Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. receipt	re: travel (partial) (1 page)	01/21/1997	P6/b(6)
002. statement	re: personal (1 page)	n.d.	P6/b(6)
003. statement	re: personal (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17044

FOLDER TITLE:
Travel - Jennings: Princeton, New Jersey January 21, 1997

2011-0747-S
rc396

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]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

[X] TDY [ ] Amendment *(Show items amended)*

[ ] Invitational *(Non EOP Employees Only)* [ ] Relocation

2. Traveler *(First name, middle initial, last name)*
Christopher C. Jennings

3. Title of Traveler
Special Assistant to the President for Health Policy Development

4. AGENCY/DIVISION
DPC/OPD

5. Office Phone
6-5560

6. Official Duty Station
Washington, DC

7. [ ] Per Diem
[ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To speak to the Robert Wood Johnson Foundation on health care

DATE(S): Travel Begin On 1/21/97 Travel End On 1/21/97

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* Princeton, NJ

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
X				

‡ First Class must have approval of Agency Head or Deputy

(b) **Privately Owned Vehicle**

Auto	Other	Rate auth per mile	
			[✓] Determined more advantageous to government *
			[ ] For convenience of traveler NTE common carrier cost

(c) [ ] Gov't Owned Vehicle

(d) [ ] Other (specify)

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 34.00
Transportation	114.00
Rental Car	--
Miscellaneous	30.00
TOTAL	$ 178.00

11. SPECIAL EXPENSE AUTHORIZED

[ ] Registration Fees *(meeting, training, etc.)*
[ ] Commercial Rental Car
[ ] Excess Baggage not to exceed
[ ] Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by
Christopher C. Jennings

15. Accounting data *(Appropriation, division, project, vendor number)*
117 2200 J123A

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*
~~Bruce Reed~~ Assistant to the President for Domestic Policy
~~Leon Panetta~~

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
1/17/97

17. Date
01-13-97

18. Travel Authorization No.
XD7A0007

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a) 14(b)	— —	Signature of Traveler. Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*
Christopher C. Jennings

3. Title of Traveler
Special Assistant to the President for Health Policy Development

4. AGENCY/DIVISION
DPC/OPD

5. Office Phone
6-5560

6. Official Duty Station
Washington, DC

7. ☐ Per Diem
☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To speak tothe Robert Wood Johnson Foundation on health care

DATE(S): Travel Begin On 1/21/97 Travel End On 1/21/97

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* Princeton, NJ

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
X				

‡ First Class must have approval of Agency Head or Deputy

(b) **Privately Owned Vehicle**

Auto	Other	Rate auth per mile	☐ Determined more advantageous to government * / ☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 34.00
Transportation	114.00
Rental Car	--
Miscellaneous	30.00
TOTAL	$ 178.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by
Christopher C. Jennings

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)*
Bruce Reed, Assistant to the President for Domestic Policy
Joan Ponetta

15. Accounting data *(Appropriation, division, project, vendor number)*
117 2200 J123A

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
A. Williams 1/17/97

17. Date 01-13-97

18. Travel Authorization No.
XD7A0007

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*
Christopher C. Jennings

3. Title of Traveler
Special Assistant to the President for Health Policy Development

4. AGENCY/DIVISION
DPC/OPD

5. Office Phone
6-5560

6. Official Duty Station
Washington, DC

7. ☐ Per Diem
☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To speak tothe Robert Wood Johnson Foundation on health care

DATE(S): Travel Begin On 1/21/97 Travel End On 1/21/97

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* Princeton, NJ

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
X				

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 34.00
Transportation	114.00
Rental Car	--
Miscellaneous	30.00
TOTAL	$ 178.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by
Christopher C. Jennings

15. Accounting data *(Appropriation, division, project, vendor number)*

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*
Bruce Reed
Assistant to the President
Leon Panetta for Domestic Policy

