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Management and Administration, White House Office of

Ward, Rich - Travel Files

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	26	20	4	3	8695	21558	3137	3266

Folder Title:

Warsh, Kevin

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Form	Travel Voucher	1	09/24/2003	P6/b6;
002	Form	SF 1012	1	09/23/2003	P6/b6; b7f;
003	Invoice	[Invoice]	2	10/16/2003	P6/b6; b7f;
004	Form	Travel Authorization	1	02/19/2003	P6/b6;
005	Form	Travel Voucher	1	03/05/2003	P6/b6;
006	Form	SF 1012	1	02/20/2003	P6/b6; b7f;
007	Invoice	[Invoice]	2	03/11/2003	P6/b6; b7f;

COLLECTION TITLE:
Management and Administration, White House Office of

SERIES:
Ward, Rich - Travel Files

FOLDER TITLE:
Warsh, Kevin

FRC ID:
8695

RESTRICTION CODES

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

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

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

Deed of Gift Restrictions

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

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

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

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.

TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

EXEC. OFC. PRESIDENT
WH. ADMIN. OFC.
2003 SEP 22 PM 3:34

DATE OF REQUEST: 9/23/03

TRAVEL AUTHORIZATION NUMBER: T3JN000371

Please Print

Last Name	First Name		
Warsh	Kevin		
Extension: 65406	**Room:** 593	**Title:** Spec. Asst. to the Pres.	**Office:** NEC/OPD
Contact Person: *please print* Marty 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):*

POTUS NYC event briefing

DEPARTURE:			RETURN:		
Date:	**Time:**	**Mode:**	**Date:**	**Time:**	**Mode:**
9/23/03	7:30 PM	Delta AL	9/24/03	PM	AF 1

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

Origin: Washington, DC

Destination: NYC, NY

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:	OWN APT.	**Per Diem:**	$69.00	**Privately Owned Vehicle:**	
Air Fare:	$41.50	**Taxi:**		**Standard Vehicle Rental:**	
Train Fare:		**Mini-Van Rental:**		**TOTAL ESTIMATED EXPENSES:**	$110.50

ok KWP

APPROVING SIGNATURES:

Office Head: for SF	**Chief of Staff or Designee:**
White House Management:	**Political Travel:**

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

AirMAIL AirMAIL AirMAIL AirMAIL AirMAIL AirMAIL AirMAIL AirMAIL AirMAIL

Corporate Services

Record Locator : T9N086
Agent ID : 71
Generated On : 9/23/03 @ 08:50 AM Page : 1

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

"Itinerary Only"

Travel arrangements
prepared exclusively for :

Kevin Warsh

September 23, 2003 **Tuesday**

DELTA AIR LINES Flight: **1766** Class - COACH Boeing 737 **CONFIRMED**
From : **Washington Reagan, D** **DEPARTING AT 7:30 PM** NON-SMOKING SNACK Flight time: 01:03
To : **New York Lga, NY** **ARRIVING AT 8:33 PM** 214 Miles
Departure Terminal: DCA TERMINAL B -
Arrival Terminal: LGA TERMINAL Z

AIRFARE IS USD $ 41.50
FOR ASSISTANCE DURING 8AM - 6PM EST
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-800-354-2400 - ACCESS CODE - A-8OM
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 USD39.91 TRANSACTION FEE FOR THIS
RESERVATION.
*** YOUR TRAVEL COUNSELOR IS PAL ***
.....

Airline Record Locators:

Airline Reference	Carrier
PNY4ST	DELTA AIR LINES

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

COMPLETE ALL SHADED AREAS

TRAVEL VOUCHER *(Read the Privacy Act Statement on the back)*

1. PRESIDENTIAL TRAVEL ☐ EXEC. OFC. PRESIDENT
FIRST LADY TRAVEL ☐ W.H. ADMIN.
(check one)

2003 OCT 15 AM 11:27

2. Type of Travel
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO. T3JN00037

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME *(Last, first, middle initial)*: WARSH, KEVIN M.
b. SOCIAL SECURITY NO.: (b)(6)
c. MAILING ADDRESS *(Include ZIP CODE)*: (b)(6)
d. OFFICE TELEPHONE NO.: 456-5406
e. HOME TELPHONE NO.:
f. PRESENT DUTY STATION:
g. RESIDENCE *(City and State)*: WASHINGTON DC

