

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 - Travel Files

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	26	14	4	3	8991	21854	8231	8315

Folder Title:

Warsh, Kevin

Withdrawn/Redacted Material

The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Form	SF 1164	1	01/26/2006	P6/b6; b7f;
002	Form	SF 1164	1	12/08/2005	P6/b6; b7f;
003	Form	SF 1164	1	11/15/2005	P6/b6; b7f;
004	Invoice	Travel Voucher	2	10/31/2005	P6/b6; b7f;
005	Invoice	The Charles Hotel	1	11/04/2005	P6/b6;
006	Form	Travel Voucher	1	07/15/2005	P6/b6;
007	Form	SF 1012	1	07/11/2005	P6/b6;

COLLECTION TITLE:

Management and Administration, White House Office of

SERIES:

Dries, Brittany - Travel Files

FOLDER TITLE:

Warsh, Kevin

FRC ID:

8991

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]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Records Not Subject to FOIA

Court Sealed - The document is withheld under a court seal and is not subject to the Freedom of Information Act.

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
008	Invoice	Travel Voucher	1	07/11/2005	P6/b6; b7f;
009	Invoice	[Invoice]	2	07/25/2005	P6/b6; b7f;
010	Form	Travel Voucher	1	06/09/2005	P6/b6;
011	Form	SF 1012	1	05/10/2005	P6/b6;
012	Invoice	Travel Voucher	1	05/10/2005	P6/b6; b7f;
013	Invoice	[Invoice]	2	06/16/2005	P6/b6; b7f;
014	Form	Travel Voucher	1	02/23/2005	P6/b6;

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
015	Form	SF 1012	1	02/09/2005	P6/b6;
016	Invoice	Travel Voucher	1	02/09/2005	P6/b6; b7f;
017	Invoice	[Invoice]	2	03/01/2005	P6/b6; b7f;
018	Form	Travel Voucher	1	02/23/2005	P6/b6;
019	Form	SF 1012	1	02/01/2005	P6/b6;
020	Invoice	Travel Voucher	1	02/01/2005	P6/b6; b7f;
021	Invoice	[Invoice]	2	03/10/2005	P6/b6; b7f;

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022	Form	Travel Voucher	1	03/16/2005	P6/b6;
023	Form	SF 1012	1	03/08/2005	P6/b6;
024	Invoice	[Invoice]	1	07/25/2005	P6/b6; b7f;
025	Invoice	Travel Voucher	1	03/08/2005	P6/b6; b7f;
026	Invoice	[Invoice]	1	07/25/2005	P6/b6;

COLLECTION TITLE:

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eTravel Receipts Cover Page

Please fax this cover page, together with your receipts to 1-800-388-8319. If you are dialing from outside of the United States then use the telephone number 1-402-220-2057 (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Receipts may take up to five minutes to appear on the document.



KW131205_L01

Fax cover sheet requested by: OA TRAVEL SERVICES

Note: Bar code must be present above.

Notes

--

THANK YOU FOR RIDING WITH US!

(16)

NO CARS DUE TO WH
RECEPTION

Cab No. _____ Date 12/13/05
From Senate
To WH
Fare #11 incl. tip Time 4:00
Operator _____

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER	
		EOP - OPD		3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.					
4.	a. NAME		b. SOCIAL SECURITY NO.		5. PAID BY
	WARSH, KEVIN		(b)(6)		
	c. MAILING ADDRESS		d. OFFICE PHONE NUMBER		
		(b)(6)		202-395-4222	

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	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)	MILEAGE RATE	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCEL- LANEOUS	
(a)	(b)	(c) FROM (d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)	
11/09	C	TAV Fee -C						
11/09	A	TAXI/LIMO			8.00			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$			TOTALS		0	0.00	8.00	0.00

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. 680a).)

Sign Original Only

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

Sign Original Only

DATE

CLAIMANT
SIGN HERE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE
BY CHECK NO.

APPROVING
OFFICIAL
SIGN HERE

DATE

12/15/05

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

Sign Original Only

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

DATE

ACCOUNTING CLASSIFICATION

TRIP RECORD NUMBER

06 OFFICE OF POLICY DEVELOPME

(b)(7)f

20.50



eTravel Receipts Cover Page

Please fax this cover page, together with your receipts to 1-800-388-8319. If you are dialing from outside of the United States then use the telephone number 1-402-220-2057 (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Receipts may take up to five minutes to appear on the document.



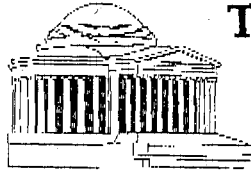
KW091105_L01

Fax cover sheet requested by: KEVIN WARSH

Note: Bar code must be present above.

Notes

WAKSH



TAXICAB RECEIPT

Time: _____

Date: 11/9/05

Origin of trip: Dinksen

Destination: WH

Fare: #8 Sign: _____

MRG : SEN. BANKING 11/09

WH TO DINKSEN \$8. —

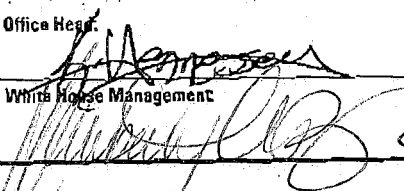
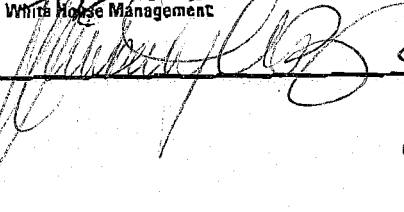
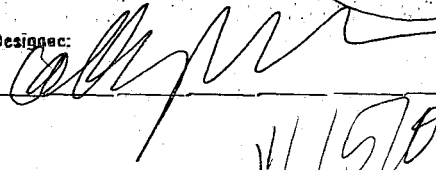
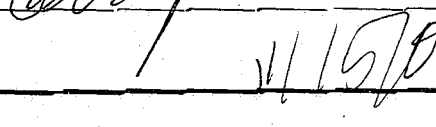


TRAVEL AUTHORIZATION
WHITE HOUSE OFFICE

DATE OF REQUEST: 11/15/05

Please Print

TRAVEL AUTHORIZATION NUMBER: _____

Last Name WARSH		First Name KEVIN	
Extension: 65406	Room: 593	Title: SPEC. ASST TO PRES	Office: NEC/WGTO
Contact Person: please print MARTY P SMITH		Extension: 65333	
ATTACHMENTS: ☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form			
PURPOSE OF TRAVEL (include event dates and host information, if applicable): ECON. MTGS IN NYC W/AL HUBBARD			
DEPARTURE: Date: 11/16/05 Time: 5:00 Mode: USAIRWAYS		RETURN: Date: 11/17/05 Time: 11:00 AM Mode: US AIRWAYS	
ITINERARY (List all cities including those through which flights are routed): Origin: WASHINGTON (DCA) Destination: NEW YORK (LGA) Return to: WASHINGTON (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: N/A Per Diem: 96.00 Privately Owned Vehicle: _____ Air Fare: 381.90 Taxi: _____ Standard Vehicle Rental: _____ Train Fare: _____ Mini-Van Rental: _____ TOTAL ESTIMATED EXPENSES: 477.90			
APPROVING SIGNATURES: Office Head:  White House Management: 		Chief of Staff or Designee:  Political Travel: 	

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

Logged In As: Rachel Belter
Traveler Name: KEVIN WARSH

Document Name: KWMANHATTANNY111605_A01
Document Type: Authorization

Screen ID: 1064.1

Hel

**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: WASHINGTON, DC
Leave: 16-Nov-05

Comments to the Approving Official:

Air: ELECTRONIC TICKET - NO FLI
COUPONS WILL BE ISSUED. IF RES
CHGD OR XLD, ADVISE AGENCY T
OBTAIN CREDIT. **ALL CARRIERS
REQUIRE GOVT ISSD PHOTO ID AT
CHECK-IN** AIRLINE TICKETS CHA
TO ACCOUNT 556806XXXXXXXXXX
ASSISTANCE DURING 8AM - 6PM E
CALL 866-596-2769 FOR AFTER H
EMERGENCY ASSISTANCE CALL 1-
847-0242 - ACCESS CODE - SVN4B
QP/VN4B68/11 AUTO INVOICE-M
ASSISTANCE FROM AN INTERNATI
LOCATION DIAL THE COLLECT NU
313-271-7887 . . . SECURITY ALEI
INFORMATION . . . DUE TO THE FA
MANDATED INCREASE IN AIRPORT
SECURITY CHECKIN TIME IS 2HRS
DOMESTIC FLIGHTS AND 3HRS FO
INTERNATIONAL FLIGHTS . SF-13.
CFC-1015051341CSABYO-PROCES
DOCUMENT NAME -
KWMANHATTANNY111605A01 - FI
NUMBER US2180 DCA-LGA ON 11-
SEGMENT COMMENTS TRAV COMA
SEAT PREFERENCE AISLE - FLIGHT
NUMBER US2171 LGA-DCA ON 11-
SEGMENT COMMENTS TRAV COMA
SEAT PREFERENCE AISLE -----
ELECTRONIC TICKET REMARKS----

Location 1 - MANHATTAN, NY Time Zone: EST (06)

Itinerary: Leave From: WASHINGTON, DC
TDY Location: MANHATTAN, NY
Arrive: 16-Nov-05
Leave: 17-Nov-05

TMC FEE (GOVCC-C): Type: CF-C - TMC FEE (GOVCC-C)
Fare: \$13.75
Depart: 16-Nov-05
Method of: CENTRAL BILL
Reimbursement:
Ticket: 1015051341CSABYO

Air Travel: Carrier: US Airways (US)
 Flight: 2180
 Fare: \$381.90
 Airport Passenger facility charge included in ticket price.
 Facility Charge: \$7.50
 Depart: DCA-Washington, Dc (Usa) (National Apt)
 16-Nov-05 5:00PM
 Arrive: LGA-New York, Ny (Usa) (La Guardia Apt)
 16-Nov-05 6:08PM
 Method of Reimbursement: CENTRAL BILL
 Confirmation: CSABYO
 Ticket: CSABYO-CP

Comments to the
 Travel Agent:
 SEAT PREFERENCE: Aisle

Air Travel: Carrier: US Airways (US)
 Flight: 2171
 Depart: LGA-New York, Ny (Usa) (La Guardia Apt)
 17-Nov-05 11:00AM
 Arrive: DCA-Washington, Dc (Usa) (National Apt)
 17-Nov-05 12:05PM
 Method of Reimbursement:
 Confirmation: CSABYO
 Ticket: CSABYO-CP

Overall End Point Time Zone: EST (06)

Itinerary: Leave From: MANHATTAN,NY
 Return Location: WASHINGTON, DC
 Arrive: 17-Nov-05

Expenses

Non-Mileage:	No.	Expense Type	Date	Cost	Method of Reimbursen
	1.	TAV Fee -C	11/16/05	\$16.25	CENTRAL BI
		Total:		\$16.25	

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	11/16/05	11/17/05	\$0.00	\$96.00

[View Receipts](#)

Accounting Summary

Accounting Code: 06 OFFICE OF POLICY DEVELOPMEN
COM. CARR.-C: \$381.90
LODGING: \$0.00
M&IE: \$96.00
OTHER: \$0.00
TAV EXP -C: \$16.25
TMC FEE -C: \$13.75
06 OFFICE OF
POLICY
DEVELOPMEN Sub
Total: \$507.90

Calculated Trip Cost: \$507.90

Advances Summary

No Advances Requested.

