FOIA Marker

This is not a textual record. This FOIA Marker indicates that material has been removed during FOIA processing by George W. Bush Presidential Library staff.

Management and Administration, White House Office of

Dries, Brittany

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	26	14	11	2	13538	26401	13129	13244

Folder Title:

Gillespie, Edward [Folder 1]

Withdrawn/Redacted Material
The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Form	Travel Authorization [with attachments]	3	11/10/2008	PRM;
002	Form	Travel Authorization [with attachments]	4	10/01/2008	PRM;
003	Form	Travel Voucher	1	11/13/2008	P6/b6;
004	Form	Travel Voucher	1	10/10/2008	P6/b6;
005	Receipt	The Waldorf-Astoria	1	10/03/2008	P6/b6;
006	Form	Travel Voucher	1	05/08/2008	P6/b6;

COLLECTION TITLE:
Management and Administration, White House Office of

SERIES:
Dries, Brittany

FOLDER TITLE:
Gillespie, Edward [Folder 1]

FRC ID:
13538

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

Deed of Gift Restrictions

A. Closed by Executive Order 13526 governing access to national security information.
B. Closed by statute or by the agency which originated the document.
C. Closed in accordance with restrictions contained in donor's deed of gift.

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]

Withdrawal Marker
The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Form	Travel Authorization [with attachments]	3	11/10/2008	PRM;

This marker identifies the original location of the withdrawn item listed above. For a complete list of items withdrawn from this folder, see the Withdrawal/Redaction Sheet at the front of the folder.

COLLECTION:
Management and Administration, White House Office of

SERIES:
Dries, Brittany

FOLDER TITLE:
Gillespie, Edward [Folder 1]

FRC ID:
13538

OA Num.:
13244

NARA Num.:
13129

FOIA ID and Segment:
2014-0301-F

RESTRICTION CODES

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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Withdrawal Marker
The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Form	Travel Authorization [with attachments]	4	10/01/2008	PRM;

This marker identifies the original location of the withdrawn item listed above. For a complete list of items withdrawn from this folder, see the Withdrawal/Redaction Sheet at the front of the folder.

COLLECTION:
Management and Administration, White House Office of

SERIES:
Dries, Brittany

FOLDER TITLE:
Gillespie, Edward [Folder 1]

FRC ID:
13538

OA Num.:
13244

NARA Num.:
13129

FOIA ID and Segment:
2014-0301-F

RESTRICTION CODES

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TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 9/29/08

TRAVEL AUTHORIZATION NUMBER: _____

Last Name:	First Name:
Gillespie	Edward

Extension:	Room:	Title:	Office:
6-7910	2FL/WW	Counselor to the President	Counselor's Office

Contact Person:	Room:	Extension:
Rachel Ellis	2FL/WW	6-7910

ATTACHMENTS:

☑ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Source Form ☐ Memo From NSC (Foreign Travel)

PURPOSE OF TRAVEL *(include event dates and host information, if applicable):*

Speaking engagement on 9/30/08 for the Oxonian Society in New York, NY.

DEPARTURE:			RETURN:		
Date:	Time:	Mode:	Date:	Time:	Mode:
9/30/2008	3:00pm	Air	10/01/2008	3:30pm	Air

ITINERARY:

Origin: Washington, DC

Destination: New York, NY

Return to: Washington, DC

FUNDING SOURCE:

☑ Official ☐ Mixed ☐ 501 (c)(3) Other: _____

NOTE: For travel funded by other sources, an approved "Travel Expenses From Outside Source" form must be attached.

SPECIAL EXPENSES:

Hotel:	$410.53	Per Diem:	$96.00	Privately Owned Vehicle:	
Air Fare:	$138.00	Taxi:		Standard Vehicle Rental:	
Train Fare:		Parking:		TOTAL ESTIMATED EXPENSES:	$644.53

APPROVING SIGNATURES:

Office Head or Designee:	Chief of Staff or Designee:
White House Management: Brudget Heady	Director of Political Affairs (if applicable):

WHM Form 15, rev. 03.25.08

THE OXONIAN SOCIETY®

World-class speakers available to all - Oxford graduates or not

All events take place in Manhattan (most in mid-town Manhattan). Due to security, once someone registers venue details are automatically

Calendar of Events

Below is a list of our upcoming and past events. Click on the event name for more information or to register for a specifi

<< >>

August 2008

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2008

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2008

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Current Events 2008 2007 2006 2005

Honorable Ed Gillespie **Tuesday, Septem**

The Honorabl Ed Gillespie holds the distingulshed and powerful position of an advisor in the president's inner circle. President I He's (Gillespie) a seasoned hand. He's got excellent judgment. He's a strategic thinker." As a former Republican National Com chairman, Gillespie is one of the president's most trusted advisers. Gillespie, funny and well-liked by reporters, has played man President Bush, in addition to leading the party during the 2004 elections that sent President Bush back to the White House an GOP majorities in the House and Senate. He was a senior communications adviser to Mr. Bush's first campaign for president, during the 2000 recount in Florida and communications director for the 2001 inaugural. He was tapped to guide Samuel Alito th confirmation to the Supreme Court. Gillespie made his name as a top aide to former House Majority Leader Dick Armey, R-Tex job, he was a principal drafter of the Con (more...)