6. PERIOD OF TRAVEL
a. FROM (Start Date): 9/23/03
b. TO (end date): 9/24/03

7. TRAVEL AUTHORIZATION
a. NUMBER(S): T3JN00037
b. DATE(S): 9/23-24/03

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

11. TYPE
OFFICIAL
Political
Mixed
(Check one)
Event Date/s: 9/24/03

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANS-PORTATION 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 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**

AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	**ISSUING CARRIER (Initials)**	**MODE, CLASS OF SERVICE AND ACCOMO-DATION**	**DATE ISSUED**	**POINTS OF TRAVEL From**	**To**
				Wash, DC	NYC, NY

(Check one)
COMMERCIAL AIR
MILITARY AIR
PRESS CHARTER
TRAIN
PERSONAL CAR
RENTAL CAR
(ATTACH RECEIPTS)
(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 10/09/03

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).**

$ 78 60

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 ➧ K Hennessey for SF DATE 10/10/03

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 10/16/03

18. ACCOUNTING CLASSIFICATION

17. *FOR FINANCE OFFICE USE ONLY*
COMPUTATION

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

a. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's Initials:* $

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

d. **NET TO TRAVELER** ➧ $ 78 60

Travel Voucher White House Advance

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. T3JN00037

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: WARSH, KEVIN

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

6. PERIOD OF TRAVEL
a. FROM
b. TO

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S): T3JN00037
b. DATE(S): 09/24/2003

e. PRESENT DUTY STATION: Washington, DC 20007

f. RESIDENCE *(City and State)*: Washington, DC

10. CHECK NO.

8. TRAVEL ADVANCE

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

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE

11. PAID BY
M30923
100% OFFICIAL
NYC

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See Attached Ticket 1 41.50				DCA-Ronald Reagan	LGA-New York - LaGu
ACCOUNTING CLASSIFICATION: (b)(7)f		78.60	NR-	42.00	
COMMENTS: Trip Number 1 one way DC-NYC; returning via AF One					

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 ▶ 78.60

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

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

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

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

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

d. NET TO TRAVELER ▶ $ 78.60

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(Unlisted items are self explanatory)

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

Complete only for actual expense travel

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

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

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

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

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

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

TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO. T3JN00037

TRAVELER'S LAST NAME WARSH

DATE 19 03 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/23		D-:Washington, DC											
09/23		Airline Flight											
09/23		A-:MANHATTAN BOROU				22 50			22.50			22 50	
09/23		Highway/Bridge Tolls											4 00
09/23		TAXI											29 60
09/24		D-:MANHATTAN BOROU											
09/24		A:Washington, DC											
09/24		Subsistence				22 50			22.50			22 50	
									SUBTOTALS ▶		0 00	45 00	33 60
									TOTALS ▶		0 00	45 00	33 60

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 ▶ 78.60

STANDARD FORM 1012 BACK (10-77)

ACCOUNTING CLASS CODE			TRIP 1
			41.50
			33.60
			45.00
(b)(7)f	0.00	0.00	120.10

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		120.10
NON-REIMBURSABLE EXPENSES		41.50
TOTAL AMOUNT CLAIMED		78.60
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		78.60
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		78.60

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	10/16/2003	9:52AM	Kathy Prendergast
SIGNED	10/16/2003	9:54AM	Kathy Prendergast

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 ____ OF PAGES

TRAVELER'S AUTHORIAZTION NO.

T3JN500037

TRAVELER'S LAST NAME

WARSH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, return itinerary)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAK-FAST	LUNCH	DINNER	TOTAL	MISC SUBSIS-TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE NO. OF MILES (b)	AMOUNT CLAIMED: MILEAGE	SUBSIS-TENCE	OTHER (c)
~~9/23/03~~													
9/23/03	21:30	AIRPORT TO CITY											24 00
"	21:43	BRIDGE TOLL											4 50
9/24/03	11:29	CITY TO AIRPORT											5 60
									SUBTOTALS				33 60
									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 CLAIMED 33.60

KEVIN WARSH

NY TRIP (POTUS) 9/23 -24/03

MED # 5E84

09/23/03 TR 5334
START END MILES
21:30 21:56 10.0
FARE : $ 18.50
EXTRA: $ 0.50
TOTAL: $ 19.00
THANKS
CONSUMER HOTLINE
212 NYC-TAXI

