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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder TRAVEL - DEAVER (6)

FOIA

F97-0066/19

Box Number 61

COHEN, D

179

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	FORMS	FRONT OF TRAVEL VOUCHER (FORM SF1012) + COPY OF CHECK	1	1/16/1984	B6
2	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	1/11/1984	B6
3	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	12/14/1983	B6
4	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	12/14/1983	B6
5	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	11/10/1983	B6
6	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT + CONTINUATION SHEET)	2	12/9/1983	B6
7	FORMS	FRONT OF TRAVEL VOUCHER (FORM SF1012) + COPY OF CHECK	1	7/27/1983	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.

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ALIGN HERE

ISSUED BY

American Airlines

ORIGIN

AIRLINE

FORM

SERIAL NUMBER

NYC LAGUARDIA

001:5407:814:290

WASHINGTON NATN

WAGONG FOR USE AS

DATE AND PLACE OF ORIGINAL ISSUE

MAGENT'S COUPON.

CONJUNCTION TICKETS

/TIHAOP

DEAVER/M

DATE OF ISSUE

11 JAN 09

NAME OF PASSENGER

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKY. DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	NYC LAGUARDIA	NY	29	Y	14JAN	530P	OK	YCA			
	WASHINGTON NATN										
	VOID										
	VOID										
	VOID										

FOR ACCOUNTING USE ONLY

FARE 39.81 14JAN FROM NYC NY TO WAS 39.81 TL 39.81 GTR KO-744-464

TAX 3.19

TOTAL 43.00

60763549000

ROUTE CODE 60763549000

DO NOT MARK OR STAMP IN WHITE AREA ABOVE

THE WHITE HOUSE
WASHINGTON

TO: *Mr. Deaver*

*Your signed travel authorization
form is attached.*

*The original is to be attached
to your travel voucher when it
is submitted for payment. In
addition, there is a copy for you
and your office respectively.*

FYI

*Thanks
Oliver*

ADMINISTRATIVE OFFICE

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 5445

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request January 10, 1984

1. TRAVELER

Name: MICHAEL K. DEEVER White House Staff

Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S): To accompany Chinese Premier Shao

3. ITINERARY Washington, D.C., San Francisco, CA, New York, NY and
Washington, D.C. (List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: January 11, 1984 Date: January 14, 1984

Time: AM Time: 5:00PM

Mode: Governnott Aircraft Mode: Commercial Aircraft

5. NATURE: 100% Official 100% Political from New York
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: 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. 5445

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request January 10, 1984

1. TRAVELER

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

2. PURPOSE(S) and DATE(S): To accompany Chinese Premier Shao

3. ITINERARY Washington, D.C. San Francisco, CA, New York, NY and
Washington, D.C. (List all cities where stopover occurs.)

4. DEPARTURE: January 11, 1984 AM
RETURN: January 14, 1984 5:00 PM
Mode: Government Aircraft Mode: Commercial Aircraft from New York State

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 \$ _____

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NO Document Description

No of

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Doc Date

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tions

1 FORMS

1 1/16/1984 B6

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

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

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<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
2	FORM	1	1/11/1984 B6
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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.)

Con-
 (a) 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.)
 (b) meal cost.
 (c) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 (d) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 (e) Complete for per diem and actual expense travel.
 (f) Show total subsistence expense incurred for actual expense travel.
 (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.
 (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 information if this is a continuation sheet. OF 1 PAGES

TRAVELER'S LAST NAME

5442

TRAVELER'S LAST NAME

AMOUNT CLAIMED

DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES					MILEAGE RATE	AMOUNT CLAIMED								
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)		LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
12/27	8:15 am	DT. Washington, D.C.															
	11:50 am	Ar. Los Angeles, CA															
12/29	1:20PM	Dt. Los Angeles, CA															
	9:10 PM	Arr. Washington, DC															
SUBTOTALS																	
TOTALS																	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance 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. 5442

