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

Howard, Rothley

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	36	18	7	2	60797	58582		EOP 339

Folder Title:

Cruz, Heidi - USTR FY 2001

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Form	Claim for Reimbursement for Expenditures on Official Business [page 1]	1	08/22/2001	P6/b6;
002	Form	Claim for Reimbursement for Expenditures on Official Business	1	07/12/2001	P6/b6;

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

SERIES:
Howard, Rothley

FOLDER TITLE:
Cruz, Heidi - USTR FY 2001

FRC ID:
60797

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 advice 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.

This document was prepared on Friday, December 29, 2017

2015-0093-F
2015-0311-F

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: USTR FINANCIAL MANAGEMENT DIVISION

2. VOUCHER NUMBER

3. SCHEDULE NUMBER: PMTRIC0001016

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

2001 AUG 27 PM 2:04

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): Cruz, Heidi

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

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

d. OFFICE TELEPHONE NUMBER: 202-395-6850

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

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

(Explain expenditures in specific detail.)

DATE 19___ (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7-10-01	A	600 17th, St., NW	1990 M. St.			5 00		
7-10-01	A	600 17th, St., NW	1990 M. St.			6 00		
7-17-01	A	600 17th St., NW	National Press Club			6 00		
7-17-01	A	Natl Press Club	600 17th St., NW			6 00		
8-1-01	C	Parking - Economic lunch mtg w/ Malpass				9 00		

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 32 00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 32.00

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

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 8/22/01

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE:

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

Sign Original Only

CLAIMANT SIGN HERE: [signature] DATE: 8-17-01

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

F32.00 1110400-210100-C1024-110100 2100000

1164-210

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

6. EXPENDITURES—*Continued*

DATE 19__ (a)	CODE (b)	Show appropriate code in col. (b): A—Local travel, B—Telephone or telegraph, or C—Other Expenses *(itemized)* *(Explain expenditures in specific detail.)* (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
			Total each column and enter on the front, subtotal line ▶					

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. Chapter 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 other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency 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 taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or 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.

Heidi Cruz

Taxi Cab Receipts

DATE: 7/10/01 TIME: 12:30

TRIP ORIGIN: 600 17th St

DESTINATION: 1990 M St.

FARE: $ 5.00 SIGNATURE: [signature]

Hernandez

TAXI CAB FARE RECEIPT

Date 7/10/01 Cab No. .....

Point of Origin 600 17th

Destination 1990 M St.

AMOUNT OF FARE $ 6.00

DRIVER'S NAME .....

WHEN YOU NEED A CAB CALL

TAXI TRANSPORTATION

FOR FAST, COURTEOUS SERVICE

24 HOURS A DAY

398-0500

Heidi Cruz

Taxi Cab Receipts

DATE: 7/17/01 TIME: 2:50pm

TRIP ORIGIN: 600 17th St.

DESTINATION: Natl. Press Club.

FARE: $ 6.00 SIGNATURE

Heidi Cruz

Taxi Cab Receipts

Natl-PressClub

DATE: 7/17/01 TIME: 3:30pm

TRIP ORIGIN: 600 17th St.

DESTINATION: Natl-Press Club

FARE: $ 6.00 SIGNATURE _____

Heidi Nelsa Cruz

DATE 12/1/30

NPS

PARKING RECEIPT $ 9.00

THANK YOU

National Parking
Service, Inc.
1800 M Street, N.W.
Washington, DC
20036
(202) 785-0962
(202) 785-0965

Economic Lunch
Mtng of Malpas

CLW

CASHIER SIGNATURE

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: USTR FINANCIAL MANAGEMENT DIVISION

2. VOUCHER NUMBER:

3. SCHEDULE NUMBER: VPTR1CCCC831

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

5. PAID BY

4. CLAIMANT

a. NAME *(Last, first, middle initial)*: Cruz, Heidi

2001 JUL 12 PM 3:37

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

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

d. OFFICE TELEPHONE NUMBER: 202-395-6850

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 19— (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
6/26/01	A	USTR - 600 17th, NW	Rayburn HOB 2360			10 00		
6/29/01	A	USTR - 600 17, NW	2800 Pennsylvania			10 00		
6/29/01	A	2800 Pennsylvania	USTR - 600 17th, NW			7 00		
3/23/01	A	USTR - 600 17th, NW	2121 Massachusetts, Ave.			6 00		
					PAID			

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or C—Other Expenses *(itemized)*. *(Explain expenditures in specific detail.)*

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 33 00

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* $ 33.00

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

APPROVING OFFICIAL SIGN HERE: J Bessolis — DATE: 7/11/01

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: — DATE:

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

Sign Original Only

CLAIMANT SIGN HERE: [signature] — DATE: 7/10/01

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*:

b. DATE RECEIVED:

c. AMOUNT: $

12. PAYMENT MADE BY CHECK NO.:

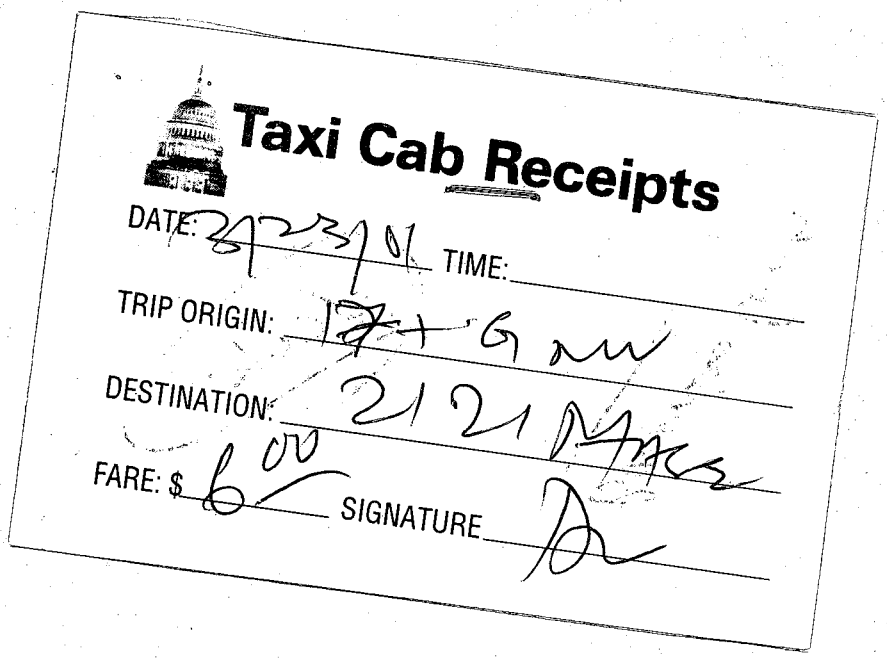
ACCOUNTING CLASSIFICATION

1110400 - 210500 - L102A - 110100

1164-210

$33.00
210000

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



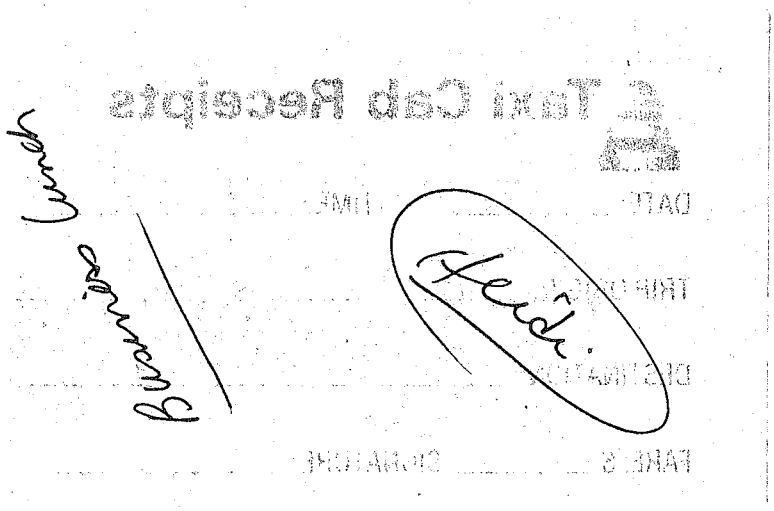
Taxi Cab Receipts

DATE: 2/23/01 TIME:

TRIP ORIGIN: 17th & NW

DESTINATION: 2121 Mass

FARE: $ 6.00 SIGNATURE



Taxi Cab Receipts

Date 6/26/07 Time: 9:30 AM – 12 noon.

Trip Origin: USTR - RHOB 2360

Destination Hill – RHOB

Fare: $ 10.00 Signature A. Cruz

HEIDI CRUZ

TAXICAB RECEIPT

Date: 6/29/01

Time: 1150

Company: USTR

Origin of trip: 600 17th St.

Destination: 2800 Penn / 4 Seasons

Fare: 10.00 Sign. _____

Hope you had a pleasant ride
Thank you for your business

TAXI CAB RECEIPT

Date 6/29/01

CAB FARE FROM: Four Seasons / 2500 Penn.

TO: 600 17th St.

NO. OF PASSENGERS: 1 TOTAL FARE: 7.00

CAB CO. & NO.: _____ DRIVER: _____

HEIDI CRUZ