FOIA Marker

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Office of Administration - Office of the Chief Financial Officer - Travel Services

Howard, Rothley

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	36	18	4	2	60779	58564		EOP 341

Folder Title:

Chabot, P. - ONDCP FY 2001

Withdrawn/Redacted Material
The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Form	Travel Voucher	1	10/31/2000	P6/b6; b7e;
002	Form	Travel Authorization	1	10/16/2000	P6/b6; b7e;
003	Form	Airline Ticket	1	N.D.	P6/b6;
004	Receipt	[Receipts]	1	N.D.	P6/b6;
005	Form	Travel Voucher	1	10/30/2000	P6/b6; b7e;
006	Form	Travel Authorization	1	05/31/2000	P6/b6; b7e;
007	Receipt	[Receipts]	2	N.D.	P6/b6;

COLLECTION TITLE:
Office of Administration - Office of the Chief Financial Officer - Travel Services

SERIES:
Howard, Rothley

FOLDER TITLE:
Chabot, P. - ONDCP FY 2001

FRC ID:
60779

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]

Withdrawn/Redacted Material
The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
008	Form	Airline Ticket	1	N.D.	P6/b6;
009	Form	Claim for Reimbursement	1	10/22/2000	P6/b6; b7e;
010	Form	Local Voucher	1	11/30/2000	P6/b6; b7e;
011	Receipt	Sales Receipt	1	09/01/2000	P6/b6;
012	Invoice	Invoice	1	11/10/2000	P6/b6;
013	Webpage	VarsityBooks.com	1	10/30/2000	P6/b6;
014	Email	Your Order with Amazon.com [Page 1] - To: Paul Chabot - From: orders@amazon.com	1	10/31/2000	P6/b6;

COLLECTION TITLE:
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FOLDER TITLE:
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Withdrawn/Redacted Material
The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
015	Form	Travel Voucher	1	12/28/2000	P6/b6; b7e;
016	Form	[US Bank Bill]	1	N.D.	P6/b6;
017	Form	Claim for Reimbursement	1	N.D.	P6/b6; b7e;
018	Form	[Document History]	1	01/25/2001	P6/b6;

COLLECTION TITLE:
Office of Administration - Office of the Chief Financial Officer - Travel Services

SERIES:
Howard, Rothley

FOLDER TITLE:
Chabot, P. - ONDCP FY 2001

FRC ID:
60779

RESTRICTION CODES

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TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO. T1P00051

4. SCHEDULE NO. VPDP/10002155

5. a. NAME (Last, first, middle initial): Chabot, Paul R.

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

6. PERIOD OF TRAVEL
a. FROM 10/18/00 b. TO 10/18/00

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATE(S) 10/16/00

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE (City and State): Faifax, 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
CFT
11/20/00

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)
7131909642 194.00			10/18/00	ONC-Ontario, CA	AiDCA-Ronald Reaga
ACCOUNTING CLASSIFICATION:					
ONDCP-STAT&LOC- (b)(7)e -			115.02 NR-	194.00	

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. Where applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 10-31-00 AMOUNT CLAIMED ▶ 115.02

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 10-31-00

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: MPA 11/17/00 $ 115.02

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

d. NET TO TRAVELER ▶ $ 115.02

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE 11/1/00

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

21000 = 115.02

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.

TRAVELER'S LAST NAME: Chabot

DATE 19 00 (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)
10/16		Shipment of HHG											54 52
10/17		Taxi from airport to res.											26 00
10/18		D-:ONTARIO, CA											
10/18		Airline Flight											
10/18		A-:WASHINGTON, DC				34 50			34.50			34 50	
10/18		D-:WASHINGTON, DC											
10/18		A:Washington, DC											
										SUBTOTALS ▶	0 00	34 50	80 52
										TOTALS ▶	0 00	34 50	80 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 ▶ 115.02

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 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 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.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.	2. DATE
T1P00051	10/16/00

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational (Non EOP Employees Only)
- [ ] Amendment (Show items amended)
- [ ] Funded by Non-Federal Sources

4. TRAVELER (First name, middle initial, last name): PAUL R. CHABOT

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. DIVISION	8. AGENCY
Policy Analyst	(b)(6)	BSLA	ONDCP

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
(202) 395-4905	Washington, DC	[X] Per Diem [ ] Actual Subsistence (unusual circumstances)* Rate(s):