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request December 22, 1983

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: West Wing Other _____


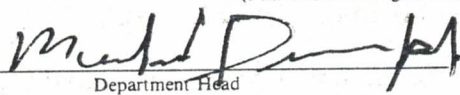
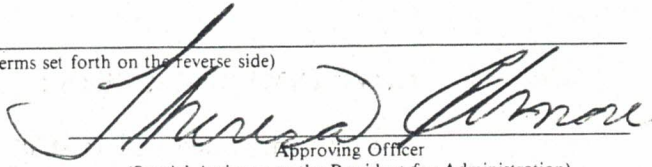
2. PURPOSE(S) and DATE(S): To accompany the President to California

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

4. DEPARTURE: December 27, 1983 9:00 AM
Mode: Air Force One

RETURN: December 29, 1983
Time: ~~8:45 AM~~ 1:20 PM from LA
Mode: American Airlines from L.A.

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
 12
Approving Officer (Special Assistant to the President for Administration) 12

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. D 7,583,672 Amount \$ 130.00

53 #450 P408

VOUCHER WORKSHEET

Traveler's Name M. DIANCI

Auth. No. 6442

Date	Per Diem	Brkfst	Lunch	Dinner	Misc Sub.	Billed Hotel	Daily Total	Notes
12/27	3/4					118.00		
12/28	1					118.00		
12/29	1							

2 3/4	# days	less hotel if billed	236.00	Object Codes
30.00	rate	grand total subsistence		23 or 24
82.50	amount			
-	less incid-on hotel			
			82.50	22

Other expenses

Air/rail fare		21
Local trans (list dates and amounts)		
Auto Rent - excludes insurance \$		25
Other travel (specify)		26
Phone calls - Certified as official business ()		29
Other misc (specify)		52
TOTAL CHARGED TO APPROPRIATION	82.50	



WESTIN HOTELS

CENTURY PLAZA

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

DEAVER, MICHAEL
WHITE HOUSE STAFF

ARRIVAL	
DEPARTURE	12/27/83
NO. IN PARTY	12/29/83
RATE	1
	118.00

ACCT. NO. STAFF33 ROOM NO. 1915 **25-7678**
 0161984

	DATE	DESCRIPTION	AMOUNT
1	12/27/83	ROOM...../1915/13523	\$118.00
2	12/27/83	ROOM TAX...../1915/13524	\$11.80
3	12/28/83	ROOM...../1915/17487	\$118.00
4	12/28/83	ROOM TAX...../1915/17488	\$11.80
BALANCE DUE			\$259.60 236.00

	COMPANY	STREET
Regardless of charge instructions, the undersigned has reviewed the above charges and acknowledges them as a personal indebtedness and agrees to pay same upon demand. Should it become necessary to enforce payment of this obligation. The undersigned agrees to pay all costs of collection, including court costs and attorney's fees.	CITY	STATE
	POSTAL CODE	
SIGNATURE		

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3 FORM

1 12/14/1983 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELLER (Unlisted items are self-explanatory)

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

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

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

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

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

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

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

Complete this information if this is a continuation OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELLER'S LAST NAME

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations)	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)			
12/12	10:04	Dpt. White House														
	10:24	Dpt Andrews AFB														
	11:02	Arr. John F. Kennedy International Airport														
	11:54	Arrive Sheraton Center														
	14:16	Dpt. Sheraton Center														
	14:56	Dpt John F. Kennedy International Airport														
	15:36	Arr. Andrews Air Force Base														
	15:54	Arrive White House														
<i>no per diem -- all travel w/in 10 hours</i>																
SUBTOTALS																
TOTALS																

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

TOTAL AMOUNT CLAIMED

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 5437

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request December 9, 1983

1. TRAVELER

Name: Michael K. Deaver White House Staff

Extension: 6475 Room: West Wing Other _____

2. PURPOSE(S) and DATE(S): To accompany the President
Medial of Honor Society/GOP Photo Opp

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

4. DEPARTURE:

RETURN:

Date: December 12, 1983 Date: December 12, 1983

Time: 8:30 AM Time: 4:05 PM

Mode: Air Force One Mode: Air Force One

5. NATURE: 100% Official 100% Political

Mixed

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 \$ _____

103 #0 P407

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4 FORM

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

TRAVEL AUTHORIZATION NO.
9125

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 SUBSIS. (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
12/8	1:36	Dpt. White House														
	13:55	Dpt. Andrews Air Force Base														
	15:15	Arrive Indianapolis, IN														
	16:30	Dept. Indianapolis, IN														
	17:45	Arrive Andrews Air Force Base														
	18:05	Arrive White House														
<i>No problem - all travel of 10 hours</i>																
SUBTOTALS																
TOTALS																

