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**Collection: Deaver, Michael**  
**Folder Title: Travel-Ledwig**  
**Box: 60**

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# WITHDRAWAL SHEET

## Ronald Reagan Library

**Collection Name** DEAVER, MICHAEL: FILES

**Withdrawer**

KDB 8/29/2011

**File Folder** TRAVEL - LEDWIG

**FOIA**

F97-0066/19

**Box Number** 62

COHEN, D

182

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	8/27/1984	B6
2	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	12/14/1983	B6
3	FORMS	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) + COPY OF CHECK	1	10/7/1983	B6
4	FORM	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	10/7/1983	B6
5	FORMS	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) + COPY OF CHECK	1	9/28/1983	B6
6	FORMS	TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)	1	9/22/1983	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.

21

MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

DATE: September 13, 1984

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

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

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Gail Ledwig

The White House

Washington, D.C. 20500

CHECK PAYABLE TO: N/A

AMOUNT: \$0

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

Date	Invoice	Item	Quantity	Amount

Authorized by: \_\_\_\_\_  
(signature of approving official)

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

COMMENTS:

No expenses authorized for this trip.

# WITHDRAWAL SHEET

Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

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TRAVEL - LEDWIG

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1 FORM

1 8/27/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)**

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

Col. (d) Show amount incurred for each meal, including tax and tips, and daily total plate only for actual expense travel.

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 6799

TRAVELER'S LAST NAME Ledwig

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)			
8/22	1:20	Dpt. Andrews AFB															
8/22	3:00	Ar. Dallas, Texas															
8/24	7:00	Dpt. Dallas, Texas															
8/24	11:40	Ar. National Airport, Washington, D.C.															
			<b>SUBTOTALS</b>														
			<b>TOTALS</b>														

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

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

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

**TOTAL AMOUNT CLAIMED**

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 6799

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 20, 1984

TRAVELER

Name: Gail W. Ledwig  White House Staff  
Extension: 6475 Room: WW  Other \_\_\_\_\_

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

3. ITINERARY Washington, D.C. to Dallas, Texas and Return to Washington, D.C.  
(List all cities where stopover occurs.)

4. DEPARTURE:

Date: August 22, 1984  
Time: 12:00 Noon  
Mode: Gov. Transportation

RETURN:

Date: August 24, 1984  
Time: 7:00 AM  
Mode: Piedmont Flight #82

5. NATURE:  100% Official  100% Political

SIGNATURES:

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

*Gail W. Ledwig*  
\_\_\_\_\_  
Department Head

*Mary Pat B. Tucker*  
\_\_\_\_\_  
Approving Officer  
(Special Assistant to the President for Administration)

*Theesa Shure/PAW 8/22*  
\_\_\_\_\_  
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. RBF4

0015408089659  
Amount \$ 139.00

103 \*D PH28

ORIGINAL (Return with Voucher)

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 6799

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 20, 1984

1. TRAVELER

Name: Gail W. Ledwig  White House Staff  
Extension: 6475 Room: WW  Other

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

3. ITINERARY Washington, D.C. to Dallas, Texas and Return to Washington, D.C.

(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

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

Time: 12:00 Noon Time: 7:00 AM

Mode: Gov. Transportation Mode: Piedmont Flight #82

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. 2184 Amount \$ 1390

0015408089059  
1390

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 6799

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request August 20, 1984

1. TRAVELER

Name: Gail W. Ledvig  White House Staff  
Extension: 6475 Room: WW  Other

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

3. ITINERARY Washington, D.C. to Dallas, Texas and Return to Washington, D.C.  
(List all cities where stopover occurs.)

4. DEPARTURE: August 22, 1984 12:00 Noon  
Mode: Gov. Transportation  
RETURN: August 24, 1984 7:00 AM  
Mode: Piedmont Flight #62

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. 2114 Amount \$ 139.00



KLW

ORANDUM

THE WHITE HOUSE  
WASHINGTON

DATE: July 30, 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: Gail Ledwig  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Gail Ledwig

AMOUNT: \$52.50

PURPOSE: Accompany the President to Texas, Georgia, New Jersey 7/25-26

Date	Invoice	Item	Quantity	Amount

CHECK NO. 18468  
15-3  
540

**REAGAN-BUSH '84**  
440 FIRST STREET, N.W. • SUITE 600 • WASHINGTON, D.C. 20001

THE RIGGS NATIONAL BANK  
WASHINGTON, D.C.