Proceed To Pre-Audit

Proceed to the following page:

Documents in Routing

TRAVEL VOUCHER (Read Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL	3. VOUCHER NO.
	EOP - OPD	☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	KWBOSTONMA110205_V01
		4. SCHEDULE NO.	

5. a. NAME (Last, first, middle initial) WARSH, KEVIN	b. SOCIAL SECURITY NO. (b)(6)	6. PERIOD OF TRAVEL
c. MAILING ADDRESS (Include ZIP Code) (b)(6)	d. OFFICE TELEPHONE NO. 202-395-4222	a. FROM 11/02/05
e. PRESENT DUTY STATION WASHINGTON, DC	f. RESIDENCE (City and State) .	b. TO 11/03/05
		7. TRAVEL AUTHORIZATION
		a. NUMBER(S) ONWFOH
		b. DATE(S) 10/31/05
10. CHECK NO.		

8. TRAVEL ADVANCE	9. CASH PAYMENT RECEIPT	11. PAID BY
a. Outstanding 0.00	a. DATE RECEIVED	
b. Amount to be applied 0.00	b. AMOUNT RECEIVED \$	
c. Amount due Government (Attached ☐ Check ☐ Cash)	c. PAYEE'S SIGNATURE	
D. Balance outstanding		

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	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL		
	(a)	(b)	(c)	(d)	FROM (e)	TO (f)	

(b)(7)f	13.75	XD		11/02/05		
	438.40	US		11/02/05	DCA-Washington,	DcBOS-Boston, Ma (Use

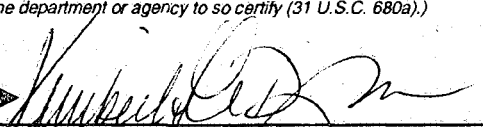
ACCOUNTING CLASSIFICATION:
06 OFFICE OF POLICY DEVELOPMENT - 468.40
COMMENTS:
Air:
COMMENTS continued on next page

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
		634.67

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** 11/15/05

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

17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
a. DIFFERENCES, IF ANY (Explain and show amount)	\$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	\$
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$ 0.00
d. NET TO TRAVELER	\$ 634.67

TRAVEL VOUCHER

(b)(6)

WARSH, KEVIN

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
ONWF0H 10/31/05

COMMENTS: (cont'd)

(b)(7)f

DOCUMENT NAME - KWBOSTONMA110205A01
- FLIGHT NUMBER US2046 DCA-BOS ON 11-02-05 SEGMENT
COMMENTS
TRAV COMMENTS- SEAT PREFERENCE AISLE
SEAT PREFERENCE AISLE
- FLIGHT NUMBER US2039 BOS-DCA ON 11-03-05 SEGMENT
COMMENTS
TRAV COMMENTS- SEAT PREFERENCE AISLE
-----ELECTRONIC TICKET REMARKS-----
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
IF RESV IS CHGD OR XLD, ADVISE AGENCY TO OBTAIN CREDIT.
ALL CARRIERS REQUIRE GOVT ISSD PHOTO ID AT CHECK-IN
AIRLINE TICKETS CHARGED TO ACCOUNT (b)(6)
FOR ASSISTANCE DURING 8AM - 6PM EST
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-800-847-0242 - ACCESS CODE - SVN4B
QP/VN4B68/11
AUTO INVOICE-MTP
FOR ASSISTANCE FROM AN INTERNATIONAL LOCATION
DIAL THE COLLECT NUMBER - 313-271-7887
.
... SECURITY ALERT INFORMATION ...
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
CHECKIN TIME IS 2HRS FOR DOMESTIC FLIGHTS
AND 3HRS FOR INTERNATIONAL FLIGHTS

Air:

COMMENTS
TRAV COMMENTS- SEAT PREFERENCE AISLE
SEAT PREFERENCE AISLE
- FLIGHT NUMBER US2039 BOS-DCA ON 11-03-05 SEGMENT
COMMENTS
TRAV COMMENTS- SEAT PREFERENCE AISLE
-----ELECTRONIC TICKET REMARKS-----
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
IF RESV IS CHGD OR XLD, ADVISE AGENCY TO OBTAIN CREDIT.
ALL CARRIERS REQUIRE GOVT ISSD PHOTO ID AT CHECK-IN
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.
... SECURITY ALERT INFORMATION ...
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
CHECKIN TIME IS 2HRS FOR DOMESTIC FLIGHTS
AND 3HRS FOR INTERNATIONAL FLIGHTS

(b)(7)f

DOCUMENT NAME - KWBOSTONMA110205A01
- FLIGHT NUMBER US2046 DCA-BOS ON 11-02-05 SEGMENT

Air:

DOCUMENT NAME - KWBOSTONMA110205A01
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-800-847-0242 - ACCESS CODE - SVN4B
QP/VN4B68/11
AUTO INVOICE-MTP
FOR ASSISTANCE FROM AN INTERNATIONAL LOCATION
DIAL THE COLLECT NUMBER - 313-271-7887

... SECURITY ALERT INFORMATION ...
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
CHECKIN TIME IS 2HRS FOR DOMESTIC FLIGHTS
AND 3HRS FOR INTERNATIONAL FLIGHTS

- FLIGHT NUMBER US2046 DCA-BOS ON 11-02-05 SEGMENT
COMMENTS

TRAV COMMENTS- SEAT PREFERENCE AISLE
SEAT PREFERENCE AISLE

- FLIGHT NUMBER US2039 BOS-DCA ON 11-03-05 SEGMENT
COMMENTS

TRAV COMMENTS- SEAT PREFERENCE AISLE

-----ELECTRONIC TICKET REMARKS-----

ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.

IF RESV IS CHGD OR XLD, ADVISE AGENCY TO OBTAIN CREDIT.

ALL CARRIERS REQUIRE GOVT ISSD PHOTO ID AT CHECK-IN

AIRLINE TICKETS CHARGED TO ACCOUNT

(b)(6)

FOR ASSISTANCE DURING 8AM - 6PM EST

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)							Complete this information if this is a continuation sheet. TRIP# 1 PAGE 2 OF 1 PAGES			
	<i>Col. (c)</i> 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.)							<i>Complete only for actual expense travel</i>		<i>Col. (d) thru (g)</i> Show amount incurred for each meal, including tax and tips, and daily total meal cost. <i>(h)</i> Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). <i>(i)</i> Complete for per diem and actual expense travel. <i>(j)</i> Show total subsistence expense incurred for actual expense travel. <i>(m)</i> 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. <i>(n)</i> Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	
	TRAVEL AUTHORIZATION NO. ONWFOH										
	TRAVELER'S LAST NAME WARSH										

DATE 19 05	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
11/02		D--:WASHINGTON, DC											
11/02		TMC FEE (GOVCC-C)											
11/02		Air Fare (GOVCC-C)											
11/02		A--:BOSTON,MA				48 00		165 00	213.00			213 00	
11/02		TAXI											20 00
11/02		TAV Fee -C											
11/02		Hotel + Taxes											283 67
11/02		TAXI											30 00
11/03		D--:BOSTON,MA											
11/03		A:WASHINGTON, DC											
11/03		Subsistence				48 00			48.00			48 00	
11/03		TAXI											20 00
11/03		TAXI											20 00
										SUBTOTALS	01 00	261 00	373 67
										TOTALS	01 00	261 00	373 67

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

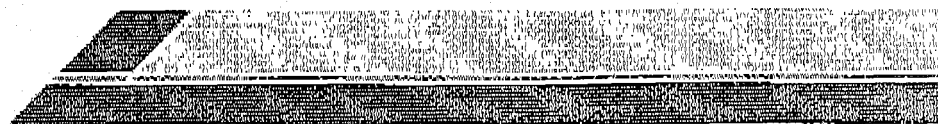
If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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 634.67



[REDACTED]

[illegible]



Kevin Warsh

Room No. : 0519
Folio No. : 162372
A/R Number :
Company Name :
Arrival : 11-02-05
Departure : 11-03-05

INFORMATION INVOICE

Date	Reference	Charges	Credits
11-02-05	Room Charge	399.00	
11-02-05	Sales Tax	22.74	
11-02-05	Occupancy Tax	15.96	
11-02-05	Convention Tax	10.97	

(b)(6)

(b)(6)

Total

(b)(6)

Balance**0.00 USD**

Amount \$ 20 Lic. No. _____
 Cab No. _____
 Time 5:35 PM
 Cab Company _____
 Cab Fare From W/H _____
 To Nat'l _____
 Date 11/02/05 _____
 RECEIVED PAYMENT
 PRINT NAME _____ DRIVER'S NAME _____

WHITE HOUSE TO
AIRPORT

Metrocab

617 782-5500
 84 Braintree St., Boston, MA 02134

www.metro-cab.com

Customer
Receipt

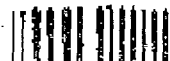
DATE	TIME	FARE
<u>11/02</u>	<u>5:35</u>	
From: <u>Heldstein Meeting</u>		TIP
To: <u>Fidelity HQ</u>		
Driver: _____		TOTAL <u>20</u>

Rack Lic. No.: _____ Cab No. _____

- ◆ Airport Service
- ◆ Business Acct. Available
- ◆ Station Wagons
- ◆ Courier Service
- ◆ Handicapped Vehicles Available
- ◆ 24 hr. Service

MTG TO MTG

TAXICAB RECEIPT



Time: 11/3
 Date: 11/02
 Origin of trip: Airport
 Destination: Cambridge Hotel
 Fare: \$30 Sign: _____

AIRPORT TO HOTEL

Cab Fare Receipt

Company Name _____
 Cab # _____ Amount \$ 20
 From Fidelity
 To Airport
 Date _____ Phone _____
 Driver's Name _____

MTG TO AIRPORT



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 11/01/05

Please Print

TRAVEL AUTHORIZATION NUMBER: _____

Last Name WARSH		First Name KEVIN	
Extension: 65406	Room: 593	Title: SPEC. ASST. TO THE PRES.	Office: NEC/WHO
Contact Person: please print MARTY P SMITH		Extension: 65333	
ATTACHMENTS: ☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form			
PURPOSE OF TRAVEL (include event dates and host information, if applicable): MTGS IN BOSTON (accompanying Hubbard)			
DEPARTURE: Date: 11/02/05 Time: 6:45 AM Mode: US AIR		RETURN: Date: 11/03 Time: 2:45 PM Mode: US AIR	
ITINERARY (List all cities including those through which flights are routed): Origin: WASHINGTON Destination: BOSTON Return to: WASHINGTON			
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: 399.00 <i>Charles Hotel</i> Per Diem: 96.00 Privately Owned Vehicle: _____ Air Fare: 438.40 Taxi: _____ Standard Vehicle Rental: _____ Train Fare: _____ Mini-Van Rental: _____ TOTAL ESTIMATED EXPENSES: 933.40			
APPROVING SIGNATURES: Office Head: <i>[Signature]</i> (for ABH) Chief of Staff or Designee: <i>[Signature]</i> White House Management: _____ Political Travel: _____			

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

Logged In As: Rachel Belter
Traveler Name: KEVIN WARSH

Document Name: KWBOSTONMA110205_A01
Document Type: Authorization

Screen ID: 1064.1

Hel

**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: WASHINGTON, DC
Leave: 02-Nov-05

Comments to the Approving Official:

Air: SF-13.75-CFC-0111051338LF
PROCESSED DOCUMENT NAME -
KWBOSTONMA110205A01 - FLIGHT
NUMBER US2046 DCA-BOS ON 11-
SEGMENT COMMENTS TRAV COMA
SEAT PREFERENCE AISLE SEAT
PREFERENCE AISLE - FLIGHT NUM
US2039 BOS-DCA ON 11-03-05 SE
COMMENTS TRAV COMMENTS- SE
PREFERENCE AISLE -----
ELECTRONIC TICKET REMARKS-----
--- ELECTRONIC TICKET - NO FLIC
COUPONS WILL BE ISSUED. IF RES
CHGD OR XLD, ADVISE AGENCY T
OBTAIN CREDIT. **ALL CARRIERS
REQUIRE GOVT ISSD PHOTO ID AT
CHECK-IN** AIRLINE TICKETS CHA
TO ACCOUNT 556806XXXXXXXXXX
ASSISTANCE DURING 8AM - 6PM E
CALL 866-596-2769 FOR AFTER H
EMERGENCY ASSISTANCE CALL 1-
847-0242 - ACCESS CODE - SVN4B
QP/VN4B68/11 AUTO INVOICE-M
ASSISTANCE FROM AN INTERNATI
LOCATION DIAL THE COLLECT NU
313-271-7887 SECURITY ALEI
INFORMATION ... DUE TO THE FA
MANDATED INCREASE IN AIRPORT
SECURITY CHECKIN TIME IS 2HRS
DOMESTIC FLIGHTS AND 3HRS FO
INTERNATIONAL FLIGHTS .

Location 1 - BOSTON,MA Time Zone: EST (06)

Itinerary: Leave From: WASHINGTON, DC
TDY Location: BOSTON,MA
Arrive: 02-Nov-05
Leave: 03-Nov-05

TMC FEE (GOVCC-C): Type: CF-C - TMC FEE (GOVCC-C)
Fare: \$13.75
Depart: 02-Nov-05
Method of: CENTRAL BILL
Reimbursement:
Ticket: 0111051338LFSZZV

Air Travel: Carrier: US Airways (US)
 Flight: 2046
 Fare: \$438.40
 Airport Passenger facility charge included in ticket price.
 Facility Charge: \$9.00
 Depart: DCA-Washington, Dc (Usa) (National Apt)
 02-Nov-05 6:45PM
 Arrive: BOS-Boston, Ma (Usa) (Logan Int'L Apt)
 02-Nov-05 8:07PM
 Method of Reimbursement: CENTRAL BILL
 Confirmation: LFSZZV
 Ticket: LFSZZV-CP

Comments to the Travel Agent:
 SEAT PREFERENCE: Aisle SEAT
 PREFERENCE: Aisle

Air Travel: Carrier: US Airways (US)
 Flight: 2039
 Depart: BOS-Boston, Ma (Usa) (Logan Int'L Apt)
 03-Nov-05 2:45PM
 Arrive: DCA-Washington, Dc (Usa) (National Apt)
 03-Nov-05 4:15PM
 Method of Reimbursement:
 Confirmation: LFSZZV
 Ticket: LFSZZV-CP

Overall End Point Time Zone: EST (06)

Itinerary: Leave From: BOSTON,MA
 Return Location: WASHINGTON, DC
 Arrive: 03-Nov-05

Expenses

Non-Mileage:	No.	Expense Type	Date	Cost	Method of Reimbursen
	1.	TAV Fee -C	11/02/05	\$16.25	CENTRAL BI
		Total:		\$16.25	

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	11/02/05	11/03/05	\$165.00	\$96.00

[View Receipts](#)

Accounting Summary

Accounting Code: 06 OFFICE OF POLICY DEVELOPMEN	
COM. CARR. -C:	\$438.40
LODGING:	~~-\$165.00~~ 399.00
M&IE:	\$96.00
OTHER:	\$0.00
TAV EXP -C:	\$16.25
TMC FEE -C:	\$13.75
06 OFFICE OF POLICY DEVELOPMEN Sub	\$729.40
Total:	

Calculated Trip	\$729.40
Cost:	

Advances Summary

No Advances Requested.

Proceed To Pre-Audit

Proceed to the following page:

Documents in Routing



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 7/06/05

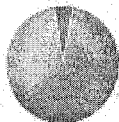
TRAVEL AUTHORIZATION NUMBER: T5JN00073

Please Print

Last Name WARSH		First Name KEVIN	
Extension: 65406	Room: 593	Title: SPEC ASST TO THE PRES.	Office: NEC / WHO
Contact Person: please print MARTY P SMITH		Extension: 65333	
ATTACHMENTS: ☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form			
PURPOSE OF TRAVEL (include event dates and host information, if applicable): ACCOMPANYING AL HUBBARD, NEC OFFICIAL TRAVEL			
DEPARTURE: Date: 7/11/05 Time: 7:00PM Mode: US AIR SHUTTLE		RETURN: Date: 7/13/05 Time: 6:00AM Mode: SAME	
ITINERARY (List all cities including those through which flights are routed): Origin: WASHINGTON DC - REAGAN Destination: NYC - LA GUARDIA Return to: WASHINGTON DC - REAGAN			
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: N/A Per Diem: ~90 Privately Owned Vehicle: _____ Air Fare: \$157.- Taxi: _____ Standard Vehicle Rental: _____ Train Fare: _____ Mini-Van Rental: _____ TOTAL ESTIMATED EXPENSES: 247.00 284.50			
APPROVING SIGNATURES: Office Head: White House Management: _____ Chief of Staff or Designee: Political/Travel: _____			

ORIGINAL (WH MANAGEMENT COPY)

(REV. 1/02)



Travel Arrangements for KEVIN WARSH

Record Locator **MV6MFO**
Trip ID **31382632980**

Agent ID : 16

Phone: (866) 596-2769 / Fax: (866) 375-4314

Itinerary Details

*** Itinerary Only ***

Travel Details

Monday July 11, 2005

Flight Information

Airline	USAIRWAYS	Estimated time	1 hour 4 minutes
Flight	2184	Distance	214 Miles
Origin	Washington Reagan, DC	Meal Service	No Meal Service
Destination	New York Lga, NY	Plane	Airbus a319
Departing	7:00 PM		Non-smoking
Arriving	8:04 PM		
Departure Terminal	DCA TERMINAL C -		
Arrival Terminal	LGA TERMINAL US		
Seat	Confirmed		
Class	Coach		

Travel Details

Wednesday July 13, 2005

Flight Information

Airline	USAIRWAYS	Estimated time	0 hours 58 minutes
Flight	2161	Distance	214 Miles
Origin	New York Lga, NY	Meal Service	Snack
Destination	Washington Reagan, DC	Plane	Airbus a319
Departing	6:00 AM		Non-smoking
Arriving	6:58 AM		
Departure Terminal	LGA TERMINAL US -		
Arrival Terminal	DCA TERMINAL C		
Seat	Confirmed		
Class	Coach		

Airline Record Locators

Airline Reference	Carrier
BARANR	USAIRWAYS

Additional Messages



AIRFARE IS USD \$ 156.91
FOR ASSISTANCE DURING 8AM - 6PM EST
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-888-243-8092 - ACCESS CODE - A-80M
OUTSIDE THE USA CALL COLLECT AT 313-271-7887

SECURITY ALERT INFORMATION

DUE TO THE FAA MANDATED INCREASE IN AIRPORT
SECURITY CHECKIN TIME IS 2HRS FOR DOMESTIC AND
3HRS FOR INTERNATIONAL.

PLEASE RETURN ALL UNUSED TICKETS TO AMERICAN EXPRESS
OR YOUR TRAVEL COORDINATOR UPON RETURN FROM TRAVEL
OR WHEN TRIP HAS BEEN CANCELED.

.....
THERE IS A USD39.58 TRANSACTION FEE FOR THIS
RESERVATION.

.....
*** YOUR TRAVEL COUNSELOR IS VICTOR ***
.....

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 of 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) 927-7698. 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

COMPLETE ALL SHADED AREAS

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. PRESIDENTIAL TRAVEL ☐ FIRST LADY TRAVEL ☐ (check one)		2. Type of Travel ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.															
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) WARSH, KEVIN M.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM (Start Date) 7/11/05 b. TO (end date) 7/12/05															
	c. MAILING ADDRESS (Include ZIP CODE) (b)(6)			d. OFFICE TELEPHONE NO. 456-5406 e. HOME TELEPHONE NO. (b)(6)		7. TRAVEL AUTHORIZATION a. NUMBER(S) T5JN00073 b. DATE(S) 7/11-12/05															
	f. PRESENT DUTY STATION			g. RESIDENCE (City and State) WASHINGTON DC		11. TYPE OFFICIAL Political Mixed (Check one) Event Date/s 7/12/05															
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: Check Cash) d. Balance Outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ 10. Event City/State MEETINGS ON NEC BUSINESS																	
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). (Check one) COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS)		I hereby assign to 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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)</th> <th rowspan="2">ISSUING CARRIER (Initials)</th> <th rowspan="2">MODE, CLASS OF SERVICE AND ACCOMODATION</th> <th rowspan="2">DATE ISSUED</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 150px; vertical-align: middle; text-align: center;"> (ATTACH AIRLINE/TRAIN TICKET COPY) </td> </tr> </tbody> </table>						AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMODATION	DATE ISSUED	POINTS OF TRAVEL		From	To	(ATTACH AIRLINE/TRAIN TICKET COPY)					
AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMODATION	DATE ISSUED	POINTS OF TRAVEL																	
				From	To																
(ATTACH AIRLINE/TRAIN TICKET COPY)																					
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 during the period covered by this voucher. TRAVELER'S SIGN HERE DATE 7/15/05							61 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 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. 6803).) APPROVING OFFICIAL SIGN HERE DATE 7/15/05				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				a. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER \$188.50																	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE				18. ACCOUNTING CLASSIFICATION																	

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. 7-11, NY 4. SCHEDULE NO.																																					
5. a. NAME (Last, first, middle initial) WARSH, KEVIN		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 07/11/2005 b. TO 07/13/2005																																							
c. MAILING ADDRESS (Include ZIP Code) (b)(6)		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBER(S) T5JN00073 b. DATE(S) 07/11/2005																																							
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		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																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="width:50%;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:25%;">FROM (e)</th> <th style="width:25%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top;">See Attached Ticket 1</td> <td style="vertical-align: top;">157.00</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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)	TO (f)	See Attached Ticket 1	157.00					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="width:50%;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:25%;">FROM (e)</th> <th style="width:25%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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)	TO (f)						
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See Attached Ticket 1	157.00																																										
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COMMENTS: Trip Number 1. CD																																											
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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:		\$																																					
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00																																					
18. ACCOUNTING CLASSIFICATION SEE NEXT PAGE FOR ACCOUNTING CLASSIFICATIONS				d. NET TO TRAVELER ▶		\$ 188.50																																					

TRAVEL VOUCHER

(b)(6)

WARSH, KEVIN

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)

T5JN00073 07/11/2005

ACCOUNTING CLASSIFICATION :

(b)(7)f

188.50 NR-

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>		Complete this information if this is a continuation of sheet. TRIP# 1 PAGE 2 PAGES		
	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) Show amount incurred for each meal, including tax and tips, and daily total thru (g) meal cost.	(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.	TRAVEL AUTHORIZATION NO. T5JN00073
			(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.	TRAVELER'S LAST NAME WARSH	

TRAVELER'S LAST NAME
WARSH

TOTAL AMOUNT CLAIMED ▶	188.50
------------------------------	--------

07/25/05

ACCOUNTING DETAIL

Doc No:

7-11 NY

Copyright 2003 Gelco Information Network, Inc.

WARSH, KEVIN

(b)(6)

ACCOUNTING CLASS CODE

TRIP 1

(b)(7)f			157.00
			61.00
			127.50
	0.00	0.00	345.50
	(b)(7)f		

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----	345.50
NON-REIMBURSABLE EXPENSES -----	157.00
	=====
TOTAL AMOUNT CLAIMED -----	188.50
GOV'T ADVANCE OUTSTANDING --	0.00
GOV'T ADVANCE APPLIED -----	0.00

	0.00
	=====
NET TO TRAVELER (GOVT) -----	188.50
GOV'T CHARGE CARD EXPENSES -	0.00
GOV'T CHARGE CARD ATM ADV --	0.00
ADD'L GOV'T CHARGE CARD PYMT	0.00
	=====
TOTAL GOV'T CHARGE CARD AMT	0.00
PAY TO GOV'T CHARGE CARD -----	0.00
PAY TO TRAVELER -----	188.50

07/25/05

DOCUMENT HISTORY

Copyright 2003 Gelco Information Network GSD, Inc.

Voucher: 7-11, NY

WARSH, KEVIN

(b)(6)

STATUS

DATE

TIME

SIGNATURE NAME

CREATED

07/25/2005 2:40PM

RICHARD WARD

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

SIGNED

DATE

NY TRIP 7/11/05

WAKSH

ATL Dial
3-1-1

I ♥ NEW YORK
MED # 1672
DATE: 07/11/2005
START TIME 20:00
END TIME 20:16
TRIP # 43244
RATE No. 1
MILES 9.55
FARE \$ 21.70
EXTRAS \$ 0.50
TOTAL \$ 22.20

Contact TLC Dial
3-1-1

Airport
+ tip
+ toll
\$30

7/11

FROM

AIRPORT

I ♥ NEW YORK
MED # 2H27
DATE: 07/12/2005
START TIME 14:46
END TIME 14:49
TRIP # 3967
RATE No. 1
MILES 0.49
FARE \$ 3.70

Contact TLC Dial
3-1-1

tip
#5

MED # 9A47
DATE: 07/12/05 TR 9840
START END MILES
13:49 13:57 0.9
FARE \$ 4.90
EXTRAS \$ 0.00
TOTAL \$ 4.90

THANKS
TO CONTACT
DIAL 3-1-1

tip
#6

7/12 FAKES TO
MEETINGS

I ♥ NEW YORK
MED # 9H45
DATE: 07/12/2005
START TIME 12:13
END TIME 12:32
TRIP # 20903
RATE No. 1
MILES 6.39
FARE \$ 16.50

Contact TLC Dial
3-1-1

tip
#20



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 5/06/05TRAVEL AUTHORIZATION NUMBER: T5JN00053

Last Name: <u>WALSH</u>		First Name: <u>KEVIN</u>	
Extension: <u>65406</u>	Room: <u>593</u>	Title: <u>SPEC. ASST. TO THE PRES.</u>	Office: <u>NEC/WHO</u>
Contact Person: <u>MARTY P SMITH</u>		Room: <u>597</u>	Extension: <u>65333</u>
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): <u>TO ACCOMPANY NEC DIR. AL HUBBARD FOR MEETINGS</u>			
Check one: ☐ POTUS event ☐ VPOTUS event ☐ FLOTUS event ☒ Other Official Travel			
DEPARTURE:		RETURN:	
Date: <u>5/11/05</u>	Time: <u>6:00 PM</u>	Date: <u>5/13/05</u>	Time: <u>6:00 AM</u>
Mode: <u>AIR SHUTTLE</u>		Mode: <u>AIR SHUTTLE</u>	
ITINERARY:			
Origin: <u>WASHINGTON</u>			
Destination: <u>NYC</u>			
Return to: <u>WASHINGTON</u>			
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: <u>3500</u> <u>76.50</u>	Privately Owned Vehicle: _____	
Air Fare: <u>156.91</u>	Taxi: _____	Standard Vehicle Rental: _____	
Train Fare: _____	Parking: _____	TOTAL ESTIMATED EXPENSES: <u>891.91</u> <u>233.41</u>	
APPROVING SIGNATURES:			
Assistant to the President or Designee: <u>[Signature]</u> White House Management		Chief of Staff or Designee: <u>[Signature]</u> Director of Political Affairs (For Mixed Travel):	

(REV. 3/04)

ORIGINAL (WH MANAGEMENT COPY)

My Travel Plans My Travel Plans My Travel Plans My Travel Plans My Travel Plans

**Corporate
Services**

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	Agent ID : 13
	Page : 1

Phone: (866) 596-2769 / Fax: (866) 375-4314

"Itinerary Only"Travel arrangements
prepared exclusively for :

Kevin Warsh

May 11, 2005**Wednesday****USAIRWAYS**Flight: **2182** Class - COACH AIRBUS A319From : **Washington Reagan, D** DEPARTING AT 6:00 PM NON-SMOKING No Meal Service Flight time: 01:12
To : **New York Lga, NY** ARRIVING AT 7:12 PM 214 Miles

Departure Terminal: DCA TERMINAL C -

Arrival Terminal: LGA TERMINAL US

SEAT ASSIGNMENT RESTRICTED TO AIRPORT CHECKIN

May 13, 2005**Friday****USAIRWAYS**Flight: **2161** Class - COACH AIRBUS A319From : **New York Lga, NY** DEPARTING AT 6:00 AM NON-SMOKING SNACK Flight time: 00:59
To : **Washington Reagan, D** ARRIVING AT 6:59 AM 214 Miles

Departure Terminal: LGA TERMINAL US -

Arrival Terminal: DCA TERMINAL C

SEAT ASSIGNMENT RESTRICTED TO AIRPORT CHECKIN

AIRFARE IS USD \$ 156.91
FOR ASSISTANCE DURING 8AM - 6PM EST
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-888-243-8092 - ACCESS CODE - A-80M
OUTSIDE THE USA CALL COLLECT AT 313-271-7887

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

PLEASE RETURN ALL UNUSED TICKETS TO AMERICAN EXPRESS
OR YOUR TRAVEL COORDINATOR UPON RETURN FROM TRAVEL
OR WHEN TRIP HAS BEEN CANCELED.

.....
THERE IS A USD39.58 TRANSACTION FEE FOR THIS
RESERVATION.

.....
*** YOUR TRAVEL COUNSELOR IS WAYNE ***
.....

My Travel Plans My Travel Plans My Travel Plans My Travel Plans My Travel Plans

**Corporate
Services**

Generated On : 5/06/05 @ 07:30 AM

Record Locator : LGLZ74
Agent ID : 13
Page : 2

Phone: (866) 596-2769 / Fax: (866) 375-4314

"Itinerary Only"**Airline Record Locators:**

Airline Reference	Carrier
HBKQLT	USAIRWAYS

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



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

EXEC. CPC. PRESIDENT

DATE OF REQUEST: 7/29/04 52

TRAVEL AUTHORIZATION NUMBER:

74JN00001

Last Name: WARSH		First Name: KEVIN	
Extension: 65406	Room: 593	Title: SPEC. ASST. TO THE PRES.	Office: NEC/WHTO/EOP
Contact Person: MARTY P SMITH		Room: 597	Extension: 65333
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): KEYNOTE SPEECH TO 30 CREDIT UNION CEOs & STAFF FOR THE ASSN OF CORP. CREDIT UNIONS ON 10/04/04			
Check one: ☐ POTUS event ☐ VPOTUS event ☐ FLOTUS event ☒ Other Official Travel			
DEPARTURE: Date: 10/03/04 Time: 10:05AM Mode: AMER. A.L.		RETURN: Date: 10/04/04 Time: 3:36PM Mode: AMER. A.L.	
ITINERARY: Origin: WDC (KEAGAN) Destination: PHOENIX AZ Return to: WDC (KEAGAN)			
FUNDING SOURCE: ☐ Official ☐ Mixed ☐ 501 (c)(3) ☒ Other: ASSN OF CORP. CREDIT UNIONS			
NOTE: For travel funded by other sources, an approved "Travel Expenses From Outside Source" form must be attached.			
SPECIAL EXPENSES: Hotel: 189.00 Per Diem: 100.00 Privately Owned Vehicle: 0 Air Fare: 742.40 Taxi: 80.00 Standard Vehicle Rental: 0 Train Fare: 0 Parking: 0 TOTAL ESTIMATED EXPENSES: 0			
APPROVING SIGNATURES: Assistant to the President or Designee: [Signature] for SF 9/30/04 White House Management: [Signature] Chief of Staff or Designee: [Signature] Director of Political Affairs (For Mixed Travel): [Signature]			

(REV. 3/04)

ORIGINAL (WH MANAGEMENT COPY)



TRAVEL EXPENSES FROM OUTSIDE SOURCE

WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

CONTACT PERSON: MARTY P. SMITH

PHONE NUMBER: 65333

DATE OF REQUEST: 9/29/04

Please include a copy of the letter of invitation.

Your Name and Position: <u>KEVIN WARSH, SPEC. ASST. TO THE PRES.</u>		
Nature of Meeting or Event: ☒ Official ☐ Political		
Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES: <u>KEYNOTE SPEAKER AT LUNCHEON FOR 30 CREDIT UNION CEOs & STAFF: SUBJECT OF THE ECONOMY & FINANCIAL MARKETS; IMPORTANCE OF CREDIT UNIONS</u>		
Dates of Travel: <u>10/03-04/04</u> Destination(s): <u>PHOENIX AZ</u>		
Persons or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities): <u>ASSN. OF CORP. CREDIT UNIONS</u>		
Contact at Organization Making the Payment: <u>MICHAEL CANNING</u>		
Address of Organization: <u>601 PENNSYLVANIA AVE NW SO. BLDG,</u> <u>WDC 20004</u> <u>SUITE 600</u>		
Phone: <u>202 508-6731</u>		
Expense:	Amount:	Method:
Transportation (specify): <u>Airfare A-L</u>	<u>742.40</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Lodging: <u>STERATON</u> <u>WILD</u>	<u>189.00</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Meals: <u>LUNCH</u>	<u>32.00</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Misc. (specify): <u>GROUNDED TRANS.</u>	<u>100.00</u> <u>ROUND TRIP</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)

*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization. You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, EEOB) at least three (3) days before commencement of travel.

TO BE COMPLETED BY COUNSEL'S OFFICE

Approved: ☒ Disapproved: ☐

Pursuant to:

501 U.S.C. § 1353

Counsel's Signature: [Signature]

Date: 9/29/04

501 U.S.C. § 1353



**THE ASSOCIATION of
CORPORATE CREDIT UNIONS**

www.theaccu.org

September 22, 2004

Mr. Kevin Warsh
Special Assistant to the President
The White House
Washington, D.C. 20502

Re: Speaking Invitation from Credit Union Group

Dear Mr. Warsh:

On behalf of the Association of Corporate Credit Unions, I would like to invite you to be our Luncheon Keynote Speaker on the afternoon of Monday, October 4th, 2004 during our 9th Annual Meeting at the Sheraton Wild Horse Pass Resort in Chandler, Arizona. Corporate credit unions assist credit unions that have natural person members with liquidity and technology functions.

The Association of Corporate Credit Unions is the primary trade association for the nation's 30 corporate credit unions. Corporate credit unions have been called "credit unions for credit unions." They provide liquidity, technology, payment systems and safety and soundness consulting to natural person credit unions nationwide. Having roughly \$100 Billion dollars in assets under management, corporates also serve as an important investment partner for the credit union industry.

We expect this event to be widely attended, and would envision about 100 participants at the luncheon. Thirty corporate credit union CEOs, their senior staff, federal and state regulators and other credit union leaders will be in attendance.

Please contact me at (202)508-6731 to confirm and further coordinate our efforts. We certainly look forward to hearing from you.

Sincerely,

Michael Canning, Esq., CAE
Executive Director

The Association of Corporate Credit Unions

COMPLETE ALL SHADED AREAS

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. PRESIDENTIAL TRAVEL ☐ FIRST LADY TRAVEL ☐ (check one)		2. Type of Travel ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.																														
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) WARSH, KEVIN M.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM (Start Date) 5/11/05 b. TO (end date) 5/12/05																														
	c. MAILING ADDRESS (Include ZIP CODE) (b)(6)			d. OFFICE TELEPHONE NO. e. HOME TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBER(S) TSTJN0053 b. DATE(S) 5/11-12/05																														
	f. PRESENT DUTY STATION			g. RESIDENCE (City and State) WASHINGTON DC		11. TYPE OFFICIAL Political Mixed (Check one) Event Date/s																														
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: Check Cash) d. Balance Outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ 10. Event City/State NYC NY																																
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). (Check one) COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS)		I hereby assign to 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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)</th> <th rowspan="2">ISSUING CARRIER (Initials)</th> <th rowspan="2">MODE, CLASS OF SERVICE AND ACCOMMODATION</th> <th rowspan="2">DATE ISSUED</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">(ATTACH AIRLINE/TRAIN TICKET COPY)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATION	DATE ISSUED	POINTS OF TRAVEL		From	To	(ATTACH AIRLINE/TRAIN TICKET COPY)																				
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				From	To																															
(ATTACH AIRLINE/TRAIN TICKET COPY)																																				
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 during the period covered by this voucher. TRAVELER SIGN HERE DATE 6/09/05 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 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).) APPROVING OFFICIAL SIGN HERE DATE 6/9/05				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				a. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER \$134.20																																
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE				18. ACCOUNTING CLASSIFICATION																																

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. 5-11, NYC, NY 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) WARSH, KEVIN		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 05/11/2005 b. TO 05/12/2005		7. TRAVEL AUTHORIZATION a. NUMBER(S) T5JN00053 b. DATE(S) 05/10/2005	
c. MAILING ADDRESS (Include ZIP Code) (b)(6)		d. OFFICE TELEPHONE NO.		10. CHECK NO.			
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		11. PAID BY			
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			
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)			
See Attached Ticket 1		AGENT'S VALUATION OF TICKET (a) 156.91	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
COMMENTS: Trip Number 1. co							
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	134.20
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).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)		
APPROVING OFFICIAL SIGN HERE					DATE		
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:		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
DATE					d. NET TO TRAVELER \$ 134.20		
18. ACCOUNTING CLASSIFICATION SEE NEXT PAGE FOR ACCOUNTING CLASSIFICATIONS							

TRAVEL VOUCHER

(b)(6)

WARSH, KEVIN

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)

T5JN00053 05/10/2005

ACCOUNTING CLASSIFICATION :

(b)(7)f

134.20 NR-

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>		Complete this information if this is a continuation sheet.	PAGE <u>2</u>
	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) Show amount incurred for each meal, including tax and tips, and daily total meal cost. thru (g) (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. (i) Show total subsistence expense incurred for actual expense travel. (j) 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. (m) (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.	OF <u>TRIP# 1</u> PAGES
				TRAVEL AUTHORIZATION NO. T5JN00053
			TRAVELER'S LAST NAME WARSH	

If additional space is required, continue on another 1012-A BACK, leaving the front blank.	SUBTOTALS	0100	761 50	57 170
	TOTALS	0100	761 50	57 170

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

TOTAL AMOUNT CLAIMED ▶	134.20
------------------------------	--------

06/16/05

ACCOUNTING DETAIL

Doc No:

5-11 NYC NY

Copyright 2003 Gelco Information Network, Inc.

WARSH, KEVIN

(b)(6)

ACCOUNTING CLASS CODE

TRIP 1

(b)(7)f			156.91
			57.70
			76.50
	0.00	0.00	291.11
	(b)(7)f		

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		291.11
NON-REIMBURSABLE EXPENSES -----		156.91
	=====	
TOTAL AMOUNT CLAIMED -----		134.20
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
	----	0.00
	=====	
NET TO TRAVELER (GOVT) -----		134.20
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT		
	0.00	
	=====	
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD -----		0.00
PAY TO TRAVELER -----		134.20

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	06/16/2005	1:19PM	RICHARD WARD

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

SIGNED

DATE

TAPE RECEIPTS TO BLANK SHEET OF PAPER

SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED

INSTRUCTIONS TO TRAVELERS (Unlisted items are self-explanatory)

- (a) Please attach copies of airline/train tickets, not boarding passes.
- (b) Personal vehicle only, not rental cars
- (c) Show expenses, such as taxi/limousine fares, airfare (if purchased with cash), Local or long distance telephone calls for Government business, car rental, other Miscellaneous expenses. Do not total columns.

Please be sure to sign voucher on the front on line 13.

Complete this
Information
If this is a
Continuation
sheet

PAGE 2
OF 2 PAGES

TRAVELER'S AUTHORIZATION NO.

TSJN 00053

TRAVELER'S LAST NAME

WARSH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, return itinerary)	ITEMIZED SUBSISTENCE EXPENSES										MILEAGE RATE NO. OF MILES (b)	AMOUNT CLAIMED		
			MEALS				MISC SUBSIS- TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE	SUBSIS- TENCE	OTHER (c)				
			BREAK- FAST	LUNCH	DINNER	TOTAL										
2005 5/11	7:03P	AIRPORT TO LODGING										9.7	TAXI			30 00
5/11	10:22P	MTG TO LODGING										2.3	"			5 40
5/12	4:39P	MTG TO LODGING										1.4	"			6 30
5/12		AIRPORT TO WH														16 00
												SUBTOTALS				
												TOTALS		0.00	0.00	57 70 0.00

If additional space is required, continue on another form BACK leaving the front blank.

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

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

TOTAL
AMOUNT
CLAIMED

KEVIN WARSH

MED # 6D89
05/11/05 TR 7693
START END MILES
19:23 19:44 9.7
FARE : \$ 22.50
EXTRA: \$ 1.00
TOTAL: \$ 23.50

THANKS
TO CONTACT TLC
DIAL 3-1-1

+holl

+hlp

#30

MED # 3D92
05/11/05 TR 3558
START END MILES
22:22 22:26 2.3
FARE : \$ 4.90
EXTRA: \$ 0.50
TOTAL: \$ 5.40

THANKS
TO CONTACT TLC
DIAL 3-1-1

MTG TO
LODGING
5/11/05

MED # 2M54
05/12/05 TR 4997
START END MILES
16:39 16:45 1.4
FARE : \$ 5.30
EXTRA: \$ 1.00
TOTAL: \$ 6.30

THANKS
TO CONTACT TLC
DIAL 3-1-1

MTG TO
LODGING
5/12/05

AIRPORT TO
LODGING
5/11/05



The
MELROSE
Hotel

WASHINGTON D. C.

2430 Pennsylvania Avenue, NW • Washington, DC 20037 • (202) 955-6400

Date 5/12 Time _____

Origin of Trip DCA

Destination White House

Fare \$16

Cab # _____ Signature _____

TAXI RECEIPT

AIRPORT TO WH
5/12/05



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

EXEC. CFC. PRESIDENT

DATE OF REQUEST: 2004 SEP 7 AM 11:17
9/01/04

T4JN00025

TRAVEL AUTHORIZATION NUMBER:

Last Name: Warsh		First Name: Kevin	
Extension: 65406	Room: 593	Title: Spec Asst to the Pres	Office: WHO/NEC
Contact Person: Marty P. Smith		Room: 597	Extension: 65333
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 present Administration policy on financial issues at Ohio Bankers League and Illinois League of Financial Institutions Joint Convention			
Check one: ☐ POTUS event ☐ VPOTUS event ☐ FLOTUS event ☒ Other Official Travel			
DEPARTURE:		RETURN:	
Date: 9/09/04	Time: 5:55PM	Date: 9/10/04	Time: 1:05PM
Mode: Delta		Mode: Delta	
ITINERARY: Origin: Washington, DC: Reagan National Destination: Albuquerque, NM (connect in Cincinnati) Return to: Washington, DC: Reagan National			
FUNDING SOURCE: ☐ Official ☐ Mixed ☐ 501 (c)(3) ☒ Other: Ohio Bankers league			
NOTE: For travel funded by other sources, an approved "Travel Expenses From Outside Source" form must be attached.			
SPECIAL EXPENSES:			
Hotel: 240.00	Per Diem: _____	Privately Owned Vehicle: _____	
Air Fare: 393.00	Taxi: 112.00	Standard Vehicle Rental: _____	
Train Fare: _____	Parking: _____	TOTAL ESTIMATED EXPENSES: _____	
APPROVING SIGNATURES:			
Assistant to the President or Designee: <i>[Signature]</i> White House Management		Chief of Staff or Designee: <i>[Signature]</i> Director of Political Affairs (For Mixed Travel):	

(REV. 3/04)

ORIGINAL (WH MANAGEMENT COPY)

(kw)

9/10

-----Original Message-----

From: Michael Van Buskirk**Sent:** Friday, August 27, 2004 10:38 AM**To:** 'kwarsh@opd.eop.gov'**Subject:** Ohio Bankers League/ Illinois League of Financial Institutions Joint Convention

Please forgive the informality of this invitation but given the shortness of time I thought using e-mail would prove most practical. We would like to invite you to speak at our joint convention with Illinois which will bring chief executive and senior bank officers plus bank directors from our two states to the Hyatt Regency Tamaya Hotel on the Santa Ana Pueblo near Albuquerque, New Mexico.

Our program will begin with a reception Wednesday, September 8 and conclude at noon on September 11. If your schedule permits we would like you to speak the morning of Friday, September 10. Perhaps 20 minutes of remarks followed by an opportunity for questions would be ideal.

We would be glad to provide any additional information you would find helpful.

Mike Van Buskirk, President



TRAVEL EXPENSES FROM OUTSIDE SOURCE

WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635-204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation.

CONTACT PERSON: Marty Smith

PHONE NUMBER: 456-5333

DATE OF REQUEST: 9/01/04

Your Name and Position:

Kevin Warsh, Special Assistant to the President for Economic Policy

Nature of Meeting or Event:

☒ Official

☐ Political

Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:

Present Administration policy on financial issues

Dates of Travel: 9/09-10-04

Destination(s): Albuquerque NM

Persons or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

Michael Van Buekirk, President
Ohio Bankers League

Contact at Organization Making the Payment: Sue Leppert

Address of Organization: 37 West Broad St., Suite 1001
Columbus, OH 43215-4162

Phone: 614 324-2541

Expense:	Amount:	Method:
Transportation (specify): <u>Delta Air Lines</u>	<u>393.00</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Lodging: <u>Hyatt Regency Tamaya Resort</u>	<u>240.00</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Meals: <u>N/A</u>		☐ In Kind ☐ Reimbursable ☐ Other (Political Only)
Misc. (specify): <u>Ground transportation</u>	<u>112.00 56.00</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)

*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization. You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, EEOB) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

Counsel's Signature

Approved

Disapproved

Pursuant to

☒ 5 U.S.C. § 1353

☐ 5 C.F.R. 2635-204(f)

Date

9/3/04



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 02/01/05

TRAVEL AUTHORIZATION NUMBER: T5JN00010

Please Print

Last Name Warsh		First Name Kevin	
Extension: 65406	Room: 593	Title: Spec. Asst. to President	Office: National Economic Council
Contact Person: <i>please print</i> Marty Smith		Extension: 6-5333	
ATTACHMENTS: ☐ Invitation/Documentation Regarding Event ☐ Travel Expenses From Outside Sources Form			
PURPOSE OF TRAVEL (include event dates and host information, if applicable): Kevin will be traveling to Fargo, ND for a POTUS conversation on Social Security. He will be the NEC rep. for the trip.			
DEPARTURE:		RETURN:	
Date: 02/02/05	Time: 11:40AM	Date: 02/03/05	Time: 4:10pm
Mode: Northwest Air		Mode: Northwest Air	
ITINERARY (List all cities including those through which flights are routed): Origin: Washington, DC Destination: Fargo, ND Return to: Washington, 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: \$75.00	Per Diem: 45	Privately Owned Vehicle: _____	
Air Fare: \$488.80	Taxi: _____	Standard Vehicle Rental: \$32.00	
Train Fare: _____	Mini-Van Rental: _____	TOTAL ESTIMATED EXPENSES: \$595.80	
APPROVING SIGNATURES:			
Office Head: <i>[Signature]</i> For ASH 2/1/2005 White House Management:		Chief of Staff or Designee: <i>[Signature]</i> Political Travel: 642.30	

(REV. 1/02)

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**Corporate
Services**

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Agent ID : 16
Page : 1

Phone: (866) 596-2769 / Fax: (866) 375-4314

"Itinerary Only"

Travel arrangements
prepared exclusively for :

Kevin Warsh

February 2, 2005**Wednesday**

NORTHWEST AIR Flight: 1705 Class - ECONOMY AIRBUS A319 **Seat : 19C**
From : Washington Reagan, D DEPARTING AT 11:40 AM NON-SMOKING FOOD TO PURCHASE Flight time: 02:45
To : Minneapolis St PI, MN ARRIVING AT 1:25 PM 931 Miles
Departure Terminal: DCA TERMINAL A -
Arrival Terminal: MSP TERMINAL L

NORTHWEST AIR Flight: 3465 Class - ECONOMY Avro RJ70 Reg Jet
OPERATED BY MESABA AVIATION INC.
From : Minneapolis St PI, MN DEPARTING AT 2:20 PM NON-SMOKING No Meal Service Flight time: 01:05
To : Fargo, ND ARRIVING AT 3:25 PM 223 Miles
Departure Terminal: MSP TERMINAL L

SEAT AIRPORT CHECK IN

ENTERPRISE CARS Fargo, ND 31.00 USD PER DAY
Car reserved for: Kevin Warsh .20 MI 150FM
Confirmation #: D7S8HG
31.00 USD Per Extra Day
PickUp: FART01
Reserved: 2/2/2005 Through 2/3/2005, 1 Day
Car Size: INTERMEDIATE Car Category: 2-OR 4-DOOR Transmission: AUTOMATIC Air Conditioning: YES

February 3, 2005**Thursday**

NORTHWEST AIR Flight: 3644 Class - ECONOMY Avro RJ70 Reg Jet
OPERATED BY MESABA AVIATION INC.
From : Fargo, ND DEPARTING AT 4:10 PM NON-SMOKING No Meal Service Flight time: 01:02
To : Minneapolis St PI, MN ARRIVING AT 5:12 PM 223 Miles
Arrival Terminal: MSP TERMINAL L

SEAT AIRPORT CHECK IN

NORTHWEST AIR Flight: 1510 Class - ECONOMY AIRBUS A320
From : Minneapolis St PI, MN DEPARTING AT 6:44 PM NON-SMOKING FOOD TO PURCHASE Flight time: 02:16
To : Washington Reagan, D ARRIVING AT 10:00 PM 931 Miles
Departure Terminal: MSP TERMINAL L -
Arrival Terminal: DCA TERMINAL A

SEAT AIRPORT CHECK IN



**Corporate
Services**

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		Agent ID : 16
		Page : 2

Phone: (866) 596-2769 / Fax: (866) 375-4314

"Itinerary Only"

AIRFARE IS USD \$ 488.80
 FOR ASSISTANCE DURING 8AM - 6PM EST
 CALL 866-596-2769
 FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
 1-888-243-8092 - ACCESS CODE - A-80M
 OUTSIDE THE USA CALL COLLECT AT 313-271-7887

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

.....
 THERE IS A USD39.58 TRANSACTION FEE FOR THIS
 RESERVATION.

.....
 *** YOUR TRAVEL COUNSELOR IS VICTOR ***

Airline Record Locators:

Airline Reference	Carrier
ONONUB	NORTHWEST AIR

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



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 2/07/05
TRAVEL AUTHORIZATION NUMBER: T5JN00012

Last Name: <u>WARSH</u>			First Name: <u>KEVIN</u>		
Extension: <u>65406</u>	Room: <u>593</u>	Title: <u>SPEC. ASST. TO PRES.</u>		Office: <u>NEC/WHO</u>	
Contact Person: <u>MARTY P SMITH</u>		Room: <u>597</u>	Extension: <u>65333</u>		
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): <u>NEC RELATED MEETINGS</u>					
Check one: ☐ POTUS event ☐ VPOTUS event ☐ FLOTUS event ☒ Other Official Travel					
DEPARTURE: Date: <u>2/09/05</u> Time: <u>9:00 PM</u> Mode: <u>2188 US AIRWAYS</u>			RETURN: Date: <u>2/14/05</u> Time: <u>6:00 AM</u> Mode: <u>US AIRWAYS</u>		
ITINERARY: Origin: <u>WASHINGTON DC</u> Destination: <u>NEW YORK CITY</u> Return to: <u>WASHINGTON DC</u>					
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: <u>90</u> Privately Owned Vehicle: _____ Air Fare: <u>\$156.91</u> Taxi: _____ Standard Vehicle Rental: _____ Train Fare: _____ Parking: _____ TOTAL ESTIMATED EXPENSES: <u>246.16</u>					
APPROVING SIGNATURES: Assistant to the President or Designee: <u>K. Hennessy</u> White House Management: _____ Chief of Staff or Designee: _____ Director of Political Affairs (For Mixed Travel): _____					

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(REV. 3/04)

COMPLETE ALL SHADED AREAS

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. PRESIDENTIAL TRAVEL ☐ FIRST LADY TRAVEL ☐ (check one)		2. Type of Travel ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.																		
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) WARSH, KEVIN M.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. FROM (Start Date)</td> <td style="width:50%; border-bottom: 1px solid black;">b. TO (end date)</td> </tr> <tr> <td style="text-align: center;">2/09/05</td> <td style="text-align: center;">2/14/05</td> </tr> </table>		a. FROM (Start Date)	b. TO (end date)	2/09/05	2/14/05													
	a. FROM (Start Date)	b. TO (end date)																						
	2/09/05	2/14/05																						
	c. MAILING ADDRESS (Include ZIP CODE) (b)(6)			d. OFFICE TELEPHONE NO. 456-5406		7. TRAVEL AUTHORIZATION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. NUMBER(S)</td> <td style="width:50%; border-bottom: 1px solid black;">b. DATE(S)</td> </tr> <tr> <td style="text-align: center;">75JN00012</td> <td style="text-align: center;">2/09-14/05</td> </tr> </table>		a. NUMBER(S)	b. DATE(S)	75JN00012	2/09-14/05													
a. NUMBER(S)	b. DATE(S)																							
75JN00012	2/09-14/05																							
f. PRESENT DUTY STATION EEOB			g. RESIDENCE (City and State) WASHINGTON DC		11. TYPE OFFICIAL Political Mixed (Check one) Event Date/s 2/09-11/05																			
8. TRAVEL ADVANCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">a. Outstanding</td> <td style="width:10%; border-bottom: 1px solid black;"></td> <td style="width:10%; border-bottom: 1px solid black;"></td> <td style="width:10%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. Amount to be applied</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">c. Amount due Government (Attached: Check Cash)</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">d. Balance Outstanding</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>			a. Outstanding						b. Amount to be applied				c. Amount due Government (Attached: Check Cash)				d. Balance Outstanding				9. CASH PAYMENT RECEIPT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. DATE RECEIVED</td> <td style="width:50%; border-bottom: 1px solid black;">b. AMOUNT RECEIVED \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">10. Event City/State</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		a. DATE RECEIVED	b. AMOUNT RECEIVED \$
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10. Event City/State																								
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).																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:15%;">(Check one)</th> <th rowspan="2" style="width:15%;">AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)</th> <th rowspan="2" style="width:10%;">ISSUING CARRIER (Initials)</th> <th rowspan="2" style="width:10%;">MODE, CLASS OF SERVICE AND ACCOMMODATION</th> <th rowspan="2" style="width:10%;">DATE ISSUED</th> <th colspan="2" style="width:40%;">POINTS OF TRAVEL</th> </tr> <tr> <th style="width:20%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td style="height: 150px; vertical-align: top;"> COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS) </td> <td style="vertical-align: top;">(ATTACH AIRLINE/TRAIN TICKET COPY)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								(Check one)	AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATION	DATE ISSUED	POINTS OF TRAVEL		From	To	COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS)	(ATTACH AIRLINE/TRAIN TICKET COPY)						
(Check one)	AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATION	DATE ISSUED	POINTS OF TRAVEL																			
					From	To																		
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TRAVELER SIGN HERE					DATE 2/23/05																			
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a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR																						
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):																			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					d. NET TO TRAVELER																			
18. ACCOUNTING CLASSIFICATION					\$ 230.25																			

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. 2-9, NY	
						4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) WARSH, KEVIN		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 02/09/2005 b. TO 02/14/2005			
c. MAILING ADDRESS (Include ZIP Code) (b)(6)		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBER(S) T5JN00012 b. DATE(S) 02/09/2005			
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied				\$			
c. Amount due Government (Attached ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE					
D. Balance outstanding							
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) TO (f)
See Attached Ticket 1		156.91					
COMMENTS: Trip Number 1. CO							
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 ▶	230.25	
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).							
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					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: \$	
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 ▶ \$ 230.25		
18. ACCOUNTING CLASSIFICATION SEE NEXT PAGE FOR ACCOUNTING CLASSIFICATIONS							

TRAVEL VOUCHER

(b)(6)

WARSH, KEVIN

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
T5JN00012 02/09/2005

ACCOUNTING CLASSIFICATION :

(b)(7)f

230.25 NR-

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>		Complete this information if this is a continuation sheet. PAGE <u>2</u> OF <u>1</u> PAGES	
	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) Show amount incurred for each meal, including tax and tips, and daily total meal cost. thru (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.	TRAVEL AUTHORIZATION NO. T5JN00012
			TRAVELER'S LAST NAME WARSH	

TRAVEL AUTHORIZATION NO.
T5JN00012

TRAVELER'S LAST NAME
WARSH

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

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

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

TOTAL AMOUNT CLAIMED	230.25
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03/01/05

ACCOUNTING DETAIL

Doc No:

2-9 NY

Copyright 2003 Gelco Information Network, Inc.