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance 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 \$0

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 9125

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request December 6, 1983

1. TRAVELER


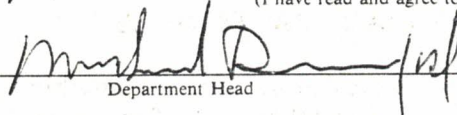
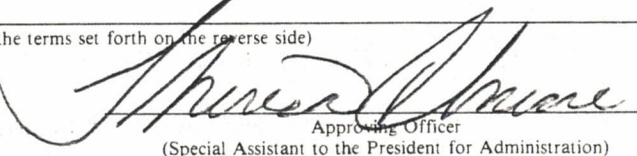
Name: Michael K. Deaver White House Staff
Extension: 6475 Room: West Wing Other _____

2. PURPOSE(S) and DATE(S): To accompany the President
Forum on Excellence in Education
GOP Photo Opp

3. ITINERARY Washington, D.C., Indianapolis, Indiana and Washington, DC.
(List all cities where stopover occurs.)

4. DEPARTURE: Date: December 8, 1983 Time: 1:30 PM Mode: Air Force One
RETURN: Date: December 8, 1983 Time: 6:30 P,M Mode: Air Force One

5. NATURE: 100% Official 100% Political
Mixed

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) ^{12/7}

7. ESTIMATED COSTS: No. of Days Per Diem _____
Hotel Name _____
Hotel Daily Rate \$ _____
Other _____
SPECIAL EXPENSES: Registration Fee of \$ _____
 Commercial Car Rental
 Excess Baggage
 Other _____

8. TRAVEL ADVANCE REQUESTED: YES No Amount: \$ _____
Signature of Recipient: _____ Date: _____
REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. FOR TRANSPORTATION OFFICE USE ONLY:
GTR No. _____ Amount \$ _____

103 #0 P406

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NO Document Description

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Doc Date

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5 FORM

1 11/10/1983 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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

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

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

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

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

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

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

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

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Col. (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** OF **PAGES 1**

TRAVELER'S LAST NAME

TRAVEL AUTHORIZATION NO.

DATE	TIME	DESCRIPTION	BREA K FAST	MEALS			MISCEL LANEOUS SUSIS TENCE	LODGING	TOTAL SUSIS TENCE	MILEAGE RATE	AMOUNT CLAIMED		
				LUNCH	DINNER	TOTAL					MILEAGE	SUSIS TENCE	OTHER
11/4	8:30AM	Dpt Wash. D.C.											
11/4	9:30 AM	Ar. Cherry Pt. NC											
11/4	9:35 AM	Dpt. Cherry Pt. NC											
11/4	9:55 AM	Arr. Camp Lejeune											
11/4	11:35 AM	Dpt. Camp Lejeune											
11/4	11:55 AM	Ar. Cherry Pt. NC											
11/4	12:05 PM	Dpt. Cherry Pt. NC											
11/4	1:05 PM	Ar. Wash, D.C.											
<i>you pick them - not the travel agency as I have stated</i>													
SUBTOTALS													
TOTALS													

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance 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) requested 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. 5435

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request 11/3/83

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: West Wing Other _____

2. PURPOSE(S) and DATE(S): To accompany the President to attend memorial services

3. ITINERARY Washington, D.C. Camp Lejeune, NC, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE:

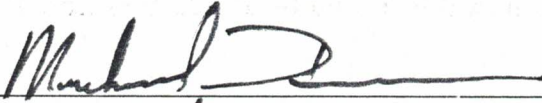
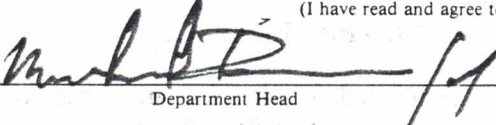
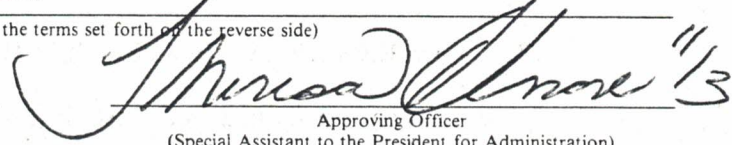
Date: Friday, Nov. 4, 1983
Time: 8:00 AM
Mode: Air Force One