\*\*\*\*\*FIFTY TWO AND 50/100\*\*\*\*\*

DATE	CHECK NUMBER
08/08/84	0000018468

AMOUNT
\$ *****52.50*

PAY TO THE ORDER OF: LEDWIG, GAIL  
THE WHITE HOUSE  
WASHINGTON, DC. 20500

*[Handwritten signature]*

THE WHITE HOUSE  
WASHINGTON

DATE: July 30, 1984

211

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: Gail Ledwig  
The White House  
Washington, D.C. 20500

CHECK PAYABLE TO: Gail Ledwig

AMOUNT: \$52.50

PURPOSE: Accompany the President to Texas, Georgia, New Jersey 7/25-26

Date	Invoice	Item	Quantity	Amount

Authorized by:   
(signature of approving official)

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

COMMENTS:

# ROUTING AND TRANSMITTAL SLIP

Date  
10/31/83

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Office of Michael K. Deaver Assistant to the President		
2. Deputy Chief of Staff		
3. Attn: Gail		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

**REMARKS**

I have enclosed some blank Travel Reimbursement Voucher forms. Please have Mr. Deaver and Mr. Sittmann each sign two blank forms. I will complete them based on the itineraries you sent me. Please obtain the copies of the airline tickets for the trip to London from both of them also, which I need to submit with the voucher. Thanks.

**DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions**

<b>FROM: (Name, org. symbol, Agency/Post)</b> Mary K. Oliver A/EX/ASD Department of State	<b>Room No.—Bldg.</b> 3800, NS
	<b>Phone No.</b> 632-9414

5041-102

**OPTIONAL FORM 41 (Rev. 7-76)**  
 Prescribed by GSA  
 FPMR (41 CFR) 101-11.206

THE WHITE HOUSE

WASHINGTON

November 8, 1983

MEMORANDUM FOR: ALL WHITE HOUSE STAFF

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

SUBJECT: TRAVEL AUTHORIZATIONS

This is a reminder that all White House staff must submit a completed Travel Authorization for all travel outside the Washington Metropolitan area except for personal travel. This includes travel paid for by an organization which is tax exempt under section 501(c) (3) of the Internal Revenue Service Code, and political travel.

You are also reminded that for all travel not with the President that combines official and political activity in the same trip, you must include a detailed schedule of your itinerary so that proper allocation to political and official funds can be made.

Thank you.

MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

January 21, 1983

TO: ADMINISTRATIVE OFFICE  
TRAVEL SECTION

FROM: MICHAEL K. DEAVER  
Assistant to the President  
Deputy Chief of Staff

SUBJECT: TDY Charges

*Gail -*  
*Hope this will help.*  
*Lisa*

*MKD*

The following information is furnished regarding charges from the Marriott Rancho Las Palmas Resort during a Presidential trip from December 28, 1982 thru January 2, 1983:

- December 30, 1982 - Working breakfast on NSC matters.  
Attending - Judge Clark
- December 31, 1982 - Scheduling meeting:  
Attending: M. K. Deaver  
Wm Sittmann
- December 31, 1982 -- Press Briefing  
Attending: M. K. Deaver  
Wm Sittmann  
Wm P. Clark  
L. Speaks  
C. Fuller
- January 2, 1983 - Scheduling Mtg:  
Attending:  
M. K. Deaver  
Wm Sittmann  
Wm P. Clark  
L. Speaks  
C. Fuller

All telephone calls were of an official nature.

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*DOC Document Type*

*NO Document Description*

*No of Doc Date Restriction*  
*pages* *pages* *tions*

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2 FORM

1 12/14/1983 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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

**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.

DATE	TIME	DESCRIPTION	MEALS				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)					
12/12	09:30	Dpt. White House																	
	10:24	Dpt. Andrews AFB																	
	11:02	Arr. John F. Kennedy International Airport																	
	11:54	Arr. Sheraton Centre																	
	14:16	Dpt. Sheraton Centre																	
	14:56	Dpt. JFK International Airport																	
	15:36	Arr. Andrews. AFB																	
	16:30	Arr. White House.																	
		no per diem -- all travel w/in 10 hours																	
										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 \$0

THE WHITE HOUSE OFFICE  
ADMINISTRATIVE  
**THE WHITE HOUSE OFFICE**  
**OFFICIAL TRAVEL AUTHORIZATION**

No. 5441

'83 DEC 12 AM 11:57

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request December 9, 1983

1. TRAVELER

Name: Gail W. Ledwig  White House Staff

Extension: 6478455 Room: West Wing  Other

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

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

4. DEPARTURE: RETURN:  
Date: December 12, 1983 Date: December 12, 1983  
Time: 9:30 AM Time: 4:30 PM  
Mode: Air Force One Mode: Air Force One

5. NATURE:  100% Official  100% Political

6. SIGNATURES: Mixed  
Traveler: Gail W. Ledwig  
(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) <sup>12</sup>/<sub>12</sub>

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

1073 #C 1407



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<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
3 FORMS	1	10/7/1983	B6
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4 FORM

1 10/7/1983 B6

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

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

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

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

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

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

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

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

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

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)**

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

Com-  
plete only for actual expense travel

Col. (d) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.  
thru (g) } 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. (i) 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. OF PAGES

TRAVEL AUTHORIZATION NO.

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)		MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
9/25	10:30a	Depart the WH enroute New York															
9/26	4:50p	Arrive the WH from New York															
		<i>per diem 1 1/2</i>															
		<i>Voluntary advance pd by the State Department</i>															
<b>SUBTOTALS</b>																	
<b>TOTALS</b>																	

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

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

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED **45.00**

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 9113

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 23, 1983

1. TRAVELER

Name: Gail W. Ledwig  White House Staff  
Extension: 6475 Room: West Wing  Other \_\_\_\_\_

2. PURPOSE(S) and DATE(S): To Accompany the President, September 25-26, 1983

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

4. DEPARTURE:

RETURN:

Date: September 25, 1983 Date: September 26, 1983  
Time: 10:30 AM Time: 4:55 PM approx.  
Mode: Government Transportation Mode: Government Transportation

5. NATURE:  100% Official  100% Political

6. SIGNATURES:

Traveler: Gail W. Ledwig  
(I have read and agree to the terms set forth on the reverse side)

Richard D. ... Department Head  
J. Moore 9/26 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 #45 P39

# WITHDRAWAL SHEET

Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

*Withdrawer*

KDB 8/29/2011

*File Folder*

TRAVEL - LEDWIG

*FOIA*

F97-0066/19

COHEN, D

*Box Number*

62

182

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<i>DOC Document Type</i>	<i>No of</i>	<i>Doc Date</i>	<i>Restrictions</i>
<i>NO Document Description</i>	<i>pages</i>		

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5 FORMS

1 9/28/1983 B6

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

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

- B-1 National security classified information [(b)(1) of the FOIA]
- B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
- B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 9111

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 19, 1983

1. TRAVELER

Name: Gail W. Ledwig  White House Staff

Extension: 6475 Room: West Wing  Other

2. PURPOSE(S) and DATE(S): To accompany the President, September 20, 1983  
Columbia, S.C. - Receive Honorary Degree, GOP Rcpt, Senate Trust Rcpt, Sen. Thurmond  
Dinner

3. ITINERARY Washington, D.C. Columbia, South Carolina, Washington, DC.  
(List all cities where stopover occurs.)

4. DEPARTURE: September 20, 1983 RETURN: September 20, 1983  
Date: September 20, 1983 Date: September 20, 1983  
Time: 12:30 PM Time: 10:45 PM

Mode: Government Plane Mode: Government Plane

5. NATURE:  100% Official  100% Political

6. SIGNATURES:

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

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

[Signature]  
Department Head

[Signature]  
Approving Officer  
(Special Assistant to the President for Administration)