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date
01-13-97

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

TELETICKETING OFFICE

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*

Christopher C. Jennings

3. Title of Traveler

Special Assistant to the President for Health Policy Development

4. AGENCY/DIVISION

DPC/OPD

5. Office Phone	6. Official Duty Station
6-5560	Washington, DC

7. ☐ Per Diem

☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To speak tothe Robert Wood Johnson Foundation on health care

DATE(S): Travel Begin On 1/21/97 Travel End On 1/21/97

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* Princeton, NJ

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
X	—			

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 34.00
Transportation	114.00
Rental Car	--
Miscellaneous	30.00
TOTAL	$ 178.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by

Christopher C. Jennings

15. Accounting data *(Appropriation, division, project, vendor number)*

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)*

Bruce Reed, Assistant to the President
Leon Panetta for Management

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*.

17. Date 01-13-97

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

THE
ROBERT WOOD
JOHNSON
FOUNDATION

December 11, 1996

Chris Jennings
Special Assistant to the President
for Health Policy
The White House
Room 212
Old Executive Office Building
Washington, DC 20502

725 ✈ 955 $109

DC ↓ Princeton/Trenton 137 ↓ 415

Trenton ↓ DC

Dear Chris:

On the behalf of the Foundation, I am delighted to confirm Tuesday, January 21, 1997 for your visit to the Robert Wood Johnson Foundation as a President's Speaker. The informal talk will begin at 11:00 am; you should plan to talk about 20 minutes, then answer questions from our staff. The meeting will continue over lunch until 1:00 pm. You are free to talk on any topic of your choosing, but we would appreciate knowing in advance what your title or subject matter will be so that it can be shared with staff.

Please contact Phyllis Kane, Program Assistant, who will assist you with your travel arrangements between the Foundation and the train station or airport. Phyllis can be reached at 609-243-5957. I have enclosed an expense report form which should be submitted to Phyllis along with original receipts. The Foundation also offers a $500 honorarium for your visit. For accounting purposes, we will need your Social Security Number. I would also appreciate receiving a copy of your CV.

We look forward to your visit on January 21. Please call me if you have any questions.

Sincerely,

CJ-
Thanks again... it's going to be great having you here!
J-

Judith Y. Whang
Program Officer

cc: Steve Schroeder, M.D.
Rush Russell
Phyllis Kane

Office of the President
Route 1 and College Road East Post Office Box 2316 Princeton, New Jersey 08543-2316 (609) 452-8701

The Robert Wood Johnson Foundation
Consultant Expense Report

Name:_____ **Dates: From** _____ **To**_____

Purpose:_____

_____

EXPENSES INCURRED* (CHECK (X) IF ROUND TRIP) ***OUT OF POCKET***

( ) Economy Air Fare: From_____ To_____ $_____

( ) Railroad Fare: From_____ To_____ $_____

( ) Auto: Miles ____ @ .31 From_____ To_____ $_____

Car Rental $_____

Tolls_____ Parking_____ $_____

Limousines and Taxis $_____

Lodging (includes meals, etc., shown on hotel receipt) $_____

Meals $_____

Gratuities $_____

Entertainment** $_____

Other Expenses (SPECIFY) _____ $_____

_____ $_____

TOTAL EXPENSES **$** _____

*** Attach original receipts and itemize.**

**** If entertainment expenses are incurred, attach separate statement showing date, nature and purpose of expense, time and place, names of persons entertained, and amounts.**

Checked _____

Approved_____

Account _____

Amt. Disc._____

- P - A - I - D -

Date_____ Check No._____

Signature_____ Date_____

Mail Check To:_____

_____

Consultant's S.S.#_____

Consultant's Travel Authorized By:

_____

Mail To: The Robert Wood Johnson Foundation
Post Office Box 2316
Princeton, New Jersey 08543-2316

ATTENTION:

REV: 9/96

GUIDELINES ON REVERSE SIDE

Consultant Expense Reimbursement Guidelines

The following is intended as a guide to consultants in submitting expenses for reimbursement to The Robert Wood Johnson Foundation.