12. TRAVEL INFORMATION

PURPOSE: PMI Rotation

DATE(S): Travel Begin On 10/18/2000 Travel End On 10/18/2000

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: ONTARIO, CA	To: WASHINGTON,DC 119/ 46
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: Washington, DC

- [X] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other (specify)

- [ ] Registration Fees (meeting, training, etc.)
- [ ] Commercial Rental Car
- [ ] Excess Baggage not to exceed
- [X] Other (Please identify) Shipment of HHG

Per Diem/Lodging		$ 0.00
Per Diem/M&IE		0.00
Transportation		194.00
Rental Car		0.00
Miscellaneous		50.00
16.	TOTAL	$ 278.50

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

(b)(7)e

19. REQUESTED BY
Amy B. Becks
Amy B. Becks, Admin. Supt. Assist., OSLA

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)
Mark E. Cooner, Acting, Deputy Chief of Staff

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)
Michele C. Marx
Financial Management Office

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Travelers copy
___ 4. Teleticketing Office ___ 5. Funds Manager copy

DO 3420 7/12

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

KC5ST1P00051

1695000038 0063279 A47

NOT TRANSFERABLE

E-TKT

PASSENGER RECEIPT

XXXXXXXXXX
BOARDING PASS

ARC

FLIGHT COUPON X X X X

ISSUED BY: AMERICAN AIRLINES XXXXX TOUR CODE AGENT CODE 09910935 NAME OF PASSENGER: CHABOT/PAUL

NAME OF ISSUING AGENT: AMERICAN EXPRESS PLACE OF ISSUE: WASHINGTON DC USISOCT00 ONT

NAME OF PASSENGER: CHABOT/PAUL PASSENGER CODE: SQJGDT/AA FARE BASIS/RESERVE DESIGNATOR: YCADCA BY: 6 B0II/ FROM: XDFW AA1258 Y 19OCTYCADCA

X/O TO: **NOT VALID FOR** CARRIER: **THIS IS YOUR RECEIPT** CLASS: DATE: TIME: NOT VALID BEFORE: NOT VALID AFTER:

X/O TO: **TRANSPORTATION** ISSUING AGENT: KC52*CV TO: DCA AA568 Y 19OCTYCADCA

ENDORSEMENTS/RESTRICTIONS

FP [(b)(6)] 817758 /FCONT AA X/DF

W AA WAS170.23YCADCA 170.23 END ZPONTDFW XFONT3DFW3

	XF	6.00				
FARE	USD	170.23	EQUIV. FARE PD.		ALLOW ** RES ** PFC ** UNUSED **	
TAX	US	12.77	STOCK CONTROL NO. TX 888 CK	CPN	DOCUMENT NUMBER CK	POS WT UNUSED BAGGAGE ID NUMBER
TAX	ZP	5.00	65306103262	0 001	7131909642 1	NOT VALID FOR TRAVEL
TOTAL	USD	194.00				0 001 7131909642 1
						AA09910935

IT IS UNLAWFUL TO PURCHASE OR REBILL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

Taxi Cab Receipts

DATE: 10/17/00 TIME: _____

TRIP ORIGIN: REAGAN

DESTINATION: ARLINGTON

FARE: $ 26.00 SIGNATURE: [signature]

---

1 OF 1

ONE TIME PICKUP
CUSTOMER RECEIPT

SCHED. PICKUP-DATE: 10/16/00
CLOSING TIME: 07:00 PM
FORNT PORCH

SHIP TO: PAUL CHABOT
(b)(6)

DRIVER COLLECT:$23.09
BILL TO: CHECK
TOTAL CHARGE: $ 23.09

SHIPPING	$ 19.69	INSURED VALUE	$ 3.15	WEIGHT (lb.) 25	
C.O.D.		SATURDAY DELIVERY		INSURED VALUE IN EXCESS OF $100	$ 1,000.00
ADD'L HAND.		MISCELLANEOUS	$ 0.25	COD AMOUNT	
		PACKAGE CHARGE	$ 23.09	0000C9ZQD0-03 SEQ-013	
				10/16/00 05:46:46 264:CCSC14	

UPS GROUND **TRACKING #: 1Z 911 X33 03 3904 5241**

SEE REVERSE SIDE

---

1 OF 1

ONE TIME PICKUP
CUSTOMER RECEIPT

SCHED. PICKUP-DATE: 10/12/00
CLOSING TIME: 07:00 PM
PKG WILL BE ON THE PORCH

SHIP TO: PAUL CHABOT
(b)(6)