7. ESTIMATED COSTS:

No. of Days Per Diem \_\_\_\_\_

Hotel Name \_\_\_\_\_

Hotel Daily Rate \$ \_\_\_\_\_

Other \_\_\_\_\_

Registration Fee of \$ \_\_\_\_\_

Commercial Car Rental \_\_\_\_\_

Excess Baggage \_\_\_\_\_

Other \_\_\_\_\_

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

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

REPAID: Amount \_\_\_\_\_ Date \_\_\_\_\_ Schedule \_\_\_\_\_ Balance this trip \_\_\_\_\_

9. FOR TRANSPORTATION OFFICE USE ONLY:

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

103 46 PB

ORIGINATING OFFICE COPY

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 9111

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 19, 1983

1. TRAVELER

Name: Gail W. Ludwig  White House Staff  
Extension: 6475 Room: West Wing  Other

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

To accompany the President, September 20, 1983  
Columbia, S.C. - Receive Honorary Degree, GOP Rcpt., Senate Trust Rcpt., Sen. Thurmond  
Dinner

3. ITINERARY

Washington, D.C. Columbia, South Carolina, Washington, DC.  
(List all cities where stopover occurs.)

4. DEPARTURE:

Date: September 20, 1983  
Time: 12:30 PM  
Mode: Government Plane

RETURN:

Date: September 20, 1983  
Time: 10:45 PM  
Mode: Government Plane

5. NATURE:

100% Official  100% Political

6. SIGNATURES:

Traveler:

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

*[Handwritten Signature]*  
Department Head

*[Handwritten Signature]*  
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 \$ \_\_\_\_\_

# WITHDRAWAL SHEET

Ronald Reagan Library

*Collection Name*

DEAVER, MICHAEL: FILES

*Withdrawer*

KDB 8/29/2011

*File Folder*

TRAVEL - LEDWIG

*FOIA*

F97-0066/19

COHEN, D

*Box Number*

62

182

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*DOC Document Type*

*NO Document Description*

*No of  
pages*

*Doc Date*

*Restric-  
tions*

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6 FORMS

1 9/22/1983 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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

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

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

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

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

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



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)**

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

Com-  
pense  
only  
for  
actual  
travel

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

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED					
			BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
9/20	12:30	Dpt. Wash.														
	2:55	PM Ar. Columbia, S.C.														
	8:35	PM Dpt Columbia, S.C.														
	9:40	PM Ar. Washington, D.C.														
		<i>pendline 1/2</i>														
<b>SUBTOTALS</b>																
<b>TOTALS</b>																

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

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

**TOTAL AMOUNT CLAIMED** \$15.00

THE WHITE HOUSE OFFICE  
OFFICIAL TRAVEL AUTHORIZATION

No. 9111

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request September 19, 1983

1. TRAVELER

Name: Gail W. Ledwig  White House Staff  
Extension: 6475 Room: West Wing  Other \_\_\_\_\_

2. PURPOSE(S) and DATE(S): To accompany the President, September 20, 1983  
Columbia, S.C. - Receive Honorary Degree, GOP Rcpt, Senate Trust Rcpt, Sen. Thurmond  
Dinner

3. ITINERARY Washington, D.C. Columbia, South Carolina, Washington, DC.  
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:  
Date: September 20, 1983 Date: September 20, 1983  
Time: 12:30 PM Time: 10:45 PM  
Mode: Government Plane Mode: Government Plane