1. The Foundation encourages staff and consultants to use moderately priced hotels.
2. The Foundation will reimburse for economy travel only. (Extenuating circumstances will be considered, but must be approved by the Executive Vice President of the Foundation in advance.)
3. The consultant is expected to pay out-of-pocket all ground travel expenses (car rental, limousine, or taxi service) from airports or railroad stations. Receipts are required for reimbursement of Princeton area limo or taxi service, and should be obtained when possible in other locales.
4. When the Foundation has made a guaranteed hotel reservation for a consultant, it is the consultant's responsibility to notify either the individual at the Foundation who made the reservation, or the hotel directly if it is necessary to cancel the reservation.
5. The foundation will not reimburse expenses of a personal nature (i.e., personal phone calls, laundry, valet service, or movies).
6. The Foundation will not reimburse automobile insurance on rental cars for collision since this is covered under our current automobile policy.
7. Government regulations require that we have Social Security numbers for all consultants. Please be sure this is completed on the expense report form in the space provided.
8. Expenses should be itemized and original receipts and tickets attached.
9. Only out-of-pocket expenses will be reimbursed (i.e., value of frequent flyer coupons will not be paid).

All expenses should be submitted within 15 days of the site visit/ proposal review/conference attendance. Expense reports should be sent to the attention of the responsible Program Officer.

Ashley L. Raines
03/01/97 05:45:55 PM

Record Type: Record

To: Irene Yeh/OPD/EOP

cc:
Subject: Travel ?

I received a travel voucher for XD7a0007 for Chris's trip to Princeton, NJ. Did he pay for the train ticket himself? Usually American Express (our travel office) bills us. If he did pay for it, I need a receipt.

In the future when you complete the itemized expenses on the 2nd page of the voucher, please list in the description what the expense relates to instead of putting all of the expenses on one line and putting comments at the bottom. For example:

Date	Description	Subsis.	Other
1/21	Parking at train station		10.00
	Subsistence	17.00	

Ask Dorothy to show you an example for more information.

Let me know if you have any questions. Thanks for your help!

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. receipt	re: travel (partial) (1 page)	01/21/1997	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17044

FOLDER TITLE:
Travel - Jennings: Princeton, New Jersey January 21, 1997

2011-0747-S
rc396

RESTRICTION CODES

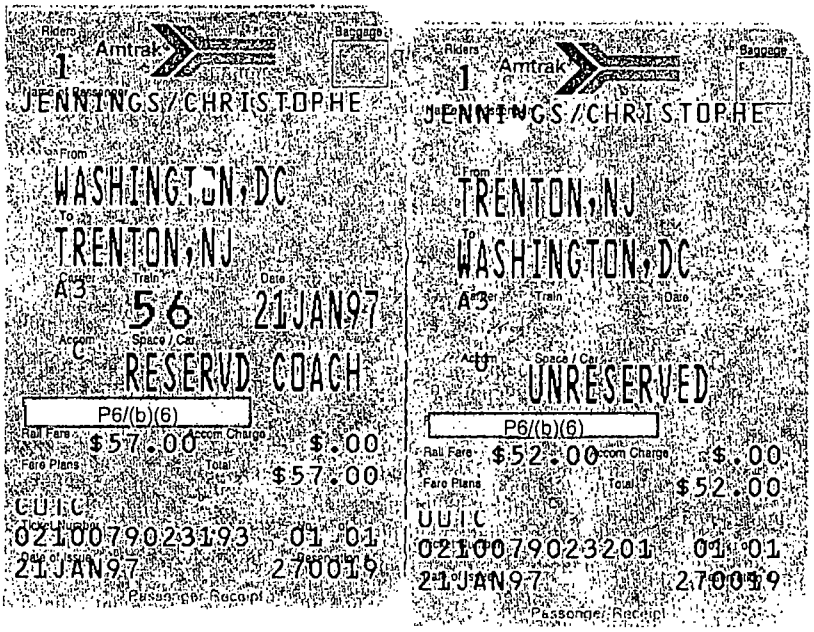
Presidential Records Act - [44 U.S.C. 2204(a)]