WARSH, KEVIN

(b)(6)

ACCOUNTING CLASS CODE

TRIP 1

(b)(7)f			156.91
			141.00
			89.25
	0.00	0.00	387.16
(b)(7)f			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----	387.16
NON-REIMBURSABLE EXPENSES -----	156.91
	=====
TOTAL AMOUNT CLAIMED -----	230.25
GOV'T ADVANCE OUTSTANDING --	0.00
GOV'T ADVANCE APPLIED -----	0.00

	0.00
	=====
NET TO TRAVELER (GOVT) -----	230.25
GOV'T CHARGE CARD EXPENSES --	0.00
GOV'T CHARGE CARD ATM ADV --	0.00
ADD'L GOV'T CHARGE CARD PYMT	0.00
	=====
TOTAL GOV'T CHARGE CARD AMT	0.00
PAY TO GOV'T CHARGE CARD -----	0.00
PAY TO TRAVELER -----	230.25

03/01/05

DOCUMENT HISTORY

Copyright 2003 Gelco Information Network GSD, Inc.

Voucher: 2-9 NY

WARSH, KEVIN

(b)(6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	03/01/2005	1:49PM	RICHARD WARD

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

SIGNED

DATE

NEW YORK CITY 2/09-14/05

KEVIN WAKSH

PG 1

from Airport
MED # 1096
02/09/05 TR 4992
START END MILES
22:10 22:28 9.4
FARE : \$ 21.30
EXTRA: \$ 0.50
TOTAL: \$ 21.80
THANKS
TO CONTACT TLL
#25

MTA BRIDGES AND TUNNELS
TRIBOROUGH BRIDGE MANHATTAN PLAZA
COL PT DATE TIME OPER. ID AMOUNT
04 02/09/05 22:12 02461 \$04.00

2/09 : AIRPORT TO CITY

NEW YORK
MED # 1096
DATE: 02/10/2005
START TIME 07:44
END TIME 07:58
TRIP \$ 3322
RATE No. 1
MILES 5.79
FARE \$ 14.50
THANKS
TO CONTACT TLL
DIAL 3-1-1
#17

NEW YORK
MED # 3130
02/10/05 TR 0494
START END MILES
16:47 17:05 4.2
FARE : \$ 11.70
EXTRA: \$ 1.00
TOTAL: \$ 12.70
THANKS
TO CONTACT TLL
DIAL 3-1-1
#15

NEW YORK
MED # 2P68
DATE: 02/10/2005
START TIME 17:05
END TIME 17:10
TRIP \$ 4062
RATE No. 1
MILES 1.12
FARE \$ 4.90
EXTRA \$ 1.00
TOTAL \$ 5.90
THANKS
TO CONTACT TLL
DIAL 3-1-1
#7

2/10: TO & FROM MEETINGS

I ♥ NEW YORK
MED # 7H16
DATE: 02/11/2005
START TIME 07:46
END TIME 07:55
TRIP # 16114
RATE No. 1
MILES 1.69
FARE \$ 6.50

tip
#8

I ♥ NEW YORK
MED # 4D57
DATE: 02/11/2005
START TIME 09:52
END TIME 10:02
TRIP # 4438
RATE No. 1
MILES 0.57
FARE \$ 4.90

Contact TLC Dial
3-1-1 *#6*

MED # 3D49
02/11/05 TR 9377
START END MILES
13:55 14:12 5.6
FARE : \$ 14.50
EXTRA: \$ 0.00
TOTAL: \$ 14.50

THANKS
TO CONTACT TLC
DIAL 3-1-1

tip
#7

2/11:

TO & FROM
MEETINGS

I ♥ NEW YORK
MED # 3N72
DATE: 02/11/2005
START TIME 14:49
END TIME 15:06
TRIP # 7031
RATE No. 1
MILES 6.01
FARE \$ 15.30

Contact TLC Dial
3-1-1 *#18*

I ♥ NEW YORK
MED # 8H18
DATE: 02/11/2005
START TIME 17:18
END TIME 17:30
TRIP # 4880
RATE No. 1
MILES 1.26
FARE \$ 6.10
EXTRAS \$ 1.00
TOTAL \$ 7.10

Contact TLC Dial
3-1-1 *#8*



Taxi Cab Receipts

DATE: 2-14-05 TIME: _____

TRIP ORIGIN: Nat'l Alp

DESTINATION: Wash DC

FARE: \$ 16
Incl. tip

SIGNATURE *[Signature]*

2/14: REAGAN
NAT'L TO DC

COMPLETE ALL SHADED AREAS

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. PRESIDENTIAL TRAVEL ☒ FIRST LADY TRAVEL ☐ (check one)		2. Type of Travel ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.																	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) WARSH, KEVIN M			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM (Start Date) 2/02/05 b. TO (end date) 2/03/05																	
	c. MAILING ADDRESS (Include ZIP CODE) (b)(6)			d. OFFICE TELEPHONE NO. 456-5406 e. HOME TELEPHONE NO. (b)(6)		7. TRAVEL AUTHORIZATION a. NUMBER(S) TSJN00010 b. DATE(S) 2/02-03/05																	
	f. PRESENT DUTY STATION EEOB			g. RESIDENCE (City and State) WASHINGTON DC		11. TYPE ☒ OFFICIAL ☐ Political ☐ Mixed (Check one) Event Date/s 2/02-03/05																	
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: Check Cash) d. Balance Outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ 10. Event City/State FARGO, ND																			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side).</i> (Check one) COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS)		I hereby assign to 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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)</th> <th rowspan="2">ISSUING CARRIER (Initials)</th> <th rowspan="2">MODE, CLASS OF SERVICE AND ACCOMMODATION</th> <th rowspan="2">DATE ISSUED</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>From*</th> <th>To</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">(ATTACH AIRLINE/TRAIN TICKET COPY)</td> <td rowspan="2"></td> <td rowspan="2"></td> <td rowspan="2"></td> <td>DC</td> <td>ND</td> </tr> <tr> <td>ND</td> <td>DC</td> </tr> </tbody> </table>						AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATION	DATE ISSUED	POINTS OF TRAVEL		From*	To	(ATTACH AIRLINE/TRAIN TICKET COPY)				DC	ND	ND	DC
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				From*	To																		
(ATTACH AIRLINE/TRAIN TICKET COPY)				DC	ND																		
				ND	DC																		
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15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR				a. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials:																			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER \$ 113.50																			
18. ACCOUNTING CLASSIFICATION																							

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. 2-2, ND			
5. a. NAME (Last, first, middle initial) WARSH, KEVIN		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL					
				a. FROM 02/02/2005		b. TO 02/03/2005			
c. MAILING ADDRESS (Include ZIP Code) (b)(6)		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION					
e. PRESENT DUTY STATION Washington, DC				f. RESIDENCE (City and State) Washington, DC		a. NUMBER(S) TSJN00010		b. DATE(S) 02/01/2005	
		10. CHECK NO.							
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY					
a. Outstanding		a. DATE RECEIVED						b. AMOUNT RECEIVED	
b. Amount to be applied		c. PAYEE'S SIGNATURE							
c. Amount due Government (Attached ☐ Check ☐ Cash)									
D. Balance outstanding									
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)							
		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)	TO (f)	
See Attached Ticket 1		488.80							
COMMENTS: Trip Number 1. CD									
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		113.50		
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APPROVING OFFICIAL SIGN HERE				DATE					
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a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR					
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00			
				d. NET TO TRAVELER		\$ 113.50			
18. ACCOUNTING CLASSIFICATION									

TRAVEL VOUCHER

(b)(6)

WARSH, KEVIN

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)

T5JN00010 02/01/2005

ACCOUNTING CLASSIFICATION :

(b)(7)f

113.50 NR-

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)										Complete this information if this is a continuation of sheet. TRIP# 1 PAGE 2 OF 1 PAGES			
	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 (n) 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.	
	TRAVEL AUTHORIZATION NO. T5JN00010													
TRAVELER'S LAST NAME WARSH														

DATE 05 20	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (l)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (i)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
02/02		D-:Washington, DC							23.25				
02/02		A-:ALL CITIES AND							23.25				
02/02		Airline Flight											
02/02		PARKING											30.00
02/02		Auto Rental											37.00
02/03		D-:ALL CITIES AND											
02/03		A:Washington, DC											
02/03		Subsistence							23.25				

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 (i), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 113.50

03/10/05

ACCOUNTING DETAIL

Doc No:

2-2, ND

Copyright 2003 Gelco Information Network, Inc.

WARSH, KEVIN

(b)(6)

ACCOUNTING CLASS CODE

TRIP 1

(b)(7)f			488.80
			67.00
			46.50
	0.00	0.00	602.30
	(b)(7)f		

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		602.30
NON-REIMBURSABLE EXPENSES -----		488.80
		=====
TOTAL AMOUNT CLAIMED -----		113.50
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		113.50
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD -----		0.00
PAY TO TRAVELER -----		113.50

03/10/05

DOCUMENT HISTORY

Copyright 2003 Gelco Information Network GSD, Inc.

Voucher: 2-2, ND

WARSH, KEVIN

(b)(6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	03/10/2005	9:58AM	RICHARD WARD

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

SIGNED

DATE

OWNER OF VEHICLE: ENTERPRISE RENT A CAR COMPANY OF MONT WY
BRANCH ADDRESS: 8801 32ND AVE NW 701-451-9560

MD 8:00A-11:30P TU 8:00A-11:30P
WE 8:00A-11:30P TH 8:00A-11:30P
FR 8:00A-11:30P SA 10:00A-11:30P

RENTAL TYPE		SOURCE #		I.D. #		RENTAL AGREEMENT NO. D	
RENTER		WARSH* KEVIN*				DAY = 24 HOUR PERIOD	
MILEAGE		2/02/05				MILES @ .20/MI AFTER 150 MI FREE/DAY	
ORIGINAL VEHICLE						HOURS @ 8.00/HOUR	
COLOR	LICENSE NO					DAYS @ 31.00/DAY	
MODEL	ECAR#					31	
MILEAGE	IN	23665					
	OUT	23642					
DRIVEN							
CONDITION AGREED TO		RENTER					
CONDITION SAME ON RETURN		Yes No					
OUT		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8					
IN		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8					
OPTIONAL PRODUCTS NOTICE:							
OUR CONTRACT OFFERS, FOR AN							
ADDITIONAL CHARGE, OPTIONAL							
PRODUCTS, DAMAGE WAIVER,							
PERSONAL ACCIDENT INSURANCE							
AND SUPPLEMENTAL LIABILITY							
PROTECTION. BEFORE DECIDING							
WHETHER TO PURCHASE ANY OF							
THESE PRODUCTS, YOU MAY							
WISH TO DETERMINE WHETHER							
YOUR PERSONAL INSURANCE OR							
CREDIT CARD PROVIDES YOU							
COVERAGE DURING THE RENTAL							
PERIOD. THE PURCHASE OF ANY							
OF THESE PRODUCTS IS NOT							
REQUIRED TO RENT VEHICLE							
REPLACEMENT VEHICLE							
COLOR	LICENSE NO						
MODEL	ECAR#						
MILEAGE	IN						
	OUT						
DRIVEN							
CONDITION AGREED TO		RENTER					
CONDITION SAME ON RETURN		Yes No					
OUT		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8					
IN		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8					
ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, PAGES 1 THROUGH 4							
I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.							
RENTER X							
DATE		2/02/05					
OWNER REP							
EMPL #		6550T					
I WILL RETURN CAR BY:							
DATE	TIME	DEPOSIT(S)	PAID BY	DATE PAID			
2/03/05	04:10 PM	250.00	CAUTH2003	2/02/2005			
ADDITIONAL INFORMATION:							
TOTAL CHARGES						37	
DEPOSITS							
REFUNDS							
AMOUNT DUE							
CLOSED BY							
PAID BY	CASH	CHECK	CHARGE				
RECEIPT OF CASH REFUND	DATE	AMOUNT	RECEIVED				

