other misc.		onicial busin	ess ( )					52
		TOTAL			-		/	
		-					/	

RAVELER TO COMPLETE SECTIONS 1-8.)	Date of Request September 7, 1984
TRAVELER Michael K. DEaver	
Name:	💾 White House Staff
Extension: 6475 Room: WW	Other
PURPOSE(S) and DATE(S): To accompany the	President, September 12, 1984
ITINERARY Washington, D.C., Buffalo Washington, D.C. (List all c	and Broome, County, New York-
DEPARTURE:	<b>RETURN:</b>
Date: September 12, 1984	Date: September 12, 1984
Time: 9:50 AM	Time:6:40 PM
Mode: Air Force One	Mode: Air Force One
NATURE: D 100% Official	100% Political Narcaut D That
SIGNATURES:	100% Political Nayant D. Turturley -
Traveler:	
	the terms set forth on the reverse side)
Department Head	D. Jeluca, S. M. Loro A. 9/17/2 Approving Officer
Department fléad	
	Approving Officer
na no ana sila dal mangan hangan di k	Approving Officer // (Special Assistant to the President for Administration) SPECIAL EXPENSES:
ESTIMATED COSTS:	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES:
ESTIMATED COSTS: No. of Days Per Diem	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental
ESTIMATED COSTS: No. of Days Per Diem Hotel Name	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage
ESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage Other
ESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Other	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage Other No Amount: \$
ESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Other TRAVEL ADVANCE REQUESTED: □ YES Signature of Recipient:	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage Other No Amount: \$ Date:
ESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Other TRAVEL ADVANCE REQUESTED: □ YES Signature of Recipient: REPAID: Amount Date	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage Other No Amount: \$ Date: Schedule Balance this trip
ESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Other TRAVEL ADVANCE REQUESTED: □ YES Signature of Recipient: REPAID: Amount Date	Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES: Registration Fee of \$ Commercial Car Rental Excess Baggage Other No Amount: \$ Date: Schedule Balance this trip

			NDOR NAME		1	- A
2994	THE HONORABLE M	ICHAFT K DEAL			CHECK DATE	CHE
INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT		09/17/84	A2444
0000000787	97.50		ALL AMOUNT		EXPLANATION	00000107
			97.50 97.50	REIMBURSEMENT-FOOD ***CHECK TOTAL***		

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REAGAN-BUSH '84 GENERAL ELECTION CAMPAIGN COMMITTEE 440 FIRST STREET, N.W. • SUITE 400 • WASHINGTON, D.C. 20001	снеск 10776 NO. 15-3
THE RIGGS NATIONAL BANK WASHINGTON, D.C.	, 540
	DATE CHECK NUMBER
	09/17/84 0000010776
PAY TO	
THE ORDER OF: THE HONORABLE MICHAEL K DEAVER THE WHITE HOUSE WASHINGTON, DC. 20500	AMOUNT \$ *******97.50*
"010776" 1:0540000301: 01 08 486 324"	AUTHORIZED SIGNATURE

MEMORANDUM

#### THE WHITE HOUSE

DATE: September 11, 1984

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

#### FBOM: 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 Californi	la, Utah, a	and Illinois	9/2-5/84				
Date Invoice		ltem		Quantity	Amount					
					STRUCTURE CONTRACTOR AND A CONTRACTOR OF A					
Authorized by:	(	(signature of ap	proving official)							
Date sent for payment:										

COMMENTS:

MEMORANDUM

**THE WHITE HOUSE** WASHINGTON

#### DATE: September 13, 1984

Ku

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	. Dea∜er	· ,					
		The White	House						
		Washingto	n, D.C. 20500						
CHECK PA	ABLE TO:	Michael Deaver							
AMOUNT:	•	\$22.50							
PURPOSE:		Pre-advan	ce on 8/16 for the P	resident's tri	p to Dalla	s 8/22-24/84			
Date	Invoice		ltem	Quantity	Ато	unt			
					5.				
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THE I	NATIONAL B WASHINGTON, D.C.	ANK							
	*****	*******	**************************************	TWO AND 50/100	DATE 09/18/84	CHECK NUMBER			
PAY	IE				¢	MOUNT			
	THE WHO	NORABLE MICHA (TE HOUSE STON, DC. 20		Car	den S.	mellon			
an na	··· 0 20 4 18	. :0540	000301: 01-0848	34679"	AUTHORIZE	D SIGNATURE			

#### 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

OMPANY:	Michael K. Deaver						
	Washington, D.C. 205000						
HECK PAYABLE TO:	N/A	<u>.</u>					
MOUNT:	\$0						
URPOSE:	Accompany the President to Da	allas, Texas 8/22-	-24/84				
Date Invoid	ce Item	Quantity	Amount				
· · · · · · · · · · · · · · · · · · ·							
Authorized by:							
Authorized by:	(signature of approving	official)					

No expenses authorized for this trip.

## **Ronald Reagan Library**

Collection Name DEAVER, MICHAEL: FILES	<i>Withdrawer</i> KDB 8/29/2011
File Folder TRAVEL - DEAVER (2)	<i>FOIA</i> F97-0066/19 COHEN, D
Box Number 61	175
DOC Document Type NO Document Description	No of Doc Date Restric- pages tions
4 FORM	1 8/27/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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

B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]

B-3 Release would violate a Federal statute [(b)(3) of the FOIA]

B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]

B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]

B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA] B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]

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

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		ctual expense	expense travel. or if travel on a rate	Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or if travel on actual expense, show	unt, limited to	total subsisten per diem amou	(j) Show t (m) Show t	Г	actual expense	members' names, ages, and relationship to em-		AND
TRAVEL AUTHORIZATION NO.			•	expense travel.	Show expenses, such as hermony, courses, porters, etc. (other than for meals).	, etc. (other the		[2]	only for	members of employee's immediate family, show	ES	EXPENSES
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- 1												

ELER TO COMPLETE SEC	CTIONS 1-8.)	Date of Request	August 15,1984
RAVELER	STADE DEBUG	HIR TPERCEAL B	
Name: <u>Michael K.</u>	and the second second second	E White House S	Staff
6475	Room:WW	□ Other	
	To accompany	the President, Aug	. 22- Aug. 24, 1984
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Hotel Name			Car Rental
		Excess Bagga	ge
Other			
TRAVEL ADVANCE REQU			\$
Signature of Recipient:			Date:
REPAID: Amount	Date	Schedule	Balance this trip
FOR TRANSPORTATION			
GTR No		Amount N	

## THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 8152

RAVELER TO COMPLETE SECTIONS 1-8.)	Date of Request September 7, 1984
TRAVELER Michael K. DEaver	DI INVOGGA SINT
	White House Staff
ADMINISTRATIVE POLICIES	AS WELL AS THE FOLLOWING
Extension: <u>6475</u> Room: <u>W</u>	
PURPOSE(S) and DATE(S): To accompany	the President, September 12, 1984
	L ADVANCES FOR OFFICIAL TRAVEL
ITINERARY Washington, D.C., Buff Washington, D.C. (L	falo and Broome, County, New York- List all cities where stopover occurs.)
ne with an outstanding unaccounted-for	Advances will not be provided to anyot
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<pre>ised for unofficial travel will be considered ordingly. </pre>	povernment-issued rickets that end being u
ESTIMATED COSTS:	On Die Special Expenses horror s
No. of Days Per Diem	Registration Fee of \$
Hotel Name	Commercial Car Rental
Hotel Daily Rate \$	Excess Baggage
Other	Other
TRAVEL ADVANCE REQUESTED:	□ No Amount: \$
Signature of Recipient:	Date:
REPAID: Amount Date	Schedule Balance this trip
FOR TRANSPORTATION OFFICE USE ONLY:	
GTR No.	Amount \$

(TRA	AVELER TO COMPLETE SECTIONS 1-8.) Date of Request Sections 7, 1984
1.	TRAVELER       Michael K. DEaver         Name:
	I. ADVANCES FOR OFFICIAL TRAVELONLY
3.	ITINERARY Washington, D.C., Buffalo and Broome, County, New York- Washington, D.C. (List all cities where stopover occurs.)
4.	Advances will not be provided to anyone with an outstanding unaccounted-for advance. :RTUTAR:
	Date:         September 12, 1984         1984           Date:
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7.	Department Head Department Hea
	No. of Days Per Diem Registration Fee of \$
	Hotel Name Commercial Car Rental
	Hotel Daily Rate \$ Excess Baggage
	Other Other
8.	TRAVEL ADVANCE REQUESTED:
	Signature of Recipient: Date:
	REPAID:       Amount       Date       Schedule       Balance this trip
9.	FOR TRANSPORTATION OFFICE USE ONLY:
	GTR No Amount \$
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## THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 8152

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ELER TO COMPLETE SECTIONS 1-8.)	Date of Request September 7, 1984
SUBJECT TO ALL	THIS APPROVAL IS
Michael KA Deaver (A MA)	K White House Staff
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Extension: <u>6475</u> Room: <u>WW</u>	ASTOT Other 3
2TINOT (LJUCH-	y the President, September 13,1984
PURPOSE(S) and DATE(S)TOUUUUUT	<b>*</b>
Yako.	L ADVANCES FOR OFFICIAL TRAVEL
Washington, D.C.,	Nashville, Tennessee and Washington,
(L	ist all cities where stopover occurs.)
ne with an outstanding unaccounted for <b>:3AUTAAQAD</b>	Advances will not be provided to anyoi advance. : <b>INAUTAR</b>
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RAVELER TO COMPL	ETE SECTIONS 1-8.)	Date of Request	September 7, 1984
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CIES	DMINISTRATIVE POLI	AS THE FOLLOWING AI	AS WELL
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## THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 4978

VELER TO COMPLETE SECTIONS 1-8.)	Date of Request September 7, 1984
TRAVELER	. THIS APPROVAL IS SUBJE
	White House Staff 191A
	AS WELL AS THE FOLLOWING ADMIN
Extension:6475 23 Room: ()	A WWAST OT DOther 139
D TICKETS	AND GOVERNMENT-ISSUE
FURFUSE(S) and DATE(S):	company the President, September 13,1984
	1. ADVANCES FOR OFFICIAL TRAVEL ONLY
ITINERARY Washington, H	D.C., Nashville, Tennessee and Washington, I (List all cities where stopover occurs.)
an outstandine unaccounted for	Advances will not be provided to anyone with
DEPARTURE:	advance. somevae
Date:September in 13, 1984 in	Verters 13, 51984
Time: 9:50 AM	extension 2500, except in emergencies.
Time:	
Mode: <u>Gov. Transportatio</u>	Mode: SGov. Transportation
NATURE: Horse of I 100% Official	Any traveladvance w lasifilog. 0001 of repaid or a
aid by a deduction from the Staff	Apy travitadvance w lasitilo9,000 her repaid or a function of the repaid or a function of the repaid
SIGNATURES:	member's salary.
Traveler:	
(Iha VIVALIVA	ve read and agree to the terms set forth on the reverse side)
nani infilo gamiyinDepartmentHeadio	reguested tickets shall not be requested
I travel). The entire cost of any	Succession of the second secon
	government-issued tickets that end being used for i a person <b>:?328/ASTA JAIJ397</b> treated accordingly
ESTIMATED COSTS.	(BURDIOSS DOMONISTECTAL EATENSESSION OF B
No. of Days Per Diem	Registration Fee of \$
Hotel Name	Commercial Car Rental
Hotel Daily Rate \$	Excess Baggage
Other	□ Other
	□ Other □ YES □ No Amount: \$
Other TRAVEL ADVANCE REQUESTED:	□ YES □ No Amount: \$
TRAVEL ADVANCE REQUESTED:	□ YES □ No Amount: \$ Date:
TRAVEL ADVANCE REQUESTED:	□ YES □ No Amount: \$ Date: Schedule Balance this trip
TRAVEL ADVANCE REQUESTED:       Image: Constraint in the sector of the sec	□ YES □ No Amount: \$ Date: Schedule Balance this trip