Tommy Lee Jones and Annual Gala **Friday, Octo**

The Society's is pleased to announce that its annual gala will be in honor of the legendary Tommy Lee Jones, who was nomina Oscars this year This year's special evening will include an elegant three-course dinner with wine, and a conversational intervie Lee Jones. Early RSVPs are strongly suggested here for the limited number of single tickets. Table purchases are available – membership@oxoniansociety.com Previous Society galas have featured Conan O'Brien, Sir Roger Moore, Prime Minister Johr Her Royal Highness Princess Badiya of Jordan. The gala is the annual premier fundraising event to support the Society's uniqu programming that provides the public low cost access to this and the next generation of leaders. A portion of the table and sing purchases are tax-deductible. Tommy Lee Jones emerged to become one of the most admired and respected film stars of his winning the Oscar and receiving four Academy Awar (more...)

Steve Forbes **Thursday, Octo**

Steve Forbes is Chairman and Chief Executive Officer of Forbes, and Editor-in-Chief of Forbes magazine. He was named Chai December 2007. Since Mr. Forbes assumed the CEO position in 1990, the company has launched a variety of new publication

Sheedy, Bridget A.

From: Dries, Brittany A.
Sent: Tuesday, September 30, 2008 12:08 PM
To: Sheedy, Bridget A.
Subject: FW: Ed Gillespie

Brittany A. Dries
White House Management
office: (202) 456-6503
cell: (202) 494-5079
fax: (202) 456-6472
bdries@who.eop.gov

From: Ellis, Rachel W.
Sent: Tuesday, September 30, 2008 12:07 PM
To: Dries, Brittany A.
Cc: Scott, Robbie J.
Subject: FW: Ed Gillespie

From: Coffina, Scott A.
Sent: Monday, August 25, 2008 5:15 PM
To: Williams, Rachel E.
Subject: RE: Ed Gillespie

Rachel,

Just confirming, since Oxonian is a non-partisan organization and Ed will be speaking about Administration policies, I conclude that Ed's travel is an appropriate official expense.

Let me know if other questions arise.

Thanks.

Scott

From: Williams, Rachel E.
Sent: Monday, August 25, 2008 4:17 PM
To: Coffina, Scott A.
Subject: FW: Ed Gillespie

Hi Scott,

Just wanted to follow up on this. Did you happen to see my email about this on Friday? Is this something the government can sponsor?

Thanks,
Rachel

From: Joe Pascal [mailto:joe@oxoniansociety.com]
Sent: Wednesday, August 20, 2008 6:22 PM
To: Williams, Rachel E.
Subject: Re: Ed Gillespie

Hi Rachel,

Thanks for the note. We are a 501(c) non-profit corporation and unfortunately do not cover speaker traveling expenses. Please let us know this is not an issue. From the Secretary of Homeland Security to senators, etc., it is never an issue.

With best wishes,

Joe Pascal
President
Oxonian Society
www.oxoniansociety.com

On Aug 20, 2008, at 5:18 PM, Williams, Rachel E. wrote:

Hi Mr. Pascal,

I wanted to touch base with you regarding Ed's trip to New York on September 30th. Have you happen to have spoken to anyone regarding how the trip is being financed? Is there someone on your end I can speak to about this?

Thank you so much,
Rachel

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: EOP - WH OFFICE (WHO

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: EGMANHATTANNY100108_V01

4. SCHEDULE NO.:

5. a. NAME *(Last, first, middle initial)*: Gillespie, Edward W.

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM: 0110/01/08 b. TO: 10/01/08

c. MAILING ADDRESS *(Include ZIP Code)*: (b)(6)

d. OFFICE TELEPHONE NO.: 202-456-7910

7. TRAVEL AUTHORIZATION: a. NUMBER(S): 0029VN b. DATE(S): 10/01/08

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE *(City and State)*: Alexandria, VA

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0 00
b. Amount to be applied	0 00
c. Amount due Government *(Attached [ ] Check [ ] Cash)*	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED: b. AMOUNT RECEIVED: $ c. PAYEE'S SIGNATURE:

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See Attached Ticket 1 215.00					

ACCOUNTING CLASSIFICATION:
09 10012008 111249-2009^WHO1000000^WHO0110SE09XX^00000000^WHO101000^^^^^ - 263.00 NR- 13.50

COMMENTS:
One day trip greater than 12 hours. THIS IS THE 2009 PORTION OF TRIP CROSSING FISCAL YEARS 2008-2009.