#24

AIRPORT TO NYC

24.00
4.00
28.00

JFK → NY

MTA BRIDGES AND TUNNELS

TRIBOROUGH BRIDGE MANHATTAN PLAZA

COL PT	DATE	TIME	OPER. ID	AMOUNT
08	09/23/03	21:43	02452	$04.00

NY Apt → Mtg

I ♡ NEW YORK
MED # 1S34
TRIP # 4606
ST. TIME 11:29AM
END TIME 11:43AM
DATE SEP-24-03
DIST 1.19
FARE $ 5.60
CONSUMER HOTLINE
(212) NYC-TAXI

APT. TO MTG: 5.60

33.60

TRAVEL AUTHORIZATION

EXEC. OFC. PRESIDENT
WASH. D.C.

WHITE HOUSE OFFICE 2003 FEB 19 PM 3:59

DATE OF REQUEST: 2-19-03

Please Print

TRAVEL AUTHORIZATION NUMBER: T3JN000184

Last Name	First Name		
Warsh	Kevin		
Extension: 65406	**Room:** 593	**Title:** Special Assist. to Pres. for Econ	**Office:** OPD-NEC
Contact Person: *please print* Marty Smith or Caroline Boeckel			**Extension:** 65333 or 62800

ATTACHMENTS:

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

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

To attend the event at the Federal Reserve Bank of New York with Stephen Friedman and discuss the President's growth and jobs package.

DEPARTURE:			RETURN:		
Date:	**Time:**	**Mode:**	**Date:**	**Time:**	**Mode:**
2-20-03	2:30 PM	Delta Airlines	2-21-03	3:30 PM	Delta Airlines

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

Origin: ~~DCA~~ Washington, DC

Destination: New York, La Guardia

Return to: ~~DCA~~ 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:	(b)(6)	**Per Diem:**	$69.00	**Privately Owned Vehicle:**	
Air Fare:	$86.50	**Taxi:**		**Standard Vehicle Rental:**	
Train Fare:		**Mini-Van Rental:**		**TOTAL ESTIMATED EXPENSES:**	$155.50

ok kmp

APPROVING SIGNATURES:

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

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

The Partnership for New York City

invites you to join business leaders for a special address by

Stephen Friedman

Assistant to the President for Economic Policy and
Director of the National Economic Council

Mr. Friedman will discuss President Bush's growth and jobs package.

Friday, February 21, 2003

8 a.m. - 9: 30 a.m.

The Federal Reserve Bank of New York
33 Liberty Street
New York City
Conference Center, 12th Floor

R.S.V.P. Required

To R.S.V.P. call Partnership Events at 212.493.7472
or register online at www.nycp.org/events

Stephen Friedman is Assistant to the President for Economic Policy and Director of the National Economic Council (NEC). The NEC was established in 1993 within the Office of Policy Development and is part of the Executive Office of the President. It was created for the purpose of advising the President on matters related to U.S. and global economic policy. By Executive Order, the NEC has four principal functions: to coordinate policy-making for domestic and international economic issues, to coordinate economic policy advice for the President, to ensure that policy decisions and programs are consistent with the President's economic goals, and to monitor implementation of the President's economic policy agenda.

The purview of the NEC extends to policy matters affecting the various sectors of the nation's economy as well as the overall strength of the U.S. and global macro-economies. Therefore, the membership of the NEC comprises numerous department and agency heads within the administration, whose policy jurisdictions impact the nation's economy. Director Friedman works in conjunction with these officials to coordinate and implement the President's economic policy objectives. He is also supported in his capacity as an adviser to President Bush by a staff of policy specialists whose expertise pertains to the council's specific areas of decision-making.

Attention :	Mr. Kevin Warsh	Record Locator :	S4QJ0U
Fax Number :	12024562223	Agent ID :	72
Generated On :	2/19/03 @ 10:17 AM	Page :	1

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

Account Name
AMERICAN EXPRESS TRAVEL
AMERICAN EXPRESS TRAVEL 00000

Travel arrangements
prepared exclusively for :
Kevin Warsh

February 20, 2003 **Thursday**

DELTA AIR LINES Flight: **1756** COACH - Class 738 **CONFIRMED**
From : **WASH/REAGAN** **DEPARTING AT 2:30 PM** NON-SMOKING SNACK Flight time: 01:05
To : **NYC LAGUARDIA** **ARRIVING AT 3:35 PM** 214 Miles
Departure Terminal: DCA TERMINAL B -
Arrival Terminal: LGA TERMINAL Z