5. NATURE:  ~~100%~~ Official  ~~100%~~ Political

6. SIGNATURES:  
Traveler: Gail W. Ledwig  
(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) 9/21

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 #15 P38

THE WHITE HOUSE  
ADMINISTRATIVE SERVICE  
83 SEP 19 P 3:25

* Items indicated by a Star are to be Completed by the Payee.	(Agency) <b>TRAVEL REIMBURSEMENT VOUCHER</b>	2. D. O. VOUCHER NO.  3. BU. VO. NO.  6. D. O. PAID BY						
*4. PAYEE'S COMPLETE NAME AND ADDRESS		*5. TRAVEL AUTHORIZATION A. Number _____ B. Dated _____						
		*7. SOCIAL SECURITY NUMBER _____						
		*9. OFFICIAL STATION (State Only) _____						
*8. TRAVEL ADVANCE STATUS								
A. Old Balance \$ _____								
B. Applied This Voucher \$ _____								
C. New Balance \$ _____								
*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION					E. Point to Point Travel			
A. GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to			
*11. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**					12. PAYMENT CALCULATION			
A. Date _____		B. Signature _____			*A. Amount Claimed (See Item 18.) _____ \$			
13. ADMINISTRATIVE APPROVAL: Recommended for approval: long distance telephone calls are certified as necessary in the interest of the Government:***					B. Differences, if any _____ \$			
A. Date _____		B. Signature _____			C. Amount Allowed (Verified correct to Appropriation _____) \$			
Name: _____		Title: _____						
*14. PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:					D. Applied to Advance (See Item 8B.) _____ \$			
A. D.O. Vou. No.		B. Paid (mo. & yr.)	C. D.O. Name and Symbol					
15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:								
A. Date _____		B. Authorized Certifying Officer's Signature _____			E. Net to Payee _____ \$			
Name: _____		Title: _____						
16. METHOD OF PAYMENT (For Paying Office Use Only)								
A. Cash or Dep. Check Amt.		B. Exchange Rate	C. U.S. \$ Equivalent		*D. Date			
E. Treasury or Depository Check No. and Name of Depository					*F. Payment Received			
_____ (Payee's Signature)								
17. ACCOUNTING CLASSIFICATION			D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount
A. Fund	B. Allotment	C. Oblig.(T/A) No.						

\*Item 10C. - If carrier was foreign ship registry, attach certificate of readiness.  
 \*\* FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).  
 \*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency so certify (31 U.S.C. 680a).



2

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If travel is all to be performed via military aircraft, and we have the detailed itinerary in advance of the trip, we complete one of the attached TRAVEL REIMBURSEMENT VOUCHER forms and have the traveler sign it when he receives the calculated per diem money. We call this "pre-vouchering".

At the end of the trip, if there are any additional expenses that are not shown on the voucher as we filled it out, send them as soon as possible to us here at the Department.

\* Items indicated by a Star are to be Completed by the Payee.

(Agency)  
**TRAVEL REIMBURSEMENT VOUCHER**

2. D. O. VOUCHER NO.

3. BU. VO. NO.

\*4. PAYEE'S COMPLETE NAME AND ADDRESS

\*5. TRAVEL AUTHORIZATION

A. Number B. Dated

6. D. O. PAID BY

\*7. SOCIAL SECURITY NUMBER

\*8. TRAVEL ADVANCE STATUS

A. Old Balance \$  
B. Applied This Voucher \$  
C. New Balance \$

\*9. OFFICIAL STATION  
(State Only)

\*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

E. Point to Point Travel

A. GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to

\*11. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.\*\*

12. PAYMENT CALCULATION

A. Date B. Signature  
\*A. Amount Claimed (See Item 18.) \$

13. ADMINISTRATIVE APPROVAL: Recommended for approval: long distance telephone calls are certified as necessary in the interest of the Government:\*\*\*

B. Differences, if any \$

A. Date B. Signature  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

C. Amount Allowed (Verified correct to Appropriation) \$

\*14. PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:

A. D.O. Vou. No. B. Paid (mo. & yr.) C. D.O. Name and Symbol

D. Applied to Advance (See Item 8B.) \$

15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:

A. Date B. Authorized Certifying Officer's Signature  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

E. Net to Payee \$

16. METHOD OF PAYMENT (For Paying Office Use Only)

A. Cash or Dep. Check Amt. B. Exchange Rate C. U.S. \$ Equivalent \*D. Date

E. Treasury or Depository Check No. and Name of Depository \*F. Payment Received  
(Payee's Signature)

17. ACCOUNTING CLASSIFICATION

A. Fund	B. Allotment	C. Oblig.(T/A) No.	D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount

\*Item 10C. - If carrier was foreign ship registry, attach certificate of readiness.  
\*\*FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).  
\*\*\*If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency so certify (31 U.S.C. 680a).