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶ 263 00

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE 11/13/08

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)* $ 0 00

d. NET TO TRAVELER ▶ $ 263 00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION: SEE BLOCK 12 ABOVE

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 relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) 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 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 TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0029VN

TRAVELER'S LAST NAME Gillespie

DATE 20 08 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/01		D-:IN TRAVEL STATU											
10/01		TRAV - Reimburse Train								0			215 00
10/01		A-:MANHATTAN,NY				48 00			48 00			48 00	
10/01		D-:MANHATTAN,NY											
10/01		A:RES: ALEXANDRIA,											
10/01		TAV FEE -C											
									SUBTOTALS ▶		0 00	48 00	215 00
									TOTALS ▶		0 00	48 00	215 00

If additional space is required, continue on another 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 ▶ 263.00

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, 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 you 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.

Riders AMTRAK Baggage

1

GILLESPIE/EDWARD MR

NEW YORK PENN,NY

WASHINGTON,DC

Train 2163 Date 01OCT08

Accom Space/Car EXPRSS BSNESS

AP215.00AX 3003

Rail Fare $215.00 Accom Charge .00

Fare Plans $215.00

KOAE

2[illegible]68288262 04 01

04Oct08 5[illegible]

PASSENGER RECEIPT

TRAVEL VOUCHER (Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: EOP - WH OFFICE (WHO

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: EGNEWYORKCOUN093008_V02

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): Gillespie, Edward W.

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM 09/30/08 b. TO 10/01/08

c. MAILING ADDRESS (Include ZIP Code): (b)(6)

d. OFFICE TELEPHONE NO.: 202-456-7910

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 00280Y b. DATE(S) 09/29/08

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE (City and State): Alexandria, VA

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government (Attached [ ] Check [ ] Cash)	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
0377377570030	120.50		09/30/08	DCA-Washington,	LGA-New York, Ny (
See Attached Ticket 1	67.50			DCA-Washington,	LGA-New York, Ny (
0929081449HI MPWQ	13.75	XD	09/30/08	DCA-Washington,	LGA-New York, Ny (

ACCOUNTING CLASSIFICATION:
08_09292008_151621-2008^WHO1000000^WHO0110SE08XX^00000000^WHO101000^^^^^ -
458.52 NR- 215.25

COMMENTS on next page

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶ 458.52

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 10/10/08

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 458.52

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ OCT 10 2008 DATE

18. ACCOUNTING CLASSIFICATION

SEE BLOCK 12 ABOVE

TRAVEL VOUCHER
-**-***7001
Gillespie, Edward W.

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
0028OY 09/29/08

COMMENTS:
THIS IS THE 2008 PORTION OF TRIP CROSSING FISCAL YEARS 2008-2009. AMENDING TO REMOVE 2009 EXPENSES.

Oxonian Society Event in New York, NY

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 relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) 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.

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

TRAVEL AUTHORIZATION NO. 0028OY

TRAVELER'S LAST NAME Gillespie

DATE 20 08 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/30		D-:WASHINGTON,DC											
09/30		Air Fare (GOVCC-C)											
09/30		Air Fare (GOVCC-C)											
09/30		TMC FEE (GOVCC-C)											
09/30		A-:MANHATTAN,NY				48 00		359 00	407.00			407 00	
09/30		TAXES: LODGING-DOMESTIC											51 52
10/01		D-:MANHATTAN,NY											
10/01		A:RES: ALEXANDRIA,											
10/01		Subsistence											
10/01		TAV FEE -C											
									SUBTOTALS ▶		0 00	407 00	51 52
									TOTALS ▶		0 00	407 00	51 52

If additional space is required, continue on another 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 ▶ 458.52

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, 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 you 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.

301 Park Avenue • New York, NY 10022
Phone (212) 355-3000 • Fax (212) 872-7272
www.waldorfastoria.com

Name & Address

GILLESPIE, EDWARD

(b)(6)

Room 512/Q1D
Arrival Date 9/30/2008 4:31:00PM
Departure Date 10/1/2008

Adult/Child 1/0
Room Rate 359.00

RATE PLAN LV7

HH#
AL: UA #03060427371
BONUS AL: CAR:

CONFIRMATION NUMBER : 3330225822

10/1/2008 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
9/30/2008	GUEST ROOM	ACOULO	10364012	$359.00		
9/30/2008	OCC TAX	ACOULO	10364012	$2.00		
9/30/2008	ROOM OCCUPANCY TAX 5%	ACOULO	10364012	$17.95		
9/30/2008	STATE ROOM TAX	ACOULO	10364012	$30.07		
9/30/2008	JAVITS CENTER FEE	ACOULO	10364012	$1.50		
10/1/2008	*ROOM SERVICE	LINTR	10365041	$53.36		
10/1/2008	AX *3003	AGABRI	10365375		$463.88	
	BALANCE					$0.00

FOLIO

ACCOUNT NO.
AX *3003

DATE OF CHARGE
9/30/2008

FOLIO NO./CHECK NO.
######## A

CARD MEMBER NAME
GILLESPIE, EDWARD

AUTHORIZATION
168424

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

Official Sponsor of the U.S. Olympic Team

10/03/08 US TRAVEL Rel: 6.87 11:08:41

Invoice Maintenance (DISPLAY) MT066R-01

PAGE 1

Transaction Nbr:	349885238	Transaction Type:	CC
Invoice Date:	09/30/08	Settlement Plan:	1 ARC
Company Code:	1	Ticketing / Booking Branch:	6049 / 6049
Booking Agent Nbr:	16040	Ticketing Agent Nbr:	16040
Invoice Number:	22048	Original Invoice Nbr:	
Override Dept:		Disputed Invoice:	
Trans Airline Code:	AA	PNR Record Locator:	HIMPWQ
Destination Code:		Delivery Code:	
Customer Number:	316795	Destination Indicator:	D
Passenger Name:	GILLESPIE/EDWARD		
		Service Est. Indicator:	N Merch ID:
Validating Airline:	US	Electronic Ticket Number:	7377570030
Form of Payment:	CA5568060000034451	Tour Code:	
Trans Curr Code:	USD D/E Processed: Y		
Base Fare (Air):	155.35		
Tax Amt (Air):	32.65		
Commission Amt (Air):	.00		
Total Invoice Amt:	188.00	Tax on Comm Rate Code:	
Ticket FOP:	CA5568060000034451 EXP 02/10		

Cmd: F1=Menu F2=Prev F5=TaxDtl F9=Oth F24=More Keys

Attn: Robbie Scott
FAX: 6-6489

Tkt Nbr: 737757003 0
Passenger Name: GILLESPIE/EDWARD

Sel	Itin#	CXN Ind.	Dep City	Arr City	A/L	Flt Nbr	Cls	Dep Date	Dep Time	Sts	Fare Basis	Segment Value	Curr Code
_	001	O	DCA	LGA	US	2176	Y	09/30/08	0300P	OK	YCADCA	102.33	
_	002	O	LGA	DCA	DL	1959	K	10/01/08	0330P	OK	KCALGDCA	53.02	

Selection: 1-Display R-Segment Remarks
Command keys: F1=Menu F2=Previous

TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 08/18/2008

TRAVEL AUTHORIZATION NUMBER: 001PIG

Last Name:	First Name:		
Gillespie	Ed		
Extension: 6-7910	**Room:** 2FL/WW	**Title:** Counselor to the President	**Office:** Counselor's Office
Contact Person: Leslea Byrd	**Room:** 2 FL/WW	**Extension:** 6-7910	

ATTACHMENTS:

☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Source Form ☐ Memo From NSC (Foreign Travel)

PURPOSE OF TRAVEL *(include event dates and host information, if applicable)*:

To meet up with the President in Texas.

DEPARTURE:			RETURN:		
Date:	**Time:**	**Mode:**	**Date:**	**Time:**	**Mode:**
8/19/2008	TBD	Mil Air	8/21/08	2:30 pm	Amer. Air

ITINERARY:

Origin: Traveling to Waco, TX via military flight on 8/19

Destination: Midland, TX

Return to: Washington, DC (DCA)

FUNDING SOURCE:

☒ Official ☐ Mixed ☐ 501 (c)(3) Other: _____

NOTE: For travel funded by other sources, an approved "Travel Expenses From Outside Source" form must be attached.

SPECIAL EXPENSES:

Hotel:		**Per Diem:**	97.50	**Privately Owned Vehicle:**	
Air Fare:	$324.50	**Taxi:**		**Standard Vehicle Rental:**	
Train Fare:		**Parking:**		**TOTAL ESTIMATED EXPENSES:**	$422.00

APPROVING SIGNATURES:

Office Head or Designee: See attached	**Chief of Staff or Designee:**
White House Management: Bridget Sweely	**Director of Political Affairs (if applicable):**

Byrd, Leslea T.

From: Isakson, Curtis M.
Sent: Monday, August 18, 2008 10:24 AM
To: Dries, Brittany A.
Cc: Byrd, Leslea T.; Williams, Rachel E.
Subject: FW: Travel Authorization for Ed G

Please see below Blake's approval for Ed G's travel to/from Waco.