DRIVER COLLECT:$31.43
BILL TO: CHECK
TOTAL CHARGE: $ 31.43

SHIPPING	$ 27.93	INSURED VALUE	$ 3.15	WEIGHT (lb.) 40	
C.O.D.		SATURDAY DELIVERY		INSURED VALUE IN EXCESS OF $100	$ 1,000.00
ADD'L HAND.		MISCELLANEOUS	$ 0.35	COD AMOUNT	
		PACKAGE CHARGE	$ 31.43	0000CVMQWY-06 SEQ-007	
				10/12/00 05:39:33 469.CCSC09	

UPS GROUND **TRACKING #: 1Z 911 X33 03 3904 4037**

SEE REVERSE SIDE

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO. TOP1491

4. SCHEDULE NO. VRDP10000157

5. a. NAME *(Last, first, middle initial)*: Chabot, Paul R.

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

6. PERIOD OF TRAVEL
a. FROM 06/12/00
b. TO 06/12/00

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

d. OFFICE TELEPHONE NO. 395-4905

7. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATE(S) 05/31/00

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE *(City and State)*: Faifax, 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 EFT 11/17/00

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)
7796807337 122.00		CO	06/08/00	DCA-Ronald Reagan	ONC-Ontario, CA
ACCOUNTING CLASSIFICATION: ST&LOCL AFF/DR- (b)(7)e -			271.21 NR-	122.00	

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 ▶ [signature] DATE 10/30/00 AMOUNT CLAIMED ▶ 271 21

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 10-30-00

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: RJA 11/17/00 $ 271 21

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE 11/1/00

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

d. NET TO TRAVELER ▶ $ 271 21

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

210101= 23.75 210201= ~~175.85~~ 137.30
210601= 28.50 210801= 81.46

Ontario = 116/61

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

TRAVELER'S LAST NAME
Chabot

DATE 19 00 (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)
06/08		Shipping box purchase											3 65
06/09		Shipping of HHG											74 81
06/12		D-:RES: Faifax,VA											
06/12		Airline Flight											
06/12		A-:ONTARIO,CA				28 50			28.50			28 50	
06/12		Rental Car											137 50
06/12		D-:ONTARIO,CA											
06/12		A:RES: Faifax,VA											
06/14		Parking at airport											3 00
06/14		Taxi to airport											23 75
									SUBTOTALS ▶		0 00	28 50	242 71
									TOTALS ▶		0 00	28 50	242 71

If additional space is required, continue on another 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 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 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.

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

TOTAL AMOUNT CLAIMED ▶ 271.21

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.	2. DATE
TOP1491	05/31/00

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational (Non EOP Employees Only)
- [ ] Amendment (Show items amended)
- [ ] Funded by Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)
Paul R. Chabot

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. DIVISION	8. AGENCY
Policy Analyst	(b)(6)	BSLA	ONDCP

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
(202) 395-4905	Washington, D.C.	[X] Per Diem [ ] Actual Subsistence (unusual circumstances)* Rate(s):

12. TRAVEL INFORMATION
PURPOSE: PMI Rotation

DATE(S): Travel Begin On 6/14/2000 Travel End On 6/14/2000

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: RES: Faifax,VA	To: ONTARIO,CA 64/ 38
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: RES: Faifax,VA

- [X] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other (specify)

- [ ] Registration Fees (meeting, training, etc.)
- [X] Commercial Rental Car (4 days only)
- [ ] Excess Baggage not to exceed
- [X] Other (Please identify) Shipment of HHG (bothways)

Per Diem/Lodging		$ 0.00
Per Diem/M&IE		0.00
Transportation		122.00
Rental Car		110.00
Miscellaneous		100.00
16.	TOTAL	$ 332.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)
(b)(7)e

19. REQUESTED BY
Amy B. Becks
Amy B. Becks, Admin. Supt. Assist., BSLA

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)
6/6/00
Lee Bennett, Deputy Chief of Staff

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)
Financial Management Office

OA FORM 22 REVISED JUNE 1994
___ 1. Original (Return with voucher) ___ 2. FMD Copy ___ 3. Travelers copy
___ 4. Teleticketing Office ___ 5. Funds Manager copy