February 21, 2003 **Friday**

DELTA AIR LINES Flight: **1759** COACH - Class Boeing 737 **CONFIRMED**
From : **NYC LAGUARDIA** **DEPARTING AT 3:30 PM** NON-SMOKING SNACK Flight time: 01:10
To : **WASH/REAGAN** **ARRIVING AT 4:40 PM** 214 Miles
Departure Terminal: LGA TERMINAL Z -
Arrival Terminal: DCA TERMINAL B

"Itinerary Only"

FOR ASSISTANCE DURING 8AM - 6PM EST
CALL 866-596-2769
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-800-354-2400 - ACCESS CODE - A-8OM
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 USD39.91 TRANSACTION FEE FOR THIS
RESERVATION.
**** YOUR TRAVEL COUNSELOR IS ALEX ****

TTL FARE IS $86.50 INCL TAX - THANK YOU -

Airline Record Locators:

Airline Reference	Carrier
3ABQES	DELTA AIR LINES

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

COMPLETE ALL SHADED AREAS

EXEC OFC PRESIDENT

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. PRESIDENTIAL TRAVEL ☐ FIRST LADY TRAVEL ☐ (check one)	2. Type of Travel ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	3. VOUCHER NO. T3JN 00018 4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL a. FROM (Start Date)	b. TO (end date)
WARSH, KEVIN M.	(b)(6)	2/20/03	2/20/03
c. MAILING ADDRESS (Include ZIP CODE) (b)(6)	d. OFFICE TELEPHONE NO. 456-5406 e. HOME TELPHONE NO.	7. TRAVEL AUTHORIZATION a. NUMBER(S) T3JN 00018	b. DATE(S) 2/20-21/03
f. PRESENT DUTY STATION	g. RESIDENCE (City and State) WASHINGTON DC	11. TYPE ~~OFFICIAL~~ Political Mixed (Check one)	
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	Event Date/s 2/20/03

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANS-PORTATION 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 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**

(Check one)	AGENT'S VALUATION OF TICKET (COMMERCIAL AIR) (a)	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMO-DATION	DATE ISSUED	POINTS OF TRAVEL From	POINTS OF TRAVEL To
COMMERCIAL AIR MILITARY AIR PRESS CHARTER TRAIN PERSONAL CAR RENTAL CAR (ATTACH RECEIPTS)	(ATTACH AIRLINE/TRAIN TICKET COPY)				Washington, DC	New York, NY

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 ➔ Kevin M. Warsh DATE 3/5/03

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).**

$128 00

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

ok Emp

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:* $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ➔ DATE 3/13/03

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

d. **NET TO TRAVELER** ➔ $128 00

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. T3JN00018

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) WARSH, KEVIN

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

6. PERIOD OF TRAVEL
a. FROM 02/20/2003 b. TO 02/21/2003

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) T3JN00018
b. DATE(S) 02/20/2003

e. PRESENT DUTY STATION Washington, DC 20007
Washington, DC

f. RESIDENCE (City and State) Washington, DC

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied 0.00
c. Amount due Government (Attached ☐ Check ☐ Cash) 0.00
D. Balance outstanding

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

11. PAID BY
M30220
100% OFFICIAL
New York, 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)

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See Attached Ticket 1	86.50			DCA-Ronald Reagan	LGA-New York - LaGu
ACCOUNTING CLASSIFICATION: (b)(7)f		128.00	NR-	87.00	

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

TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶ 128.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

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

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

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

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

d. NET TO TRAVELER ▶ $ 128.00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. thru
- *(d)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- *(g)*
- *(h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- *(i)* Complete for per diem and actual expense travel.
- *(j)* Show total subsistence expense incurred for actual expense travel.
- *(m)* Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- *(n)* Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO. T3JN00018

TRAVELER'S LAST NAME WARSH

DATE 19 03 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
02/20		D-:Washington, DC											
02/20		Airline Flight											
02/20		A-:MANHATTAN BOROU				37 50			37.50			37 50	
02/20		TAXI											53 00
02/21		D-:MANHATTAN BOROU											
02/21		A:Washington, DC											
02/21		Subsistence				37 50			37.50			37 50	

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

	MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS ▶	0 00	75 00	53 00
TOTALS ▶	0 00	75 00	53 00

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

TOTAL AMOUNT CLAIMED ▶ 128.00

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

ACCOUNTING CLASS CODE			TRIP 1
			86.50
			53.00
			75.00
(b)(7)f	0.00	0.00	214.50

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		214.50
NON-REIMBURSABLE EXPENSES		86.50
TOTAL AMOUNT CLAIMED		128.00
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		128.00
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		128.00

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	03/11/2003	1:42PM	Kathy Prendergast
SIGNED	03/11/2003	1:45PM	Kathy Prendergast

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 ____ OF PAGES

TRAVELER'S AUTHORIAZTION NO. T3JN00018

TRAVELER'S LAST NAME WALSH

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 (c)
			BREAK-FAST	LUNCH	DINNER	TOTAL							
2/20/03	3:28p	AIRPORT TO HTG (cab)											18 00
2/20/03	6:01p	HTG TO LODGING (cab)											35 00
									SUBTOTALS				53 00
									TOTALS		0 00	0 00	0 00

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

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TOTAL AMOUNT CLAIMED 53.—

Mtg. to Lodging

I ♡ NEW YORK
MEDALLION# 2J83
DATE: 02/20/2003
START TIME 18:01
END TIME 18:50
TRIP # 17056
RATE No. 1
MILES 5.82
FARE $ 15.50
+tip $3

CONSUMER Hotline
(212)-NYC-TAXI

Airport to mtg

I ♡ NEW YORK
MEDALLION# 4H68
DATE: 02/20/2003
START TIME 15:28
END TIME 16:10
TRIP # 14675
RATE No. 1
MILES 15.86
FARE $ 27.20
+toll
+tip $35

CONSUMER Hotline
(212)-NYC-TAXI

EXEC. OFC. PRESIDENT
WH. ADMIN. OFC.
2003 MAY 9 PM 5:04

TRAVEL AUTHORIZATION

WHITE HOUSE OFFICE

DATE OF REQUEST: 5/09/03

TRAVEL AUTHORIZATION NUMBER: T3JN00030

Please Print

Last Name	First Name
WARSH	KEVIN

Extension:	Room:	Title:	Office:
65406	593	SPEC. ASST TO THE PRES. FOR ECON. POL.	NEC/OPD

Contact Person: *please print*	Extension:
MARTY SMITH	65333

ATTACHMENTS:

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

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

POLICY BACKGROUND FOR PRESIDENT'S REMARKS IN INDIANAPOLIS

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date: 5/13/03	Time: PM	Mode: AF One
5/12/03	1:45pm	US AIRWAYS			

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

Origin: WDC

Destination: INDIANAPOLIS, IN

Return to: WDC

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:	thru KB	Per Diem:	$60.00	Privately Owned Vehicle:	
Air Fare:	303.—	Taxi:		Standard Vehicle Rental:	
Train Fare:		Mini-Van Rental:		TOTAL ESTIMATED EXPENSES:	$363.00

APPROVING SIGNATURES:

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

(REV. 1/02)

ORIGINAL (WH MANAGEMENT COPY)

AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX

American Express Corporate Services

Attention :	Marty Smith	Record Locator :	ZQBX2W
Fax Number :	12024562223	Agent ID :	83
Generated On :	5/09/03 @ 11:45 AM	Page :	1

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

Account Name
AMERICAN EXPRESS TRAVEL
AMERICAN EXPRESS TRAVEL 00000

Travel arrangements
prepared exclusively for :
Kevin Warsh

May 12, 2003 **Monday**

USAIRWAYS Flight: 4770 COACH - Class Embraer RJ135 Seat : 18D
OPERATED BY US AIRWAYS EXPRESS CHAUTAUQUA AIRLINES
From : Washington Reagan, DC DEPARTING AT 2:00 PM NON-SMOKING No Meal Service Flight time: 01:45
To : Indianapolis, IN ARRIVING AT 2:45 PM 499 Miles
Departure Terminal: DCA TERMINAL C

"Itinerary Only"

AIRFARE IS USD 303.00
FOR ASSISTANCE DURING 8AM - 6PM EST
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FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
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RESERVATION.
**** YOUR TRAVEL COUNSELOR IS ELISABETH ****

Airline Record Locators:

Airline Reference	Carrier
FLAYXV	USAIRWAYS

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