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]



Amtrak

Riders 1 Baggage

JENNINGS/CHRISTOPHE

From WASHINGTON,DC

To TRENTON,NJ

Agent A3 Train 56 Date 21JAN97

Accom C Space / Car RESERVD COACH

P6/(b)(6)

Rail Fare $57.00 Accom Charge $.00

Fare Plans Total $57.00

CUIC

02100790231193 01 01

21JAN97 270019

Passenger Receipt

Amtrak

Riders 1 Baggage

JENNINGS/CHRISTOPHE

From TRENTON,NJ

To WASHINGTON,DC

Agent A3 Train Date

Accom U Space / Car UNRESERVED

P6/(b)(6)

Rail Fare $52.00 Accom Charge $.00

Fare Plans Total $52.00

UUIC

02100790232O1 01 01

21JAN97 270019

Passenger Receipt

[0013]

CENTRAL PARKING
UNION STATION
PARKING GARAGE

TRAVEL VOUCHER

(Read the 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.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: Jennings, Christopher C.

b. SOCIAL SECURITY NO.:

c. MAILING ADDRESS *(Include ZIP Code)*: OEOB - Room 212

d. OFFICE TELEPHONE NO: 6-5560

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE *(City and State)*: Arlington, VA

6. PERIOD OF TRAVEL
a. FROM
b. TO

7. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATE(S)

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)
0210079023193	$57.00	Amtrack	Coach	1/11/97	Washington, DC	Trenton, NJ
0210079023201	$52.00	Amtrack	Coach	1/21/97	Trenton, NJ	Washington, DC

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 2-12-97 AMOUNT CLAIMED ▶ $136 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

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

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 ▶ $

18. ACCOUNTING CLASSIFICATION

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

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 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 97 (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)	LUNCH (e)	DINNER (f)	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)
1/21	7:25am	leave Washington, DC				17 00	10 00*					27 00	109 00**
	9:55am	arrive Trenton, NJ											
1/21	12:25pm	leave Trenton, NJ											
	3:15pm	arrive Washington, DC											

*Expense incurred for parking private car at train station

** Cost of round-trip train ticket

SUBTOTALS ▶		27 00	109 00
TOTALS ▶		27 00	109 00

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 ▶

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.

*U.S. Government Printing Office: 1992 — 312-071/50043

☆ U.S. GOVERNMENT PRINTING OFFICE 1993-346-776

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*
Christopher C. Jennings

3. Title of Traveler
Special Assistant to the President for Health Policy Development

4. AGENCY/DIVISION
DPC/OPD

5. Office Phone
6-5560

6. Official Duty Station
Washington, DC

7. ☐ Per Diem
☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To speak to the Robert Wood Johnson Foundation

DATE(S): Travel Begin On 1/21/97 Travel End On 1/21/97

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* Princeton, NJ

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
X				

‡ First Class must have approval of Agency Head or Deputy.

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 34.00
Transportation	114.00
Rental Car	--
Miscellaneous	30.00
TOTAL	$ 178.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by
Christopher C. Jennings

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*
Bruce Reed, Assistant to the President for Domestic Policy
Leon Panetta

15. Accounting data *(Appropriation, division, project, vendor number)*
117 2200 J123A

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
1/17/97

17. Date
01-13-97

18. Travel Authorization No.
XD7A0007

OA FORM 22

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. statement	re: personal (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17044

FOLDER TITLE:
Travel - Jennings: Princeton, New Jersey January 21, 1997

2011-0747-S
rc396

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. statement	re: personal (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17044

FOLDER TITLE:
Travel - Jennings: Princeton, New Jersey January 21, 1997

2011-0747-S
rc396

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]