CA CREDIT CARD QUICK

OFFICE DEPOT
11816 SPECTRUM COURT
RESTON, VA. 22094
703-481-8301

Associate 459238 06/08/00 14:42
Store #0339 Reg #004 Tran #6148
SALE POS Version 4.03

7941257485 BOX,CORRUGA 3.49
MFG. LIST $ 3.70
SUB-TOTAL 3.49
VA 4.5% SALES TAX
TOTAL 3.65

ACCOUNT NUMBER XXXXXXXXXXX8020
EXPIRATION DATE 09/03
VISA 3.65
APPROVAL CODE 01[illegible]

CHANGE .00

Shop us online at
www.officedepot.com

CASH PAID

*** U.S. POSTAL SERVICE ***
WHITE HOUSE STA-500
WASHINGTON DC 20500-9998

CLERK #05
DATE: 06/09/00 12:19:56 PM

1 PM1 13.70

TOTAL: $ 13.70
CASH TENDERED$ 20.00
CHANGE$ 6.30

*** THANK YOU ***

1 OF 1

ONE TIME PICKUP
CUSTOMER RECEIPT

SCHED. PICKUP-DATE: 06/09/00
CLOSING TIME: 07:00 PM
PU IN THE MORING ON PORCH
NO PROMISES!!!

SHIP TO: PAUL CHABOT
(b)(6)

DRIVER COLLECT:$28.98
BILL TO: CHECK
TOTAL CHARGE: $ 28.98

SHIPPING	$ 27.93	DECLARED VALUE	$ 1.05	WEIGHT (lb.) 40	
C.O.D.		SATURDAY DELIVERY		DECLARED VALUE IN EXCESS OF $100	$ 400.00
ADD'L HAND.		MISCELLANEOUS		COD AMOUNT	
		PACKAGE CHARGE	$ 28.98	0000C4PHLB-03	SEQ-013
				06/08/00 20:43:11	441:CCSC04

UPS GROUND **TRACKING #: 1Z 291 X62 03 3901 9323**

SEE REVERSE SIDE

1 OF 1

ONE TIME PICKUP
CUSTOMER RECEIPT

SCHED. PICKUP-DATE: 06/06/00
CLOSING TIME: 07:00 PM
RING THE DOOR BELL

SHIP TO: ANDREW CHABOT
(b)(6)

DRIVER COLLECT:$32.13
BILL TO: CHECK
TOTAL CHARGE: $ 32.13

SHIPPING	$ 27.93	DECLARED VALUE	$ 4.20	WEIGHT (lb.) 40	
C.O.D.		SATURDAY DELIVERY		DECLARED VALUE IN EXCESS OF $100	$ 1,300.00
ADD'L HAND.		MISCELLANEOUS		COD AMOUNT	
		PACKAGE CHARGE	$ 32.13	00006QH6W9-03	SEQ-019
				06/05/00 20:26:12	318:CCSC07

UPS GROUND **TRACKING #: 1Z 291 X62 03 3901 8048**

SEE REVERSE SIDE

ONTARIO INTERNATIONAL AIRPORT
OPERATIONS CENTER
PARKING SERVICES
ONTARIO, CA 91761
909-937-2833
EAST TERMINAL PARKING AREA
06/13/00 20:10 Lane 01 45 Txn#273304
LP #: 3XCM534
06/13/00 17:46 In 06/13/00 20:10 Out
Ticket 067975
LONG TERM 4 $ 3.00
Total Fee $ 3.00
CASH PAID $ 3.00-
Cash Tender $ 10.00
Change Due $ 7.00
THANK YOU FOR PARKING WITH US
ANY QUESTIONS, COMMENTS, CONCERNS
PLEASE CALL THE ABOVE NUMBER
BUCKLE UP IT'S THE LAW

RENT-A-CAR

ONTARIO AIRPORT
1344 EAST HOLT BLVD
ONTARIO,CA 917612101
(909) 460-0107
BRANCH: 3276
TICKET: 980283

PAUL CHABOT
OUT: 06/14/2000 0815 AM
IN: 06/18/2000 1122 AM
VEHICLE: 00 DODG STRA 4DR
VEHICLE LICENSE: 4JCL214

4	DAYS	@ 21.00	=	84.00
3	HOURS	@ 5.00	=	15.00
12.000	GALLONS	@ 2.25	=	27.00
	VLF		=	1.73
	Sales Tax	@ 7.750%	=	9.77
		TOTAL		137.50

CHARGE TO: VISA XXXXXXXXXXXX2497 EXPIRES: 09/01

THANK YOU FOR RENTING FROM
ENTERPRISE RENT-A-CAR

TO RESERVE A CAR USE:
1 (800) RENT-A-CAR
OR
WWW.ENTERPRISE.COM

(b)(6)

09/01 V
PAUL R CHABOT
ONDCP

DATE	SERVER/CASHIER
AUTHORIZATION NO.	REFERENCE NO.
CHECK NO./FOLIO NO.	

5865319

1 1 35	PURCHASES
	TAX
	SERVER
1 1	OTHER
23 35	TOTAL

PURCHASER SIGN HERE
X
Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

SALES SLIP

CUSTOMER COPY

CUSTOMER COPY

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS.

00 3426 1381

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC5ST8P1491

1695888838 8857181 A58

PASSENGER RECEIPT

XXXXXXXXXX
BOARDING PASS

ARC

ISSUED BY: AMERICAN AIRLINES — FLIGHT COUPON: XXX X — TOUR CODE: XXXXX — AGENT CODE: AA09910935 — NAME OF PASSENGER: CHABOT/PAUL

NAME OF AGENT: AMERICAN EXPRESS — PLACE OF ISSUE: WASHINGTON — ISSUE DATE: DC 05 08JUN88 — ORIGINATING AIRPORT: DCA

NAME OF PASSENGER: CHABOT/PAUL — PASSENGER RECEIPT: QBUJIP/AA — FARE BASIS/TICKET DESIGNATOR: TCADCA — NVB: 8 — NAB: 88I/ — FROM: XDFW AA497 Y 14JUNYCADCA

X/O: *NOT VALID FOR* — CARRIER: THIS IS YOUR RECEIPT — CLASS: — DATE: — TIME: — STATUS: — NOT VALID BEFORE: — NOT VALID AFTER: — ONT AA683 Y 14JUNYCADCA

X/O: *TRANSPORTATION* — ISSUING AGENT ID: KC52947 — TO: **********

ENDORSEMENTS/RESTRICTIONS

FP [(b)(6)] Ø22989 /FCWAS AA X/DF **********

W AA ONT103.26YCADCA 103.26 END ZPDCADFW XFDCA3DFW3 **********

CARRIER: ********** FLIGHT: ********** CLASS: ********** DATE: ********** TIME: **********

GATE: ********** SEAT: ********** SMOKE: **********

****

****

	XF 6.00		
FARE	USD 103.26	EQUIV. FARE PD.	
TAX	US 7.74	STOCK CONTROL NO. TX 869 CK	63244625673
TAX	ZP 5.00		
TOTAL	USD 122.00		

CPN: 0 — DOCUMENT NUMBER: 001 7796807337 — CK: 1

POINT OF TRANSFER: NOT VALID FOR TRAVEL — WHEN: — BAGGAGE ID NUMBER:

Ø 001 7796807337 1

AA09910935

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

rec 11/18/00

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: ONDCP BSLA

2. VOUCHER NUMBER:

3. SCHEDULE NUMBER:

Read the Privacy Act Statement on the back of this form.

4. a. NAME: CHABOT, PAUL R.

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

c. MAILING ADDRESS: (b)(6)

d. OFFICE PHONE NUMBER: (202) 395-4905

5. PAID BY: VPD#10000172 CRT 11/20/00

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show appropriate code in col. (b): A- Local travel; B- Telephone or telegraph, or; C- Other Expenses (itemized)

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
04/06	A	Taxi-ONDCP to Alex, VA (Adv for Dir.)				17.00	1	
04/06	A	Taxi from Alex, VA to ONDCP				15.50	1	
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK	0	0.00	0.00	/	0.00
			TOTALS	0	0.00	32.50	/	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 32.50.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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. 660a).)

Kevin Whaley - Special Advisor (Sign Original Only)

APPROVING OFFICIAL SIGN HERE: Kevin Whaley DATE: 10-23-00

9. This claim is certified correct and proper for payment. (Sign Original Only)

AUTHORIZED CERTIFYING OFFICER SIGN HERE: Richard Eddy DATE: 10/31/00

ACCOUNTING CLASSIFICATION

(b)(7)e

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. (Sign Original Only)

CLAIMANT SIGN HERE: DATE: 11-20-00

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO. MZ0008

32.50

21250/

STANDARD FORM 1164 (Rev.11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

TAXICAB RECEIPT

Date: 4/26

Origin of trip: OHDCP

Destination: 601 N. St Asaph Stn & Alexandria

Fare: 17 — Sign: PC

rec'd 12/8/00

11/30/00 LOCAL VOUCHER | Voucher: 11/30/00-Chabot
PAGE 1 ** Read Privacy Act On Last Page **

1) NAME: Chabot, Paul R. SSN: (b)(6)

ADDR: (b)(6)

PHONE:
MAIL CD:
ORG:
TITLE: Policy Analyst
SEC CLR:
CARD: CARD HOLDER

DUTY: Washington, D.C. TZ: 6
RES: Faifax, VA
HOURS: 8

2) EXPENDITURES

DATE	TYPE	FROM DESCRIPTION TO	MILES	MLG RATE	COST	ADD PER
09/01/00	EXP	Productive workplaces (book purch)			19.20	
09/21/00	EXP	Func. of the Executive (book purch)			24.96	
10/30/00	EXP	Social Psy. of Organizing (book purch)			43.38	
10/31/00	EXP	Soc. para/Organ. Analysis (book purch)			44.43	
11/10/00	EXP	Meaning of Adult Educ. (book purch)			26.95	

3) COMMENTS
Books purchased by employee for a training course approved by ONDCP.

4) ACCOUNTING CLASS CODE

TUITION-252101	158.92

ONDCP BSLA-ONDCP-STAT&LOC	158.92

(b)(7)e - $114.76
- $44.16

Financial Management Office

5) FINANCE OFFICE
VPDP10007292
12/12/00
EFT

Books
260303 = 05

6) TOTAL AMOUNT CLAIMED ---------- 158.92

Ver=7.1=Copyright 1998 Gelco Information Network GSD, Inc.

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.

7) CLAIMANT SIGNATURE Paul Chabot DATE 11-30-00

8) VOUCHER NO:

CERTIFIED BY KPA
DATE 12/12/00

This voucher is approved. Long distance telephone 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)).

9) APPROVED, Kevin Whaley, Special Advisor, ONDCP DATE
Kevin C Whaley 11-30-00

10) CASH RECEIPT DATE

AMOUNT $

SIGNATURE

PAL

Exception to SF1164

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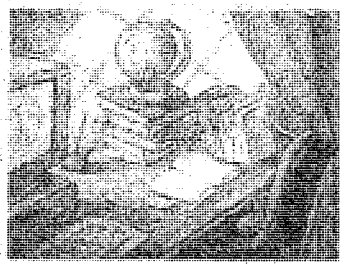

MEDLOCK'S OLD AND RARE BOOK WAREHOUSE

6361 Ocean Highway East
PO Box 375
Winnabow, NC 28479

Sales Receipt

DATE	SALE NO.
9/1/2000	1880

SOLD TO	SHIP TO
Paul Chabot	Paul Chabot
(b)(6)	(b)(6)

CHECK NO.	PAYMENT METHOD	SHIP DATE	SHIP VIA
	Amazon.com	9/1/2000	US Priority

ITEM	DESCRIPTION	AMOUNT
Book	Productive Workplaces # 15200	14.95T
Amazon Disc.	Service fee charged to seller against total.	-0.75
Shipping		5.00
	Out-of-state sale, exempt from sales tax	0.00

Call Toll Free 888-892-1258 from USA/Canada.
All else 910-253-1258 or Fax 910-253-1465
Email: medlocks@nccoast.net
THANK YOU!

Thank you for your business.

Total $19.20

The George Washington University
WASHINGTON DC
VIRGINIA CAMPUS

EXECUTIVE LEADERSHIP DOCTORAL PROGRAM

Paul Chabot

(b)(6)

INVOICE

BOOK TITLE	QUANTITY	UNIT PRICE	AMOUNT
The Meaning of Education	1	$26.95	$26.95
-			
PAID IN FULL 11/10/00		**TOTAL AMOUNT DUE:**	**$0.00**

Please make checks out to The George Washington University

THANK YOU

20101 ACADEMIC WAY • SUITE 228 • ASHBURN, VIRGINIA 20147-2604 • (703) 726-8203 • FAX (703) 726-2538
WEB SITE: http://chaos.va.gwu.edu

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CHECKOUT | ADDRESS | PAYMENT | CONFIRMATION

Your order has been processed!

Your order was received on 10/30/2000 at 10:49:47 PM and will be shipped out 10/31/2000.