2

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If some or all of the travel is to be performed on commercial carriers, we advance money for the trip based on the estimated per diem (to be calculated when complete itinerary is submitted at the end of the trip). The traveler would sign a TRAVEL ADVANCE APPLICATION, VOUCHER, AND ACCOUNT like this one. Then you would follow the guidelines on the attached information sheet for submitting everything on the trip.



AGENCY _____ <b>TRAVEL ADVANCE APPLICATION, VOUCHER, AND ACCOUNT</b>		3. D. O. VOUCHER NO.				
		4. BU. VO. NO.				
★ 1. EMPLOYEE SOC. SEC. NO.	★ 2. EMPLOYEE NAME (Last, First, M.I.)	5. D.O. PAID BY				
★ 6. MAILING ADDRESS						
★ 7. TRAVELER'S APPLICATION An advance of funds in the amount of _____ is hereby requested for travel and other expenses to be incurred under authorization number _____ dated _____ (Mo./Day/Yr.). My expected date of completion (EDC) is _____ (Mo./Day/Yr.). In accordance with the provisions of 4 FAM 333, I will submit a travel reimbursement voucher and/or remit a refund to the Department of State within 30 days following completion of travel or postponement or cancellation of the travel.  Signature _____ Date _____						
★ 8. TRAVEL ADVANCE STATUS	9. ADMINISTRATIVE APPROVAL SIGNATURE	DATE				
a. Old Balance	_____					
\$	TITLE:					
b. This Voucher	10. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment;					
\$	AUTHORIZED CERTIFYING OFFICER'S SIGNATURE					
c. New Balance	DATE					
\$	TITLE:					
★ 11. EMPLOYEE'S AGENCY IF OTHER THAN STATE		★ 12. STATE ORGANIZATION APPROVING TRAVEL				
★ 13. EMPLOYEE'S NEW POST OR OFFICE IF BEING REASSIGNED						
14. METHOD OF PAYMENT						
a. Cash or Dep. Check Amt.	b. Exchange Rate	c. U.S. \$ Equivalent				
		★ d. Date				
e. Treasury or Depository Check No. and Name of Depository		★ f. Payment Received: (Payee's Signature)				
15. ACCOUNT OF ADVANCES (Receivables) RECORD						
TRANSACTIONS				ADVANCE ACCOUNT		
a. Post	b. USDO	c. Date	d. Voucher No.	e. Advanced	f. Decreases	g. Balance
16. TRAVEL ADVANCE ACCOUNTING CLASSIFICATION						
a. Fund Symbol	b. Adv. Acct. No.	c. Oblig. (T/A) No.	d. EDC	e. Paying Office	f. Date Paid	g. Amount



GENERAL BACKGROUND AND TRAVEL INFORMATION

The Department of State, Bureau of Administration is responsible for administrative support of White House Travel outside the U.S.A. In connection with this responsibility, the Department pays for the travel expenses for White House staff members travelling in conjunction with a Presidential or Vice Presidential trip to a foreign country.

It would be advantageous for all concerned with overseas trips to be familiar with the process. This process is as follows:

I PRIOR to departure the State Department will:

A. issue a travel authorization outlining the approved travel itinerary and legitimate expenses that may be incurred.

B. issue a travel advance which will be an ESTIMATE of your per diem expenses. The Department will authorize the U.S. Embassies to issue a travel advance for anyone departing from a city other than Washington, D.C. Note: This is only an advance; a travel voucher must be submitted upon completion of the trip.

C. authorize the White House Transportation Office to issue pre-paid air line tickets.

II AFTER the entire trip is completed the individual traveller must:

A. submit a signed travel voucher form in order to liquidate the travel advance account and to be reimbursed for any additional expenses. Note: If the vouchered amount is less than the advance amount the traveller will be required to submit a check for the difference in order to liquidate the advance account.