RETURN:

Date: Friday, Nov. 4, 1983
Time: 1:30 PM
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:

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 80 P404

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 5433

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request November 1, 1983

1. TRAVELER

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

2. PURPOSE(S) and DATE(S): Presidential Travel (Nov. 8-14) Special Mission to
People's Republic of China (Nov. 15-23, 1983)

3. ITINERARY Washington, D.C., Anchorage, Alaska, Tokyo, Japan, Seoul, Korea
People's Republic of China, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: Tuesday, November 8, 1983 RETURN: November 23, 1983
Date: 7:00 AM Time: TBA
Mode: Air Force One Mode: Military Aircraft

5. NATURE: 100% Official 100% Political 100% 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: SPECIAL EXPENSES:

No. of Days Per Diem _____ Registration Fee of \$ _____
Hotel Name _____ Commercial Car Rental
Hotel Daily Rate \$ _____ Excess Baggage
Other _____ Other _____

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

Signature of Recipient: _____ Date: _____

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

9. FOR TRANSPORTATION OFFICE USE ONLY:

GTR No. _____ Amount \$ _____

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<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
6 FORM	2	12/9/1983	B6
DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT + CONTINUATION SHEET)			

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

- B-1 National security classified information [(b)(1) of the FOIA]
- B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
- 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.

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

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

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

PRESERVATION COPY

Dates 19 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
11/8	0730	Depart Andrews AFB	1/4	23.00	5.75	
	1100	Arrive Anchorage, AK				
	1200	Depart Anchorage				
		Cross International Date Line - West			(6.00)	
11/9	1350	Arrive Tokyo	1-1/4	6.00 (50%)	7.50	
11/12	0750	Depart Tokyo	2-3/4	58.50	160.88	
	0955	Arrive Seoul				
11/14	1100	Depart Seoul	2	48.50 (50%)		
	1710	Arrive Beijing	1/4	6.00	1.50	
11/17	0900	Depart Beijing	2-3/4	15.60 (30%)	42.90	
	1110	Arrive Xi'an				
11/18	0835	Depart Xi'an	1	12.30 (30%)	12.30	
	1035	Arrive Yichang				
	1230	Depart Yichang via boat for river trip				
11/19	1900	Arrive Yichang	1-1/2	6.00 (30%)	9.00	
11/20	0935	Depart Yichang	1/2	7.20	3.60	
	1130	Arrive Suzhou				
11/21	1035	Depart Suzhou	1	7.20 (30%)	7.20	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						341.63

PRIVACY ACT STATEMENT Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705
 Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.

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6 FORM

2 12/9/1983 B6

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

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

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

THE WHITE HOUSE

WASHINGTON

October 28, 1983

MEMO TO MICHAEL K. DEEVER

FROM: GAIL LEDWIG

SUBJECT: Travel Reimbursement

Attached you will find all authorizations and vouchers for your travel since June 27, 1983.

For travel that is official and political you have been reimbursed by the US Treasury by our Administrative Office.

Washington to Santa Barbara, CA	June 29 - July 5, 1983	Reimbursed...\$143.69	Tab A
Washington to Santa Barbara, CA	August 12 - Sept. 2, 1983	Reimbursed...269.92	
	part of	\$314.92	Tab B
Washington to New York, NY trip to the UN	September 25 - Sept. 26, 1983	Reimbursed...\$ 45.00	Tab C
		balance of #314.92	
Washington to Ft. Bragg	September 16, 1983	Reimbursed...#0.00	Tab D
Washington to Columbia, SC	September 20, 1983	Reimbursed...\$15.0	Tab E

For travel that is 100% State you are reimbursed by State Department.