Order Number: 3456227.

your invoice

QTY	BOOK DETAIL	PRICE	TOTAL
1	The Social Psychology of Organizing By: Weick, Karl E.	$38.43	$38.43

Subtotal:	**$38.43**
Shipping:	**$4.95**
Tax:	**$0.00**
Grand total:	**$43.38**

Amount Charged: $43.38
Card Number: XXXX XXXX XXXX 3101
Expiration: 10/03
Name on Card: Paul R. Chabot

ship to:

First: Paul
Last: Chabot
Address: (b)(6)
City: (b)(6)
State: (b)(6)
ZIP: (b)(6)
Telephone: (b)(6)

bill to:

First: Paul
Last: Chabot
Address: (b)(6)
City: (b)(6)
State: (b)(6)
ZIP: (b)(6)
Telephone: (b)(6)

tell a friend

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Barnes & Noble
11090 Foothill Blvd
Rancho Cucam, CA 91730
909-980-5586 09-21-00 S02729 R001

Trade Paperback	19.50
0674328035	
MAILING FEE	3.95N
SUB TOTAL	23.45
SALES TAX	1.51
TOTAL	**24.96**
AMOUNT TENDERED	
VISA	
CARD #:	**********3569
EXP DATE	0602
AMOUNT	24.96
AUTH CODE	076862

TOTAL PAYMENT	24.96

Thanks for shopping at Barnes & Noble!
#43958 09-21-00 09:14P John

Booksellers since 1873
You as the customer agree to pay the above amount.
Thank you and come again!

chabot

From: <orders@amazon.com>
To: (b)(6)
Sent: Tuesday, October 31, 2000 5:29 PM
Subject: Your Order with Amazon.com (#002-9192553-6215239)

amazon.com.

HELP | YOUR ACCOUNT

Thank you, Paul Chabot, for ordering from Amazon.com.

If you ordered several items to be delivered to the same address, we may send them to you in separate boxes to give you the speediest service. Rest assured: This will not affect your shipping charges.

Thanks for shopping with us!

Amazon.com Customer Service

Purchasing Information:

Your purchase reads as follows:

E-mail Address: (b)(6)

Billing Address: Paul Chabot
(b)(6)

Subtotal:	$ 39.95
Shipping & Handling:	$ 4.48
Total Before Tax:	$ 44.43
Tax:	$ 0.00
Purchase Total:	**$ 44.43**

Order Summary:

Order #1: (Order #002-9192553-6215239)

Paul Chabot
(b)(6)

Shipping method: Standard Shipping

Manage Your Account:

- View Your Orders
- Edit Shipping Options
- Cancel Unshipped Orders
- Go to Your Account

and receive a $5.00 gift certificate!
Click here for details.

Shipping preference: Ship when all items are available.

1 **"Sociological Paradigms and Organizational Analysis : Elements of the Sociology of Corporate Life"**
Gibson Burrell, Gareth Morgan;
Paperback; @ $39.95 each
Usually available in 3-5 weeks

Manage Your Account:

Manage all your orders online. Access Your Account, and you can:

- Track the status of this order
- Combine open orders to save on shipping
- Change the payment option for this order
- Change the shipping option or address
- Cancel unshipped items from this order

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO. T1P00051A

4. SCHEDULE NO. VPDPT0000361

5. a. NAME (Last, first, middle initial): Chabot, Paul R.

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

6. PERIOD OF TRAVEL
a. FROM: 10/18/00
b. TO: 10/18/00

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S): T1P00051A
b. DATE(S): 12/28/00

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE (City and State): Faifax, 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
CFT
1/16/01

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)
194.00			10/18/00	ONC-Ontario, CA	AiDCA-Ronald Reagan N

7131909642
ACCOUNTING CLASSIFICATION:
ONDCP-STAT&LOC-(b)(7)e- 194.00 NR- 0.00

COMMENTS: Reimbursement for airline ticket charged to traveler.

FINANCIAL MANAGEMENT DIVISION 2001 JAN 12 PM 3:03

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 ▶ Paul Chabot DATE 12-28-00 AMOUNT CLAIMED ▶ 194.00

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; id. 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 12.29.00

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's Initials CAA 1/16/01 $ 194.00

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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

d. NET TO TRAVELER ▶ $ 194.00

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

21 0000

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. T1P00051A

TRAVELER'S LAST NAME Chabot

DATE 19 00 (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)
10/18		D-:ONC-ONTARIO, CA											
10/18		Airline Flight											194 00
10/18		A-:WASHINGTON,DC											
10/18		D-:WASHINGTON,DC											
10/18		A:DCA-RONALD REAGAN											
									SUBTOTALS ▶		0 00	0 00	0 00
									TOTALS ▶		0 00	0 00	194 00

If additional space is required, continue on another 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, 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.