## **Ronald Reagan Library**

Collection Name				Withdray	ver
DEAVER, MICHAEL: FILES				KDB 8/2	29/2011
File Folder				FOIA	
TRAVEL - DEAVER (2)				F97-0066	5/19
				COHEN,	D
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61				175	
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5 FORM			1	ND	B6
TRAVEL VOUCHER (FORM S	F1012) (FR	ONT			

ONLY)

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

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

B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]

B-3 Release would violate a Federal statute [(b)(3) of the FOIA]

B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]

B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]

B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]

B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA] B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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

### **Ronald Reagan Library**

Collection Name			Withdrawer
DEAVER, MICHAEL: FILES			KDB 8/29/2011
	." ^		
File Folder			FOIA
TRAVEL - DEAVER (2)	*		F97-0066/19
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6 FORM		1	8/22/1984 B6
TRAVEL VOUCHER (FORM SH	F1012) (FRONT		

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

ONLY)

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

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

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rederal, state, local, or toreign agencies, when	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	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), 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			6:35 PM Ar. Washington	10;00 AM Dpt. Los Angele	6:00 PM Ar. Los Angeles	4:30 PM Dpt. Lake Tahoe	8:00 AM Ar. Lake Tahoe	6:00 AM Dpt. Santa Barb	Ar. Santa Barbara	Dpt. Los Angeles	Ar. Los Angeles	9:30 Dep. Andrews AFB	and computation, or other explanations am/pm) of expense) (b) (c)	(Hour (Departure/arrival city, per diem	TIME DESCRIPTION	<ul> <li>ployee and marital status</li> <li>of children (unless information is shown on the travel authorization.)</li> </ul>	and relationship to em-	immediate family, show	per diem allowances for	
n relevant to civil	US. The primary purpose ent or reimbursement to cation expenses incurred to record and maintain The information will be or the information in the ion may be disclosed to	information is pro prized by 5 U.S.C ns (FPMR 101-7) 962, E.O. 9397 o	1012-A BACK.		 	n, b.c.	0 S 					<u> </u>	+			BREAK FAST LUNCH			travel	actual L	only for	plete the	R (Unlisted ite
			leaving the from		 	-	+ - ·	+ -	+-	8/6/84 -		+ -	+-	+	+	DINNER	MEALS	ITEMI	the lesser of the (n) Show expenses, long distance te subsistence, etc.	(i) Show to (m) Show pe		thru (g) meal cost.	items are self-explanatory)
The crann may re	Account Number (SSN) is solicited under the activity of the interval Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397. November 22, 1943, for use as 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	criminal, or regulatory investigations or prosect requirement by this agency in connection will employee, the issuance of a security clearance, formance of official duty while in Government	nt blank.	-	 					8/12/84						TOTAL SU	M	ITEMIZED SUBSISTENCE EXPENSE	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.	Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or if travel on actual expense, show	Show expenses, such as: faundry, cleaning and pressing of clothes, tips to beliboys, porters, etc. (other than for meals) expenses travel	st.	planatory)
Leant III Generation	) is solicited (er and/or empl buchers claimin which is, or m uested informat uested informat uested information	ulatory investigations or prosecutions, or when p this agency in connection with the hiring or ssuance of a security clearance, or investigation citial duty while in Government service. Your Sc in the service of the			 		+-	+		Personal		+ -		+-		SUBSIS LOD TENCE (i	MISCEL	NCE EXPENS	trom col. (j) or taxi/limousine calls for Goverr	limited to max	laundry, cleani for meals).	or coort theor, th	or each meal in
	(109) and E.O. 9397, oyee identification num gotrave and/or reloca- tion is voluntary in all- mation (other than SS of eimburgement	r prosecutions, c tion with the l learance, or invi- arnment service.			 		+	+-		al T me	- + -		+-	+-	+	GING		ES	r maximum rate fares, air fare (ii nment business,	d for actual expense travel. imum rate, or if travel on a	ing and pressin		ocluding tax ar
	O. 9397, Nove ation number; o or relocation u a income. Disc a all other than SSN) re	prosecutions, or when pursuant to a ion with the hiring or firing of an sarance, or investigations of the per- mment service. Your Social Security	TOTALS	SUBTOTALS -	 	+-									+	SUBSISTENCE EXPENSE (j)	T	R	e. (if purchased v , car rental, rel	pense travel. if travel on act	g of clothes, ti		nd tips and da
_ [			LS V	LS V												MILES (k)	9	MILEAGE	vith cash), loca ocation other	ual expense, sh	ps to bellboys,		ily total
STANDARD F	TOTAL AMOUNT CLAIMED►	ter grand total , below and in s form.			 		+-	+-			_				<u>+-</u> .			AMOUNT	TR			continuation	Complete this information
STANDARD FORM 1012 BACK (10-77)		Enter grand total of columns (II), (m) and (n), below and in item 13 on the front of this form.									- + -				+	(m)	BOISTENCE	AMOUNT CLAIMED	Aveler's last name Deaver	Deaver	TRAVEL AUTHORIZATION NO.	OF	ation PAGE2
ACK (10-77)		(m) and front of					+ -				- + -	-+-			+ -	(n)			NAME		ATION NO.	1	2