Mission to the Far East	July 17,- August 2, 1983	Since the itinerary was known when you signed your travel orders you were pre-vouchered... You are owed...\$0.00	Tab F
Trip to the Far East	September 30 - October 7, 1983	For this trip (you were advanced an amount) when you signed your travel orders. State tells me you will probably be owed a small amount, all paperwork submitted..	Tab G
Trip to London	October 17-October 21, 1983	For this trip you were also (given an advance)..They have all paperwork.	Tab H

Teanne Bull sending copies → how much \$ 62

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<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
7 FORMS	1	7/27/1983	B6
FRONT OF TRAVEL VOUCHER (FORM SF1012) + COPY OF CHECK			

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

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1 7/21/1983 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

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

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

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

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

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

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

Complete this information if this is a continuation sheet.

PAGE 1 OF 2 PAGES

TRAVEL AUTHORIZATION NO. 3937

TRAVELER'S LAST NAME Deaver

DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE	AMOUNT CLAIMED		
			BREAK-FAST	LUNCH	DINNER	TOTAL					NO. OF MILES	MILEAGE	SUBSISTENCE
83	(Hour and am/pm)	(Departure/arrival city, per diem computation, or other explanations of expense)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	
6-29	9:45 AM	Dpt. Wash, DC											
6-29		Ar. Louisville, KY.											
6-29		Dpt. Louisville, KY											
6-29		Ar. Shawnee Miss, Ka											
6-29		Dpt. Shawnee Miss, Ka											
6-29		Ar. Los Angeles											
6-30		Dpt. L.A.											
6-30		Ar. Long Beach											
6-30		Pt. Long Beach											
6-30		Ar. Santa Barbara											
7-5		Dpt. Santa Barbara											
7-5		Ar. Los Angeles											
SUBTOTALS													
TOTALS													

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

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

TOTAL AMOUNT CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 3937

TRAVELER'S LAST NAME

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)	MISCEL-LANEOUS SUBSIS-TENCE (h)		LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)					
7-5	8:00	Dpt. Los Angeles																
7-5	8:00	Ar. Wash. D.C.																
		Santa Barbara Bldg - Clean																
		Beverly Wilshire (15.77 - loan + tax, \$58.8 incidentals)																
		per diem @ 74 (20250 less 58.8 for incidentals)																
SUBTOTALS																		
TOTALS																		

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.

TOTAL AMOUNT CLAIMED 1,043.27

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.

			RATE	C/O	ARV	C/O
					ARV	
					CLECK	

NO.	MEMO	DESCRIPTION	CHARGE/CREDIT	BALANCE
1	FBBS RATE			
2				
3	06/30/83 TAX			
4				
5	07/01/83 TAX			
6				
7				
8	07/02/83 TAX			
9	1107			
10				
11	07/03/83 TAX			
12	1619			
13				
14	07/04/83 TAX			
15	2015 07/05/83 TRDB			
16	07/06/83 TRDB			
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30	SIGN ROOM & TAX			

lentax

725.00

BILLING SIGNATURE		
BILLING ADDRESS		
STREET		
CITY	STATE	ZIP
ATTENTION		



Marriott's
Santa Barbara Biltmore
 1260 Channel Drive
 Santa Barbara, California 93108
 For reservations call 805-969-2261
 or toll-free 800-228-9290

Beverly Wilshire Hotel

9500 Wilshire Boulevard
Beverly Hills, California 90212
(213) 275-4282

THIS IS YOUR INVOICE
Please return remittance to
Beverly Wilshire Hotel
DEPT. 3-1812
LOS ANGELES, CA 90088