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

TOTAL AMOUNT CLAIMED ▶ 194.00

STANDARD FORM 1012 BACK (10-77)

usbank.

U.S. BANCORP
TRAVEL CARD PROGRAM
PO BOX 6348
FARGO ND 58125-6348

ACCOUNT NUMBER	(b)(6)
AMOUNT DUE	$194.00
CURRENT BALANCE	$194.00

AMOUNT ENCLOSED
$

PAUL R CHABOT
ONDCP
OFC NAT DRUG CONTROL POLICY
WASHINGTON DC 20500

N00104

(b)(6)

PLEASE MAKE ANY ADDRESS CHANGES ON THE BACK OF THE PAYMENT COUPON

ONDCP

AGENCY ORG ID:

ACCOUNTING CODE:

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-24	11-24	74798280329000000000138	PAYMENT - THANK YOU 00045 R	79.17CR
12-04	11-21	24036210336149140005417	AMERICAN AIR00171319096 40 TULSA OK	194.00
		NA	DEPARTURE: 00-00-00	

ANDY, THIS IS THE $ FOR TRAVEL NOT INCLUDED IN THE ONDCP REIMBURSEMENT.

THANK YOU

- Paul

CUSTOMER SERVICE CALL
1-888-994-6722

LOST/STOLEN CARDS CALL
1-888-994-6722

SEND BILLING INQUIRIES TO:
U.S. BANCORP
TRAVEL CARD PROGRAM
PO BOX 6348
FARGO ND 58125-6348

ACCOUNT NUMBER
(b)(6)

STATEMENT DATE:	PAYMENT DUE DATE
12/11/00	01/01/01

ACCOUNT SUMMARY

PREVIOUS BALANCE	79.17
PURCHASES & OTHER CHARGES	194.00
CASH ADVANCES	.00
DISPUTE AMOUNT	.00
CREDITS	.00
PAYMENTS	79.17
LATE PAYMENT CHARGE	.00
CASH ADVANCE FEE	.00
NEW BALANCE	194.00

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: ONDCP

2. VOUCHER NUMBER:

3. SCHEDULE NUMBER: VPDP1 0000373

Read the Privacy Act Statement on the back of this form.

4. a. NAME: Chabot, Paul R.

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

c. MAILING ADDRESS: (b)(6)

d. OFFICE PHONE NUMBER:

5. PAID BY: CKT 1/26/01

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
		Show appropriate code in col. (b): A- Local travel; B- Telephone or telegraph, or; C- Other Expenses (itemized)	*(Explain expenditures in specific detail.)*	.325				
01/09	C	MILEAGE-POV		214			1	69.55

COMMENTS: Traveler departed residence to attend a meeting with SigEp Fraternity in Richmond, VA to discuss alcohol and drug problems on college campuses.

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS	0	0.00	0.00		0.00
	0	0.00	0.00		69.55

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ 69.55

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: if long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE: _____ DATE: _____

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: _____ DATE: _____

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: _____ DATE: _____

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*: _____ b. DATE RECEIVED: _____ c. AMOUNT: $ _____

12. PAYMENT MADE BY CHECK NO. M2 1008

ACCOUNTING CLASSIFICATION

ONDCP-STAT&LOC - (b)(7)e - 69.55

69.55
21000

01/25/01 DOCUMENT HISTORY | Voucher: lvchabot1
 | Chabot, Paul R (b)(6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	01/09/01	12:14PM	CATHERINE BARKER
SIGNED	01/09/01	12:37PM	CATHERINE BARKER
SIGNED	01/09/01	12:58PM	PAUL R CHABOT
REVIEWED	01/11/01	10:24AM	KURT FREDERICK SCHMID
FUNDED	01/11/01	12:06PM	RICHARD DEW
APPROVED	01/11/01	12:06PM	RICHARD DEW
PRINTED	01/17/01	5:11PM	NANCY DUBLIN

I certify that the electronic signatures listed above are valid and on file.

_____ SIGNED

_____ DATE