Thanks

From: Gottesman, Blake L.
Sent: Monday, August 18, 2008 10:23 AM
To: Isakson, Curtis M.
Subject: RE: Travel Authorization for Ed G

Approve.

From: Isakson, Curtis M.
Sent: Monday, August 18, 2008 10:22 AM
To: Gottesman, Blake L.
Subject: Travel Authorization for Ed G

Blake—Ed G will be traveling to Waco tomorrow (8/19) via mil flight and then travel back commercially on Thursday (8/21). Can you email me saying you approve so I can pass on to M&A? Airfare cost 324.50.

Thanks

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: August 18, 2008 09:50 AM

Travel Arrangements for EDWARD GILLESPIE

Record Locator EPMSOK
Trip ID 10889580468
WHST

Agent ID : VU
Phone: (866) 596-2769 / Fax: (202) 456-6181

AMERICAN EXPRESS
1901 NORTH MOORE ST 10TH FLOOR
ARLINGTON VA 22209

Itinerary Details

*** Itinerary Only ***

Billing Code: WHO

Travel Details

Thursday August 21, 2008

Flight Information

Airline	AMERICAN AIRLINES	Estimated time	3 hours 5 minutes
Flight	1374	Distance	1,192 Miles
Origin	Dallas Ft Worth, TX	Meal Service	Food for purchase
Destination	Washington Reagan, DC	Plane	Md-80
Departing	2:30 PM		
Arriving	6:35 PM		
Arrival Terminal	TERMINAL B		
Seat	Unassigned		
Class	Economy		

Travel Details

Sunday February 15, 2009

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
EPMSOK	AMERICAN AIRLINES

Additional Messages

AIRFARE 324.50
FOR ASSISTANCE DURING 8AM - 6PM CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-888-228-6757 - ACCESS CODE - S-UPBB‡‡
OUTSIDE THE USA CALL COLLECT AT 313-317-3657

SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
CHECKIN IS 2HRS FOR DOMESTIC - 3HRS FOR INTERNATIONAL

PLEASE ADVISE AMERICAN EXPRESS OF UNUSED ETICKETS AND
PAPER TICKETS. UNUSED PAPER TICKETS MUST BE RETURNED
TO AMERICAN EXPRESS TO START THE REFUND PROCESS.
THERE IS A USD23.75 TRANSACTION FEE FOR
THIS RESERVATION.

For itinerary changes, please contact your travel office via telephone.

APPROVED
By Neal Bumham at 1:52 pm, Apr. 03, 2008

DATE OF REQUEST: 4/3/2008

Please Print

TRAVEL AUTHORIZATION NUMBER: _____

Last Name	First Name
Gillespie	Ed

Extension:	Room:	Title:	Office:
6-7910	WW/2FL	Counselor to the President	Counselor's Office

Contact Person: *please print*	Extension:
Rachel E. Williams	6-7910

ATTACHMENTS:

☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form

PURPOSE OF TRAVEL *(include event dates and host information, if applicable):*

White House representative to William F. Buckley's funeral - Friday, April 4th at St. Patrick's Cathedral in New York, New York.

DEPARTURE:			RETURN:		
Date:	Time:	Mode:	Date:	Time:	Mode:
4/4/2008	7:30a	Air	4/4/2008	4:00p	Air

ITINERARY *(List all cities including those through which flights are routed):*

Origin: Washington, DC - DCA

Destination: New York, NY - LGA

Return to: Washington, DC - DCA

FUNDING SOURCE:

☒ Official ☐ Political ☐ Mixed ☐ 501 (c)(3) ☐ Other: _____

NOTE: *For travel funded by political, 501(c)(3) or other sources, an approved "Travel Expenses From Outside Source" form must be attached.*

SPECIAL EXPENSES

Hotel:		Per Diem:		Privately Owned Vehicle:	
Air Fare:	$280.00	Taxi:	$50.00	Standard Vehicle Rental:	
Train Fare:		Mini-Van Rental:		TOTAL ESTIMATED EXPENSES:	$330.00

APPROVING SIGNATURES:

Office Head:

Chief of Staff or Designee: Joel Kaplan

White House Management:

Political Travel:

[REV. 1/02]

ORIGINAL (WH MANAGEMENT COPY)

AMERICAN EXPRESS® BUSINESS TRAVEL

Generated: April 3, 2008 08:11 AM

Travel Arrangements for EDWARD GILLESPIE

Record Locator JHXXPV
Trip ID 11178994163
WHST

Agent ID : MB
Phone: (866) 596-2769 / Fax: (202) 456-6161

AMERICAN EXPRESS
1901 NORTH MOORE ST 10TH FLOOR
ARLINGTON VA 22209

Itinerary Details

*** Itinerary Only ***

Travel Details — Friday April 4, 2008

Flight Information

Airline	DELTA AIR LINES	Estimated time	1 hour 16 minutes
Flight	1942	Distance	214 Miles
Origin	Washington Reagan, DC	Meal Service	Breakfast
Destination	New York Lga, NY	Plane	Mcdonnell douglas 80
Departing	7:30 AM		
Arriving	8:46 AM		
Departure Terminal	TERMINAL B		
Arrival Terminal	MARINE AIR TERMINAL		
Seat	Unassigned		
Class	Coach		

Flight Information

Airline	US AIRWAYS	Estimated time	1 hour 22 minutes
Flight	2181	Distance	214 Miles
Origin	New York Lga, NY	Meal Service	No Meal Service
Destination	Washington Reagan, DC	Plane	Airbus a319
Departing	4:00 PM		
Arriving	5:22 PM		
Departure Terminal	USAIRWAYS LA GUARDIA TER		
Arrival Terminal	TERMINAL C		
Seat	Unassigned		
Class	Economy		

Travel Details — Saturday October 4, 2008

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Airline Record Locators

Airline Reference	Carrier
DM2QIT	DELTA AIR LINES
E46WV3	US AIRWAYS

Additional Messages

TOTAL AIRFARE USD 280.00

FOR ASSISTANCE DURING 8AM - 6PM CALL 866-586-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-800-847-0242 - ACCESS CODE - S-UP6B‡
OUTSIDE THE USA CALL COLLECT AT 313-317-3657

SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
CHECKIN IS 2HRS FOR DOMESTIC - 3HRS FOR INTERNATIONAL

PLEASE ADVISE AMERICAN EXPRESS OF UNUSED ETICKETS AND
PAPER TICKETS.

THERE IS A USD23.75 TRANSACTION FEE FOR
THIS RESERVATION.

For itinerary changes, please contact your travel office via telephone.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts or omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than $50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed $15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a $35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7598. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: EOP - WH OFFICE (WHO

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: EGMANHATTANNY040408_V01

4. SCHEDULE NO.:

5. a. NAME *(Last, first, middle initial)*: Gillespie, Edward W.

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM 04/04/08 b. TO 04/04/08

c. MAILING ADDRESS *(Include ZIP Code)*: (b)(6)

d. OFFICE TELEPHONE NO.: 202-456-7910

7. TRAVEL AUTHORIZATION: a. NUMBER(S) ONZXIU b. DATE(S) 04/07/08

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE *(City and State)*: Alexandria, VA

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government *(Attached [ ] Check [ ] Cash)*	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED; b. AMOUNT RECEIVED $; c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See Attached Ticket 1 280.00					

ACCOUNTING CLASSIFICATION:
08_04072008_173114-2008^WHO1000000^WHO0110SE08XX^00000000^WHO101000^^^^^^ -
82.70 NR 317.25

COMMENTS:
To serve as the White House Representative to attend William F. Buckley's funeral at St. Patrick's Cathedral in Manhattan.

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ _____ DATE _____ AMOUNT CLAIMED ▶ 82.70

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Bridget Sleedy DATE 5/7/08

17. *FOR FINANCE OFFICE USE ONLY*

COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)* $ 0.00

d. NET TO TRAVELER ▶ $ 82.70

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ MAY 08 2008 DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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 relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) 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 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 TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. ONZXIU

TRAVELER'S LAST NAME Gillespie

DATE 20 08 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/04		D-:RES: ALEXANDRIA											
04/04		Air Fare (GOVCC-C)											
04/04		A-:MANHATTAN,NY											
04/04		TMC FEE (GOVCC-C)											
04/04		D-:MANHATTAN,NY											
04/04		A:RES: ALEXANDRIA,											
04/04		TAV FEE -C											
04/04		TAXI											33 00
04/04		PARKING											17 00
04/04		TAXI											32 70
										SUBTOTALS ▶	0 00	0 00	82 70
										TOTALS ▶	0 00	0 00	82 70

If additional space is required, continue on another 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 ▶ 82 70

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, 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 you 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.

Date Apr. 4 2008

OFFICIAL TAXI RECEIPT

FROM La Guardia

TO 333 St. Patricks

FARE ..... TOLL ..... TOTAL .....

SIGNATURE ..... # .....

REAGAN NATIONAL AIRPORT

For Questions or Comments: (703)417-4300

Entrance: 06:46 04/04/08 Lane # 04

Exit : 15[illegible] 04/08 Lane # 37

License plate [illegible]

Cashier : 098 Seq. # 3549

Length of stay 0[illegible] 08h. 45mn.