KEVIN WAKSI

DC Parking

FARGO, ND TRIP
w/ POTUS

REAGAN NATIONAL AIRPORT

Parking Operations Garage A

Washington, DC 20001-4901

For Questions or Comments: (703) 417-4711

Cardholder account number: *****0

03

Card expiration date : 09/06

Authorization code : 509125

Entrance: 10:34 02/02/05 Lane # 12

Exit : 10:11 02/03/05 Lane # 41

License Plate DC BM6990

Cashier : 097 Seq. # 3597

Card: AMEX

Transaction amount: \$ 30.00

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

Reagan National Airport



TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 3/07/05
TRAVEL AUTHORIZATION NUMBER: T5JN00016

Please Print

Last Name WALSH		First Name KEVIN	
Extension: 65408	Room:	Title: SPEC ASST TO PRES	Office: NEC/WHO
Contact Person: please print MARTY P SMITH			Extension: 65333

ATTACHMENTS:

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

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

ASSIST IN PRESIDENTIAL EVENT ON SOCIAL SECURITY: MEMPHIS, TN

DEPARTURE:

Date: **3/10/05** Time: **12:38 PM** Mode: **AIR**

RETURN:

Date: **N/A** Time: Mode:

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

Origin: **WASHINGTON (REAGAN) TO DETROIT**

Destination: **MEMPHIS TN**

Return to: **ONE WAY - RETURN PERSONAL**

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: **109.-** Per Diem: **45** Privately Owned Vehicle:
Air Fare: **330.40** Taxi: Standard Vehicle Rental: **43.00**
Train Fare: Mini-Van Rental: TOTAL ESTIMATED EXPENSES: **527.40**

APPROVING SIGNATURES:

Office Head:
White House Management:

Chief of Staff or Designee:
Political Travel:

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)



**Corporate
Services**

Generated On : 3/08/05 @ 11:52 AM

Record Locator : KZ9S5Y
Agent ID : 71
Page : 1

Phone: (866) 596-2769 / Fax: (866) 375-4314

"Itinerary Only"

Travel arrangements
prepared exclusively for :

Kevin Warsh

March 10, 2005

Thursday

NORTHWEST AIR Flight: **1825** Class - ECONOMY AIRBUS A319 **Seat : 19D**
From : **Washington Reagan, D** **DEPARTING AT 12:38 PM** NON-SMOKING No Meal Service Flight time: 01:37
To : **Detroit Metro, MI** **ARRIVING AT 2:15 PM** 405 Miles
Departure Terminal: DCA TERMINAL A -
Arrival Terminal: DTW TERMINAL EM

NORTHWEST AIR Flight: **285** Class - ECONOMY DC-9-50
From : **Detroit Metro, MI** **DEPARTING AT 3:05 PM** NON-SMOKING No Meal Service Flight time: 02:00
To : **Memphis, TN** **ARRIVING AT 4:05 PM** 610 Miles
Departure Terminal: DTW TERMINAL EM

AVIS CAR RENTAL Memphis, TN 43.00 USD PER DAY
Car reserved for: Kevin Warsh UNLIMITED FREE MILEAGE
Confirmation #: 14196131US5
14.00 USD Per Extra Hour
Reserved: 3/10/05 Through 3/11/05, 1 Day
Pick Up Time : 04:00 PM Drop Off Time : 01:00 PM
Car Size: INTERMEDIATE Car Category: 2-OR 4-DOOR Transmission: AUTOMATIC Air Conditioning: YES
Special Info: BA-180965



**Corporate
Services**

Generated On: 3/08/05 @ 11:52 AM

Record Locator : KZ9S5Y
Agent ID : 71
Page : 2

Phone: (866) 596-2769 / Fax: (866) 375-4314

"Itinerary Only"

AIRFARE IS USD \$ 330.40
FOR ASSISTANCE DURING 8AM - 6PM EST
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-888-243-8092 - ACCESS CODE - A-80M
OUTSIDE THE USA CALL COLLECT AT 313-271-7887

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

PLEASE RETURN ALL UNUSED TICKETS TO AMERICAN EXPRESS
OR YOUR TRAVEL COORDINATOR UPON RETURN FROM TRAVEL
OR WHEN TRIP HAS BEEN CANCELED.

THERE IS A USD39.58 TRANSACTION FEE FOR THIS
RESERVATION.

*** YOUR TRAVEL COUNSELOR IS PAL ***

Airline Record Locators:

Airline Reference	Carrier
343R24	NORTHWEST AIR

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

COMPLETE ALL SHADED AREAS

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. PRESIDENTIAL TRAVEL ☒ FIRST LADY TRAVEL ☐ (check one)		2. Type of Travel ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.															
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) WARSH, KEVIN M.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM (Start Date) 3/10/05 b. TO (end date) 3/11/05															
	c. MAILING ADDRESS (Include ZIP CODE) NEC, THE WHITE HOUSE WDC 20502			d. OFFICE TELEPHONE NO. 456-5406 e. HOME TELEPHONE NO. (b)(6)		7. TRAVEL AUTHORIZATION a. NUMBER(S) T55100016 b. DATE(S) 3/10-11/05															
	f. PRESENT DUTY STATION EEOB (WHO-NEC)			g. RESIDENCE (City and State) WASHINGTON DC		11. TYPE OFFICIAL Political Mixed (Check one) 3/10-11/05															
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: Check Cash) d. Balance Outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ 10. Event City/State MEMPHIS, TN																	
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). (Check one) COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS)		I hereby assign to 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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)</th> <th rowspan="2">ISSUING CARRIER (Initials)</th> <th rowspan="2">MODE, CLASS OF SERVICE AND ACCOMMODATION</th> <th rowspan="2">DATE ISSUED</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 150px; vertical-align: bottom; text-align: center;">(ATTACH AIRLINE/TRAIN TICKET COPY)</td> </tr> </tbody> </table>						AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATION	DATE ISSUED	POINTS OF TRAVEL		From	To	(ATTACH AIRLINE/TRAIN TICKET COPY)					
AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATION	DATE ISSUED	POINTS OF TRAVEL																	
				From	To																
(ATTACH AIRLINE/TRAIN TICKET COPY)																					
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 during the period covered by this voucher. TRAVELER SIGN HERE DATE 3/16/05		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 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 of agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE DATE 4/26/05 15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		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): d. NET TO TRAVELER 101.25																			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE		18. ACCOUNTING CLASSIFICATION																			

07/25/05

ACCOUNTING DETAIL

Doc No:

3-10. TN

Copyright 2003 Gelco Information Network, Inc.

WARSH, KEVIN

(b)(6)

ACCOUNTING CLASS CODE

TRIP 1

(b)(7)f			330.40
			48.00
			53.25
	0.00	0.00	431.65
	(b)(7)f		

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----	431.65
NON-REIMBURSABLE EXPENSES -----	330.40
	=====
TOTAL AMOUNT CLAIMED -----	101.25
GOV'T ADVANCE OUTSTANDING --	0.00
GOV'T ADVANCE APPLIED -----	0.00

	0.00
	=====
NET TO TRAVELER (GOVT) -----	101.25
GOV'T CHARGE CARD EXPENSES -	0.00
GOV'T CHARGE CARD ATM ADV --	0.00
ADD'L GOV'T CHARGE CARD PYMT	
	0.00
	=====
TOTAL GOV'T CHARGE CARD AMT	0.00
PAY TO GOV'T CHARGE CARD -----	0.00
PAY TO TRAVELER -----	101.25

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)								Complete this information if this is a continuation sheet.	
	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.								PAGE <u>2</u> OF <u>1</u> PAGES TRIP#	
									TRAVEL AUTHORIZATION NO. T5JN00016	
								TRAVELER'S LAST NAME WARSH		

DATE 05 20	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
03/10		D-:Washington, DC											
03/10		Airline Flight											
03/10		A-:MEMPHIS, TN				32.25			32.25			32.25	
03/10		TAXI											18.00
03/10		TAXI											30.00
03/11		Subsistence				21.00			21.00			21.00	
03/12		Subsistence											
03/13		D-:MEMPHIS, TN											
03/13		A:Washington, DC											
03/13		Subsistence											
	</												

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

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 101.25

TRAVEL VOUCHER

(b)(6)

WARSH, KEVIN

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)

T5JN00016 03/08/2005

ACCOUNTING CLASSIFICATION :

(b)(7)f

101.25 NR-

07/25/05

DOCUMENT HISTORY

Copyright 2003 Gelco Information Network GSD, Inc.

Voucher: 3-10, TN

WARSH, KEVIN

(b)(6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	07/25/2005	3:41PM	RICHARD WARD

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

SIGNED

DATE

TAPE RECEIPTS TO BLANK SHEET OF PAPER

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELERS (Unlisted items are self-explanatory)

- (a) Please attach copies of airline/train tickets, not boarding passes.
- (b) Personal vehicle only, not rental cars
- (c) Show expenses, such as taxi/limousine fares, airfare (if purchased with cash), Local or long distance telephone calls for Government business, car rental, other Miscellaneous expenses. Do not total columns.

Please be sure to sign voucher on the front on line 13.

- (a) Please attach copies of airline/train tickets, not boarding passes.
- (b) Personal vehicle only, not rental cars
- (c) Show expenses, such as taxi/limousine fares, airfare (if purchased with cash), Local or long distance telephone calls for Government business, car rental, other Miscellaneous expenses. Do not total columns.

Please be sure to sign voucher on the front on line 13.

Complete this
Information PAGE 2
If this is a
Continuation OF
sheet 2 PAGES

TRAVELER'S AUTHORIZATION NO.
TSIN 00066

TRAVELER'S LAST NAME
WARSH

PAGE 2

OF PAGES

TRAVELER'S AUTHORIZTION NO.

75 JAN 00 1966

TRAVELER'S LAST NAME

WARSH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, return itinerary)	ITEMIZED SUBSISTENCE EXPENSES										MILEAGE RATE		AMOUNT CLAIMED						
			MEALS				MISC SUBSIS- TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES (b)	MILEAGE	SUBSIS- TENCE	OTHER								
			BREAK- FAST	LUNCH	DINNER	TOTAL							(c)								
3/10	11:30AM	TAXI: HILL																18	00		
		TO AIRPORT																			
3/11		TAXI: HOTEL																30	00		
		TO AIRPORT																			
												SUBTOTALS▶									
												TOTALS▶							0.00	0.00	0.00

If additional space is required, continue on another form BACK leaving the front blank.

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

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

TOTAL
AMOUNT $\downarrow$
CLAIMED

\$48.00

KEVIN WAKSA : MEMPHIS 3/10/05

(K)



TAXICAB RECEIPT

Time: 11:30 AM

Date: 3/10/05

Origin of trip: Senate

Destination: DC Nat'l

Fare: \$18 Sign: _____

PHILLIPS COUNTY TRANSPORTATION INC
700 MARTIN LUTHER KING DR
POST OFFICE BOX 2628
WEST HELENA, AR 72390

PH: 901-489-3890
870-572-5739

DATE: 3-11-05

TRAVEL RECEIPT.

Customer Name Radlesson # of Customer 1
Pick location 2 Drop location Airport
Amount of Fare \$ 30.00 Charge Account Yes
No
"10% Service Charge will be applied to your account"
Type of Credit Card _____
Credit Card Number _____
Expiration Date _____
Approval Number _____
Credit Card User Phone # _____ Home _____ Work _____
Driver Name Felix
Customer Signature _____

Group, Corporate or Individual Account is Welcome

THANK YOU
WE APPRECIATE YOUR BUSINESS