VOUCH	ER WORK	SHEET	RAVELER'S NAM	IE A d	2 Dece		+	AUTH. NO. 8156
	PER		Typick	all n	MISC.	BILLED	DAILY TOTAL	
DATE	DIEM	BREAKFAST	LUNCH	DINNER	SUB.	HOTEL		NOTES
8/7	0					Santa 1	Barbara B	ilfmare
8/8	0					Centur	Jaibara 13 4 Mara	
8/q	0							
\$10	0							
8/11	0							
8/12	13	endpus	onal time	at 4th	eto			
8/13	1							
8/14	1							
\$15	3/4							
	12.00	#days			less	hotel if billed		Object Codes
	30.00	rate			grand tota	l subsistence		23 or 24
	360.00	amount						
	_	less incider	itals on hotel					1
Otherser							360.00	22
Other exp								21
Localtrans	(list dates an	d amounts)						-
								25
Auto Rent -	- (excludes in	surance) \$						26
Other trave	el (specify)							29
Phone calls	- Certified a	s official busin	ness ( )					52
Other misc	. (specify)							1
		TOTAL					360.00	1

						-		
VOUCHE		KSHEET	RAVELER'S NAM		Deale			auth. no. 8156
DATE	PER DIEM	BREAKFAST	LUNCH	DINNER	MISC. SUB.	() BILLED HOTEL	DAILY TOTAL	NOTES
7/28	3/4							
7/29	1							
7/30	1							5
7/31	1							
8/1	1							
8/2	1							
8/3	1							
8/4	1							
8/5	1							
8/6	1/4	Legins	usonal &	miato	negitu			
		#days			less h	otel if billed		Object Codes
		rate			grand total	subsistence		23 or 24
		amount						
		less incider	itals on hotel					-
Other exp	enses							22
Air/rail fare								21
Local trans	(list dates a	nd amounts)						
								25
		nsurance) \$						26
Other trave	l (specify)							29
Phone calls	- Certified a	as official busin	ness ( )					52
Other misc.	(specify)							
		TOTAL						

## THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 8156

TRAVELER         Name:       Michael K. Deaver	Contraction of the second s
THE PLAT	to the second
	W □ Other
PURPOSE(S) and DATE(S): To 84 JUL	accompany the President, July 28 - Aug 15, 27 AlO:18
	in aller te the termine and a second
	Los Angeles-Santa Barbara, Washington, D.C. (List all cities where stopover occurs.)
DEPARTURE:	RETURN:
	Date: 15, 1984
Time: 10:50 AM	Time: Afernoon
Mode: Government Trans.	Mode: Covernment Trans
NATURE: 100% Official	
Base of the second second second second	□ 100% Political
SIGNATURES:	□ 100% Political
SIGNATURES: Traveler:(1 have	100% Political  read and agree to the terms set forth on the reverse side)      Approving Officer (Special Assistant to the President for Administration)
SIGNATURES: Traveler: <u>IIIIIID</u> (I have Department Head	ead and agree to the terms set forth on the reverse side)
SIGNATURES: Traveler: <u>IIIIIID</u> (I have Department Head ESTIMATED COSTS:	ead and agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) SPECIAL EXPENSES:
SIGNATURES: Traveler: <u>IIIIIID</u> (I have Department Head ESTIMATED COSTS:	I 100% Political
SIGNATURES: Traveler:	100% Political  read and 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:	100% Political  read and 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
SIGNATURES: Traveler:	100% Political  read and 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
SIGNATURES: Traveler: (1 have (1 have Department Head Department Head ESTIMATED COSTS: No. of Days Per Diem Hotel Name Hotel Daily Rate \$ Other	100% Political  read and agree to the terms set forth opple reverse side)  Approving Officer (Special Assistant to the President for Administration)  SPECIAL EXPENSES:  Registration Fee of \$  Registration Fee of \$  Commercial Car Rental  Excess Baggage  Other YES No Amount: \$
SIGNATURES: Traveler: Traveler: () () () () () () () () () () () () ()	I 100% Political
SIGNATURES: Traveler: It is the second state of the second state of the second state second state of the second state seco	100% Political  read and agree to the terms set forth on the reverse side)  Approving Officer (Special Assistant to the President for Administration)  SPECIAL EXPENSES:      Registration Fee of \$

1	THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 4998
(TR	AVELER TO COMPLETE SECTIONS 1-8.) Date of RequestAugust 27, 1984
1.	THIS APPROVAL IS SUBJECT TO ALL
	Name:Michael K. Deaver DwWhite House Staff
	Extension: <u>6475</u> Room: <u>Augurante</u> Other <u>1</u>
2.	PURPOSE(S) and DATE(S): <u>To accompany the President, Sun Wed Sept. 2-5</u> ,
	1. ADVANCES FOR OFFICIAL TRAVEL ONLY
3.	ITINERARY Washington, D.C to Oragge County, CA, Cupertino, SS, Salt Lak (List all cities where stopover occurs.)
	City, Utah and Chicago, Illinois and return to Washington, D.C.
4.	DEPARTURE: RETURN: Someybe
	Date:Sept.: 2, 1984Hite House to White House 1984Sept. 5, 1984
	Time: approx. 2:20 PM Time: approx. 1:40 PM
	M. L. Sim Ramana And STILL VOL 142 MORE Made D Sim Raman And

Mode:	Banks de	LOIGEROUND	Mar I I R	_ Mode:	MAL LULUUS VIL	

5.	NATURE: nagya n	100% Official operations of 100% Political weapsychological weapsychological and the second sec	
6.	SIGNATURES:	J MAYM her. which is down ther return, will be repaid by a deduction from	lukel

Traveler:

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

	ed of babilitation of the second of the second of any and travely. The entire cost of any or unofficial travel will be considered	page), No printical or perso	ial Assistant to the President for Administration)	-
7.	ESTIMATED COSTS:			
	No. of Days Per Diem	🗆 Registra	tion Fee of \$	_
	Hotel Name		cial Car Rental	
	Hotel Daily Rate \$	Excess B	aggage	
	Other	Other _		_
8.	TRAVEL ADVANCE REQUESTED:	TES 🗆 No Amo	unt: \$	
	Signature of Recipient:		Date:	_
	REPAID: Amount Date	Schedule	Balance this trip	
9.	FOR TRANSPORTATION OFFICE USE ONL	·		
	GTR No	Amount	\$	

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## THE WHITE HOUSE OFFICE OFFICIAL TRAVEL AUTHORIZATION No. 4998

VELER TO COMPLETE SECTIONS 1-8.)	
TRAVELER	THIS AFFROVAL IS SUBJE
	WALTNEM White House Staff 191A
NISTRATIVE POLICIES	AS WELL AS THE FOLLOWING ADMI
	AND GOVERNMENT-ISSUE
PURPOSE(S) and DATE(S):	ompany the President, Sun Wed Sept. 2-4
	L ADVANCES FOR OFFICIAL TRAVEL ONLY
ITINERARY Washington, D.C.	Los Orague County, Ch. Cupertino, SE, Salt 1 (List all cities where stopover occurs.)
City, Stah and Chicag	o, Illinois and return to Washington, D.C.
DEPARTURE:	RETURN: advance.
Date:	W of solder and Date: upor Sept. v 5 and 1984
	extension 2500, except in emergencies.
Time: approx. 2:20 PM	Time: 1:40 PM
Mode: Air Foreceoses	Mode: Air Force One
1000 0001	1000 D-1141
	Any travel advance wlastilloq 0001 he repaid or a
	Any travel advance w <b>labitilo9 %001</b> B repaid or a volume travel advance wlabitilo9 <b>%001</b> B repaid or a volume travel with be repaid or a stary with the repaid of the re
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SIGNATURES: Traveler:	i i en songher, within 15 days when return will be repa member's salary.
SIGNATURES: Traveler:	votecher, within 15 days, when return will be ready utember's salary.
aid by a deduction from the Staff SIGNATURES: Traveler: I OT basH memtraged?) (H) Ing officer (han d travel). The entire cost of any	ve read and agree to the terms set forth on the reverse side)
aid by a deduction from the Staff <b>SERUTANDIZ</b> <b>SERUTANDIZ</b> <b>SAVEL ONL</b> <b>Obset travel</b> I of bash travel). The entire cost of any unofficial travel will be considered	ve read and agree to the terms set forth on the reverse side) ve read and agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) (Special Assistant to the President for Administration)
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aid by a doduction from the Staff SIGNATURES: Traveler:	ve read and agree to the terms set forth on the reverse side) ve read and agree to the terms set forth on the reverse side) Approving Officer (Special Assistant to the President for Administration) (Special Assistant to the President for Administration)
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SIGNATURES: Traveler:	ve read and agree to the terms set forth on the reverse side)  Ve read and agree to the terms set forth on the reverse side)  Approving Officer (Special Assistant to the President for Administration)  Control beau ghied be a faile at blait beau througe  (anibroose beause SPECIAL EXPENSES: notated a  Commercial Car Rental  Excess Baggage
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SIGNATURES: Traveler:	ve read and agree to the terms set forth on the reverse side)         Approving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant to the President for Administration)         Indiana proving Officer         Special Assistant         Special Assistant <td< td=""></td<>
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SIGNATURES: Traveler:	ve read and agree to the terms set forth on the reverse side)  Approving Officer (Special Assistant to the President for Administration)  Description of the president of the Pr
SIGNATURES: Traveler:	ver read and agree to the terms set forth on the reverse side)         Approving Officer         Special Assistant to the President for Administration)         Image: Special Assistant to the President for Administration         Image: Special Assistant for Administration

TRAVELER'S COPY