Amount Paid $ 17.00 Cash

***** Thank You for Flying *****

***** Reagan National Airport *****

I ♡ NEW YORK

MED # 7K24

DATE: 04/04/2008

START TIME 12:42

END TIME 13:03

TRIP # [illegible]72

RATE No. 1

MILES [illegible].85

FARE $ [illegible].70

Contact TLC Dial [illegible]

$5 tip

$32.70

TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 08.24.07

TRAVEL AUTHORIZATION NUMBER: ONZ315

Please Print

Last Name	First Name		
Gillespie	Edward		
Extension: 6-7910	**Room:** WW-2nd Floor	**Title:** Counselor to the President	**Office:** Counselor's Office
Contact Person: *please print* James Hickey			**Extension:** 6-7910

ATTACHMENTS:

☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form

PURPOSE OF TRAVEL *(include event dates and host information, if applicable):*

Support on POTUS trip

DEPARTURE:			RETURN:		
Date:	**Time:**	**Mode:**	**Date:**	**Time:**	**Mode:**
08.26.07	435.40	American Airlines	----------	----------	----------

ITINERARY *(List all cities including those through which flights are routed):*

Origin: Washington, DC

Destination: Waco, TX

Return to: Washington, DC - TBD mode

FUNDING SOURCE:

☒ Official ☐ Political ☐ Mixed ☐ 501 (c)(3) ☐ Other: _____

NOTE: *For travel funded by political, 501(c)(3) or other sources, an approved "Travel Expenses From Outside Source" form must be attached.*

SPECIAL EXPENSES

Hotel:		**Per Diem:**	$136.50	**Privately Owned Vehicle:**	
Air Fare:	$435.40	**Taxi:**		**Standard Vehicle Rental:**	
Train Fare:		**Mini-Van Rental:**		**TOTAL ESTIMATED EXPENSES:**	$571.90

APPROVING SIGNATURES:

Office Head:

Chief of Staff or Designee: Neal Burnham

White House Management:

Political Travel:

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

Logged In As: Brittany A Dries
Traveler Name: Edward W Gillespie
Return to Document List

Document Name: EGFORTWORTHTX082607_A01
Document Type: Authorization

Screen ID: 1064.3
TA Number: 0NZ3I5 Hel

GovTrip TRAVEL for GOVERNMENT

Itinerary Travel Expenses Accounting Additional Option
Preview Pre-Audit Other Auths Digital Signature

Preview Trip

Review the details for this trip below. When you have finished proceed to Pre-Audit.

Overall Starting Point Time Zone: EST (06)

Itinerary: View	Leave From:	WASHINGTON,DC	**Trip Details & Comments to the Approving Official:**
	Leave:	26-Aug-07	

Location 1 - CRAWFORD,TX Time Zone: CST (07)

Itinerary: View	Leave From:	WASHINGTON,DC
	TDY Location:	CRAWFORD,TX
	Arrive:	26-Aug-07
	Leave:	27-Aug-07
TMC FEE (GOVCC-C): View	Type:	CF-C - TMC FEE (GOVCC-C)
	Fare:	$13.75
	Depart:	26-Aug-07
	Method of Reimbursement:	CENTRAL BILL
	Ticket:	0824071649IKOOLS
Air Travel: View	Carrier:	American Airlines (AA)
	Flight:	533
	Fare:	$435.40
	Airport Passenger facility charge included in ticket price.	
	Facility Charge:	$4.50
	Depart:	DCA-Washington, Dc (Usa) (National Apt) 26-Aug-07 6:50PM
	Arrive:	DFW-Dallas / Ft. Worth, Tx (Usa) (Int L. 26-Aug-07 9:00PM
	Method of Reimbursement:	CENTRAL BILL
	Confirmation:	IKOOLS
	Ticket:	IKOOLS-CP

Comments to the Travel Agent:
SEAT PREFERENCE: Aisle

Overall End Point Time Zone: EST (06)

Itinerary: View	Leave From:	CRAWFORD,TX
	Return Location:	WASHINGTON,DC
	Arrive:	29-Aug-07

Expenses

Non-Mileage:

No.	Expense Type	Date	Cost	Method of Reimbursen
1.	TAV FEE -C	08/29/07	$13.50	CENTRAL BI
		Total:	$13.50	

Mileage:

No.	Expense Type	Date	Cost	Method of Reimbursement

Total: $0.00

Per Diem Entitlements

Lodge / M&IE:

	Start Date	End Date	Total Lodge	Total M&IE
View	08/26/07	08/29/07	$0.00	$0.00

View Documentation/Receipts

Accounting Summary

Accounting Code: 07 PR 08/28/07 WACO, TX View

COM. CARR.-C:	$435.40
LODGING:	$0.00
M&IE:	$0.00
TAV EXP -C:	$13.50
TMC FEE -C:	$13.75
07 PR 08/28/07 WACO, TX Sub Total:	$462.65

Calculated Trip Cost: $462.65

Advances Summary

No Advances Requested.