B. the Department of State will compute per diem and calculate allowable expenses; however, the following information must be provided by the traveller:

1. Complete itinerary, including:

a. dates and times of all departures and arrivals from the origin, intermediate and destination points.

b. modes of travel (personal car, taxi, commercial plane, military plane, train) with name and flight or train number for commercial carriers.

c. departures from the authorized itinerary, delays enroute, personal travel, and use of foreign flag airlines, or other such extraordinary circumstances with a complete explanation.

2. Other expenses:

a. traveler's check fee.

b. taxis, private vehicle or other transportation necessary for travel to/from airports and official business.

c. official telephone calls (receipts required).

3. Required documentation:

a. airline tickets -

-used ticket stubs

-unused tickets. Note: the individual is financially responsible for the cost of all unused tickets.

b. receipts. Note: All expenses in excess of \$15.00 (\$25.00 for taxi fares) must be accompanied by a receipt.

c. copies of travel advance applications, GTRs, or any other travel related documentation received from the State Department, The U.S. Embassy, or the White House.

III A pre addressed envelope is enclosed for mailing all the necessary papers directly to the State Department. Below is a sample format to be used in submitting the itinerary. Please only sign the voucher form; leave the rest of the form blank. It will be filled in by the Department.

7/28/81	12:30p	depart residence via Personal Car	22 mile round trip
	2:00p	depart DC National via Eastern 789	
	4:15p	arrive Miami	
	5:30p	depart Miami via Pan Am 45	
	9:00p	arrive Santiago, Chile	
8/4/81	8:00a	depart Santiago via Pan Am 48	
	12:00n	arrive Mexico City, Mexico	
8/12/81	10:00a	depart Mexico City via Military Flight	
	2:05p	arrive Andrews Air Force Base	
	3:30p	arrive residence via taxi	\$12.00

OTHER EXPENSES:

Traveler's check fee \$4.00

Mexico City Departure Tax \$3.50

THE WHITE HOUSE

WASHINGTON

October 28, 1983

FYI:

Since Bill took over signing authorizations  
and vouchers I have kept a running account.

Saul

good

THE WHITE HOUSE

WASHINGTON

Travel Authorization.....Travel Voucher

Mike McManus TA/TV New York 9/22/-9/26.....  
ON Trip of RR  
TV -> B.S. 10/13/83  
Gail Ledwig  
Mike Deaver  
Bill Sittmann TA Columbia 9/20/83

Bill Sittmann  
Mike Deaver TV Ft. Bragg 9/19/83

Michael Deaver TA/TV New York 9/25/926/83  
Bill Sittmann  
Gail Ledwig  
Kathy Osborne TV/TA New York 9/25-9/26, 83

Michael Evans TA/TV Columbia, SC 9/20/83

Michael McManus  
Michael Deaver  
Bill Sittmann TA Far East 9/30 - Oct. 7

Mike Deaver  
Donna Blume TV California 8/12 - 9-2  
Bill Sittmann 8/12 - 8/22

David Fischer TA to Camp David Oct. 1 - Sept 30  
Kathy Oxborne  
Michael A. Evans TA to Louisville Oct. 7th  
David Fischer TV to Camp David 8-3 / 84  
TV to California 8-21-8-27/83

THE WHITE HOUSE

WASHINGTON

Michael McManus TA/ for Dallas Oct. 12-13,  
political convention

Jim Coyne TA to Atlanta October 21, 1983  
To meet with officials from ACTION  
Keynote Volunteers for Outdoor America..

Michael Mc Manus TV for trip to New York 9/22-9/26  
UN Trip for the Pres.

Michael K. Deaver  
Michael McManus TA for trip to London  
William Sittmann Oct. 17-21 Official Mtg  
for 1984 Ec. Summit....

Michael Devaer TV Trip to Far East 9/30 - 10/7  
Bill Sittmann State Trip

David Fischer TA/TV Augusta with the PRES. 10/21-  
10-23

Mike McManus TV for London Pre Ec. Summit

David Fischer TV Camp David 9/16-9/18  
" " 10/1,10/9,10/16  
With the President

Jim Coyne TA to attend Partnership in Ed.  
and luncheon for Advertising  
Council in New York  
fly DC to NY to PA to DC 10/28

Bill Sittmann  
Mike Deaver TV TV To London..State 10/17-10/21