WHITE HOUSE STAFF, MASTER
ADMINISTRATIVE OFFICE
THE WHITE HOUSE
WASHINGTON, D C RICHARD WHITE
20500

ARRIVAL
DEPARTURE
NO. IN PARTY
RATE

6/28/83
7/06/83

ACCOUNT NO. 6221227 ROOM NO. 707

#	DATE	DESCRIPTION	AMOUNT
74	6/29/83	ROOM TAX/787/30339 *TSF #0331900 RM-773	7.49
75	6/29/83	B.H.LICENSE TAX/787/30341 *TSF #0331900 RM-773	1.29
76	6/29/83	ROOM/787/30353 *TSF #0331904 RM-775	107.00
77	6/29/83	ROOM TAX/787/30355 *TSF #0331904 RM-775	7.49
78	6/29/83	B.H.LICENSE TAX/787/30357 *TSF #0331904 RM-775	1.29
79	6/29/83	ROOM/787/30359 *TSF #0325543 RM-776	80.00
80	6/29/83	ROOM TAX/787/30361 *TSF #0325543 RM-776	5.60
81	6/29/83	B.H.LICENSE TAX/787/30363 *TSF #0325543 RM-776	.96
82	6/29/83	ROOM/787/30365 *TSF #0331931 RM-778	107.00
83	6/29/83	ROOM TAX/787/30367 *TSF #0331931 RM-778	7.49

115.77 }

CONTINUED....

COMPANY

STREET

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

CITY

ZIP CODE

SIGNATURE X _____

Amadeo Courtinelli

Beverly Wilshire Hotel

9500 Wilshire Boulevard
Beverly Hills, California 90212
(213) 275-4282

THIS IS YOUR INVOICE
Please return remittance to
Beverly Wilshire Hotel
DEPT. 3-1812
LOS ANGELES, CA 90088

DEAVER, MICHAEL K HONORABLE
ADMINISTRATIVE OFFICE
THE WHITE HOUSE
WASHINGTON, D C
20500

ARRIVAL	6/29/83
DEPARTURE	6/30/83
NO. IN PARTY	1
RATE	107.00

83 JUL 19 11:19

331-74

ACCOUNT NO **0331904**

ROOM NO. **775**

#	DATE	DESCRIPTION	AMOUNT
1	6/29/83	ROOM SERVICE/775/1	17.00
5	6/30/83	ROOM SERVICE/775/1 054534	41.81
		BALANCE DUE	58.81

*Deduct from
voucher*

COMPANY

STREET

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY, OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

CITY

ZIP CODE

SIGNATURE X _____

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 3937

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request June 27, 1983

1. TRAVELER

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

2. PURPOSE(S) and DATE(S): To accompany President Reagan to
Kentucky, Kansas, Los Angeles and Santa Barbara.

3. ITINERARY Louisville, Kentucky, Shawnee Mission, Kansas, Los Angeles
and Santa Barbara
(List all cities where stopover occurs.)

4. DEPARTURE: June 29, 1983 Time: 8:00 a.m. Mode: Government Air
RETURN: July 5, 1983 Time: _____ Mode: Government Air

5. NATURE: 100% Official 100% Political

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

[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 \$1,000 P-33

OFFICIAL TRAVEL AUTHORIZATION

No. 3937

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request June 27, 1983

1. TRAVELER

Name: Michael K. Deaver [X] White House Staff
Extension: 6475 Room: West Wing [] Other

2. PURPOSE(S) and DATE(S): To accompany President Reagan to Kentucky, Kansas, Los Angeles and Santa Barbara.

3. ITINERARY Louisville, Kentucky, Shawnee Mission, Kansas, Los Angeles and Santa Barbara (List all cities where stopover occurs.)

4. DEPARTURE:

Date: June 29, 1983 RETURN: July 5, 1983
Time: 8:00 a.m. Time:
Mode: Government Air Mode: Government Air

5. NATURE:

[X] 100% Official [] 100% Political

6. SIGNATURES:

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

[Signature] Theresa Moore 3/28
(Special Assistant to the President for Administration)

7. ESTIMATED COSTS:

No. of Days Per Diem
Hotel Name
Hotel Daily Rate \$
Other
[] Registration Fee of \$
[] Commercial Car Rental
[] Excess Baggage
[] Other

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 \$1,000 P33

Check No. 53,901,593
SYMBOL 3005

WASHINGTON, D. C.

TREASURY
BUREAU OF GOVERNMENT
FINANCIAL OPERATIONS

United States Treasury ¹⁵⁻⁵¹/₀₀₀

DOLLARS	CTS.
\$\$\$*11	8

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



PAY TO THE
ORDER OF MICHAEL DEEVER

MONTH	DAY	YEAR
07	08	83
19000001		

STATE
DEPT
17123

Henry H. Evers

30052

000000518 539015939

Mexico