Payment Distribution

Proceed To Pre-Audit

Proceed to the following page: Pre-Audit

TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 08/21/07

TRAVEL AUTHORIZATION NUMBER: ON721Y

Please Print

Last Name	First Name
Gillespie	Edward

Extension:	Room:	Title:	Office:
6-7910	WW-2nd Floor	Counselor to the President	Counselor's Office

Contact Person: *please print*	Extension:
James Hickey	6-7910

ATTACHMENTS:

☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form

PURPOSE OF TRAVEL *(include event dates and host information, if applicable):*

Return from POTUS trip

DEPARTURE:			RETURN:		
Date:	Time:	Mode:	Date:	Time:	Mode:
08.22.07	1:30 pm	Commercial Air	----------	----------	----------

ITINERARY *(List all cities including those through which flights are routed):*

Origin: Kansas City, MO

Destination: Washington, DC

Return to: n/a -- this is a one-way flight from the trip back to DC.

FUNDING SOURCE:

☒ Official ☐ Political ☐ Mixed ☐ 501 (c)(3) ☐ Other: _____

NOTE: *For travel funded by political, 501(c)(3) or other sources, an approved "Travel Expenses From Outside Source" form must be attached.*

SPECIAL EXPENSES

Hotel:		Per Diem:		Privately Owned Vehicle:	
Air Fare:	$180.40	Taxi:		Standard Vehicle Rental:	
Train Fare:		Mini-Van Rental:		TOTAL ESTIMATED EXPENSES:	$180.40

APPROVING SIGNATURES:

Office Head:	Chief of Staff or Designee: Neal Burnham
White House Management:	Political Travel:

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

Logged In As: Brittany A Dries
Traveler Name: Edward W Gillespie
Return to Document List

Document Name: EGKANSASCITYM082107_A01
Document Type: Authorization

Screen ID: 1064.6
TA Number: 0NZ2IY

Preview Trip

Review the details for this trip below. When you have finished proceed to Pre-Audit.

Overall Starting Point Time Zone: EST (06)

Itinerary:	Leave From:	Kansas City, MO
	Leave:	21-Aug-07

Trip Details & Comments to the Approving Official:
Return from official trip with the President to Washington, DC.

Location 1 - KANSAS CITY,MO Time Zone: CST (07)

Itinerary:	Leave From:	Kansas City, MO
	TDY Location:	KANSAS CITY,MO
	Arrive:	21-Aug-07
	Leave:	22-Aug-07
TMC FEE (GOVCC-C):	Type:	CF-C - TMC FEE (GOVCC-C)
	Fare:	$13.75
	Depart:	22-Aug-07
	Method of Reimbursement:	CENTRAL BILL
	Ticket:	0820071441FIOEPL
Air Travel:	Carrier:	Midwest Express (YX)
	Flight:	99
	Fare:	$180.40
	Airport Passenger facility charge included in ticket price.	
	Facility Charge:	$4.50
	Depart:	MCI-Kansas City, Mo (Usa) (Int L. Apt) 22-Aug-07 1:30PM
	Arrive:	DCA-Washington, Dc (Usa) (National Apt) 22-Aug-07 4:45PM
	Method of Reimbursement:	CENTRAL BILL
	Confirmation:	FIOEPL
	Ticket:	4537070445021

Comments to the Travel Agent:
SEAT PREFERENCE: Aisle

Overall End Point Time Zone: EST (06)

Itinerary:	Leave From:	KANSAS CITY,MO
	Return Location:	WASHINGTON,DC
	Arrive:	22-Aug-07

Expenses

Non-Mileage:

No.	Expense Type	Date	Cost	Method of Reimbursen
1.	TAV FEE -C	08/22/07	$13.50	CENTRAL BI
		Total:	$13.50	

Mileage:

No.	Expense Type	Date	Cost	Method of Reimbursement

Total: $0.00

Per Diem Entitlements

Lodge / M&IE:

	Start Date	End Date	Total Lodge	Total M&IE
View	08/21/07	08/22/07	$0.00	$0.00

View Documentation/Receipts

Accounting Summary

Accounting Code: 07 PR 08/21/07 KANSAS CITY, MO

COM. CARR.-C:	$180.40
LODGING:	$0.00
M&IE:	$0.00
TAV EXP -C:	$13.50
TMC FEE -C:	$13.75
07 PR 08/21/07 KANSAS CITY, MO Sub Total:	$207.65
Calculated Trip Cost:	$207.65

Advances Summary

No Advances Requested.

Payment Distribution

Proceed To Pre-Audit

Proceed to the following page: Documents in Routing