FOIA Number: 2013-0661-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National Service

Series/Staff Member: Eli Segal

Subseries:

OA/ID Number: 1293

FolderID:

Folder Title:
[4/30 New Orleans Trip] [loose]

Stack:	Row:	Section:	Shelf:	Position:
S	66	2	7	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (1 page)	05/03/1993	b(6)

COLLECTION:
Clinton Presidential Records
National Service
Eli Segal
OA/Box Number: 1293

FOLDER TITLE:
[4/30 New Orleans Trip] [loose]

2013-0661-F
rs2935

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

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TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
NATL SRV

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*
SEGAL, ELI J.

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

6. PERIOD OF TRAVEL
FROM 4/20 b. TO 4/30

c. MAILING ADDRESS *(Include ZIP Code)*
1535 28th St. NW
WASHINGTON, DC 20007

d. OFFICE TELEPHONE NO.
202/456-6444

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 65556 b. DATE(S) 4/29

e. PRESENT DUTY STATION
WASHINGTON, D.C.

f. RESIDENCE *(City and State)*
WASHINGTON, D.C.

10. CHECK NO.

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 $
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 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 (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)

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

TRAVELER SIGN HERE ▶ [signature] DATE 5/3/93 AMOUNT CLAIMED ▶ $ 15 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. 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: TH $ 15 00

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

d. NET TO TRAVELER ▶ $ 15 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 ▶ [signature] DATE 5/6

18. ACCOUNTING CLASSIFICATION

0022 15.00

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

Complete only for actual expense travel

Cols. (d) thru (g) Show amounts 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 if 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 73 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/30	9 AM	Depart W.H.											
4/30	8 PM	Arrive W.H.											
									SUBTOTALS ▶				
									TOTALS ▶				

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

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

TOTAL AMOUNT CLAIMED ▶

PHOTOCOPY PRESERVATION

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 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.

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 65556

Date of Request April 29, 1993

1. **TRAVELER:**

Name: ELI J. SEGAL ☒ White House Staff

Extension: 6444 Room: 145 OEOB ☐ Other: _____

2. **PURPOSE(s) and DATE(s):** Accompany the President for national service legislation speech in New Orleans on April 30, 1993

3. **ITINERARY:** Washington - New Orleans - Washington
(List all cities where stopovers occur.)

4.

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
4/30/93	am	Air Force One	4/30/93	PM	Air Force One

5. **FUNDING SOURCE:**

☒ OFFICIAL ☐ POLITICAL ☐ 501 (c)(3) ☐ OTHER _____

6.

SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
☐ Commercial Car Rental ☐ Taxi	☐ Yes ☐ No ☐ Amount $_____
☐ Hotel Name: _____	Recipient's Signature: _____
☐ Other: _____	Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** E J Segal
(I have read and agree to the terms set forth on the reverse side.)

8. **APPROVING SIGNATURES:**

Office Head: _____

Approving Official (Political or Foreign Travel): _____

Special Assistant to the President and Director of White House Operations: Catherine A. Cornell

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

Control No.: _____ Account: _____

(REV. 6/21/89)

585 $75 C314 **ORIGINAL (Return with Voucher)**

THIS APPROVAL IS SUBJECT TO ALL APPLICABLE GOVERNMENT LAWS AND REGULATIONS AS WELL AS THE FOLLOWING ADMINISTRATIVE TRAVEL POLICIES

1. ADVANCES FOR OFFICIAL TRAVEL ONLY

   Cash travel advances will not be provided for political trips.

   Advances will not be provided to anyone with an outstanding unaccounted-for advance.

   Advances over $250 require 48-hour notice to White House Administrative Office, Extension 2500.

2. ADVANCES TO BE REPAID FROM SALARY AFTER 15 DAYS

   Any travel advance which is neither repaid nor accounted for in full by an expense voucher within 15 days after return may be deducted from the staff member's salary.

3. GOVERNMENT TICKETS FOR OFFICIAL TRAVEL ONLY

   Government-issued tickets shall be used for official trips only (i.e., no political or personal travel). The entire cost of any government-issued tickets that are used for unofficial travel will be considered a personal travel advance and treated accordingly.

4. TO OBTAIN REIMBURSEMENT, RECEIPTS ARE REQUIRED FOR ALL EXPENDITURES REGARDLESS OF THE AMOUNT

5. FOR DETAILED INFORMATION REGARDING TRAVEL REGULATIONS AND POLICIES, PLEASE REFER TO THE WHITE HOUSE TRAVEL HANDBOOK
   (Additional copies available by calling Extension 2500.)

TRAVEL VOUCHER WORKSHEET

TRAVELLER: Segal TRIP #: C314 TA#: 65556

Travel Schedule:	DATES	TIMES	PER DIEM
From:	30-Apr-93	09:00	30.00
To:	30-Apr-93	20:00	

	TOTAL EXPENSES	OFFICIAL	POLITICAL
Per Diem (22):	15.00	15.00	0.00
Hotel (24):	0.00	0.00	0.00
Air/Rail Fare (21):	0.00	0.00	0.00
Taxi (25):	0.00	0.00	0.00
POV Mileage (25):	0.00	0.00	0.00
Autorental (26):	0.00	0.00	0.00
Parking (29):	0.00	0.00	0.00
Phone Calls (52):	0.00	0.00	0.00
Other:	0.00	0.00	0.00
LESS ADVANCE:	0.00	0.00	
	15.00	15.00	0.00

Comments: