

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. invoice	re: travel (partial) (1 page)	02/21/1997	P6/b(6)
001b. invoice	re: travel (partial) (1 page)	02/21/1997	P6/b(6)
002a. form	Standard form 1012 re: travel (partial) (1 page)	04/07/1997	P6/b(6)
002b. invoice	re: travel (partial) (1 page)	02/21/1997	P6/b(6)
003. receipt	re: airplane ticket (partial) (1 page)	02/21/1997	P6/b(6)
004. form	Standard form 1012 re: travel (partial) (1 page)	04/01/1997	P6/b(6)
005. receipt	re: airplane ticket (partial) (1 page)	02/21/1997	P6/b(6)
006. form	Standard form 1012 re: travel (partial) (1 page)	04/01/1997	P6/b(6)
007. receipt	re: airplane ticket (partial) (1 page)	02/21/1997	P6/b(6)
008. 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: Minnesota February 24, 1997

2011-0747-S

rc397

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).

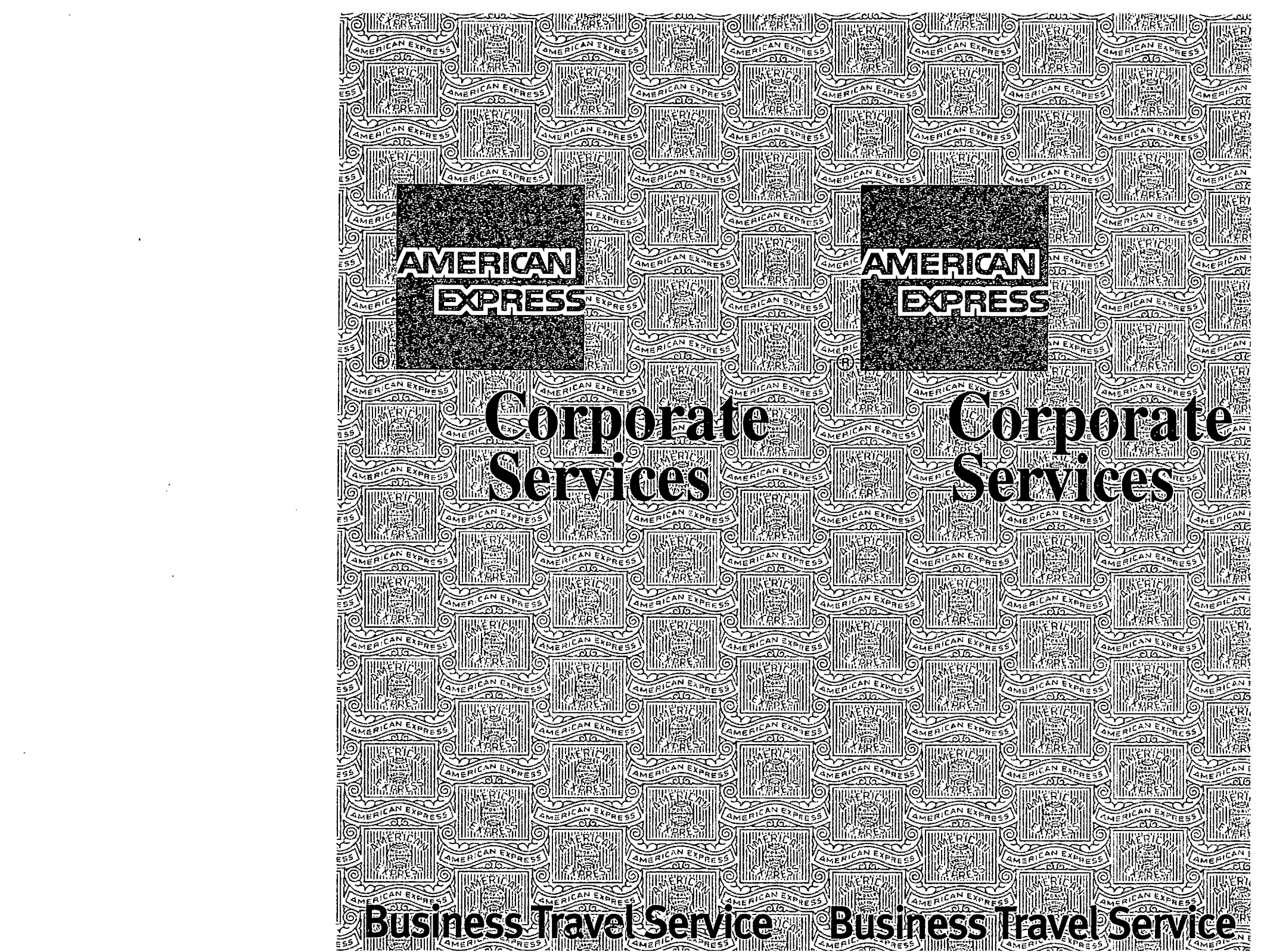
RR. Document will be reviewed upon request.

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b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FRIDAY

2/28

The background of the entire image is a dense, repeating pattern of small American Express logos. Each logo consists of a circular emblem with a centurion on horseback, surrounded by the words "AMERICAN EXPRESS".

**AMERICAN
EXPRESS**

**AMERICAN
EXPRESS**

**Corporate
Services**

**Corporate
Services**

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Business Travel Service

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With American Express® Travel Service, our assistance doesn't stop once your trip begins. We're there for you with over 1,700* travel locations in more than 120 countries. So if something unexpected comes up, feel comfortable knowing we're there to assist you with travel services. Visit any travel network office and, as part of our commitment, we'll provide these services free of office charges:**

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- ✓ Hotel and car rental reservations
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- ✓ Foreign currency exchange
- ✓ American Express Travelers Cheques
- ✓ Emergency American Express Cardmember services

Thank You & Have A Great Trip

* Comprises Travel Service locations of American Express Travel Related Services Company, Inc., its affiliates and Representatives worldwide.

** Service free of charge to customers who have purchased an air ticket, cruise or tour package from any American Express Travel Network location. All of these services are subject to local laws and regulations; all customers are responsible for any charges imposed by travel suppliers and any cost of required long-distance telephone calls and messenger/courier services.

† Travel Financial Services are not available at all offices and are subject to local laws and cash availability.

Emergency Service Hotline

Call toll free from anywhere within the U.S., Canada and the Caribbean:

1-800-847-0242

All other worldwide locations, call collect:

1-313-271-7887

For emergency travel assistance or to make changes to your current itinerary, call these numbers. Please give the travel counselor the hotline access code from your itinerary.

Liability Agreement

American Express Travel Related Services Company, Inc. ("AMEX") acts only as agent in arranging services. All services are furnished by suppliers that are independent.

By utilizing services represented by this itinerary, client agrees that neither Amex nor its parent, affiliates, subsidiaries or Representatives shall be or become liable for any loss, costs, injury, accident or damage to person or property resulting directly or indirectly from (i) the acts or omissions of such suppliers, including, but not limited to, delays or cancellation of services, cessation of operations, breakdown in machinery or equipment or changes in fares, itineraries or schedules, and/or (ii) acts of God, dangers incident to the sea, fire, acts of government or other authorities, wars, acts of terrorism, civil unrest, strikes, riots, thefts, pilferage, epidemics, quarantines, other disease, climatic aberrations, or from any other cause beyond Amex's control.

All services covered by this itinerary are subject to the terms and conditions specified by the suppliers; and client also agrees to those terms and conditions including, without limitation, all cancellation fees.

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you spend on MCI® services*

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To sign up for MCI Residential Service only,
call or mail the coupon below.

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☐ Yes, I want to earn 5 WorldPerks Miles per dollar spent on
MCI Residential Long Distance (and local toll service where
available), (excluding taxes and credit).
Please send me ____ (additional) MCI/Northwest Card(s)
so I can earn miles away from home, too! 444/ADB

Please complete the following:

Name _____

Home Address: _____

City/State/Zip: _____

Home Phone#: - -

Signature^{†††}: _____

Date: _____

^{†††} I authorize MCI to notify my local telephone company that I am choosing MCI as my primary carrier for residential long-distance (and local toll service, where available.) I understand that I can have only one primary carrier for each of these services per telephone number listed on this form, and my local telephone company may apply a small fee for this change. An independent verification company will be calling on behalf of MCI to confirm my request.

Are you a current MCI customer? ☐ Yes (ZNWQ) ☐ No (ZNWA)

WorldPerks No.:

(WorldPerks number required for processing. If you do not have a WorldPerks number, call the 800 number to enroll.)

Please bill me through:

- ☐ My local phone company ☐ First Bank WorldPerks VISA Card+
☐ American Express ☐ VISA or MasterCard

Credit Card Number _____

Exp. Date / / _____

Cardholder's Signature[^] _____

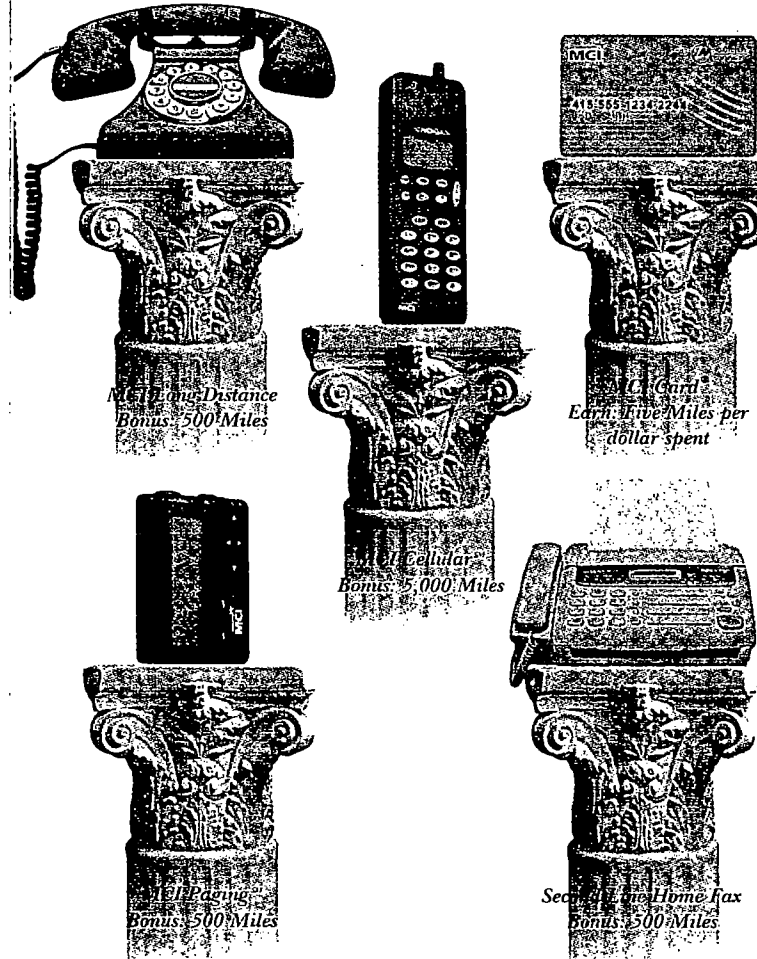
^A Required for credit card billing.
I authorize MCI to bill all my monthly charges to credit card as designated on this application until such time as I notify MCI in writing of termination of this authorization.

⁺ WorldPerks VISA Card issued by First Bank of South Dakota, National Association.
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BRIDGING
PACIFIC

Important Notice

CHECK-IN AND BOARDING TIMES

Reservations are subject to cancellation and passengers may not be eligible for denied boarding compensation if passengers have not presented themselves at the boarding point at least: 1) 10 minutes prior to scheduled departure time of domestic flights; 2) 30 minutes prior to scheduled departure time of flights to and from Canada, Mexico and the Caribbean; or 3) 60 minutes prior to scheduled departure time of all other international departures.

To retain their assigned seat, passengers with **Advance Boarding Passes** or

Advance Seat Requests must be either on board the aircraft or present themselves for check-in at the departure gate at least: 1) 15 minutes prior to scheduled departure time of domestic flights; 2) 30 minutes prior to scheduled departure time of flights to and from Canada, Mexico and the Caribbean; or 3) 60 minutes prior to scheduled departure time for all other international flights.

All seat assignments are subject to cancellation if the passenger is not on board the aircraft at least 10 minutes prior to departure.

Northwest does not require reconfirmation. Please check

with your airline for its requirements.

CARRY-ON LUGGAGE. Carry-on luggage must fit underneath



the passenger seat or in an overhead compartment. Maximum size per piece is 22" x 14" x 9", and maximum weight is 40 pounds. Additional

name identification on outside. We also recommend you place your name and address inside your luggage. Name labels are available at ticket counters. Checked luggage is subject to inspection, including x-ray, and passengers may be required to present identification. Federal regulations require that firearms in checked luggage must be declared and be unloaded. Maximum weight per checked piece is 70 pounds, and maximum size is 62" (length + height + width). **FREE LUGGAGE ALLOWANCE.** Northwest will accept for each ticketed passenger a total of 3 pieces of luggage free of charge (checked and carry-on) for U.S. domestic, Canada, Mexico

restrictions may apply on Northwest International and Airlink flights. All items not needed in flight should be checked. Medicine, keys, important papers and travel documents (Passport) should be carried on board by the passenger. Northwest reserves the right to restrict carry-on luggage.

Photo Identification is required for all passengers. **Boarding** may be denied and ticket confiscated if passenger's identification does not match the name on the ticket.

CHECKED LUGGAGE should be locked. Regulations require

Call Northwest at **1-800-225-2525**, or your travel agent.

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Northwest recycles enough paper products in one year to save over 16,000 trees. © 1996 Northwest Airlines, Inc.

Frequent Flyers:

To ensure mileage credit, present your WorldPerksSM number when you check-in for each Northwest flight.

MCI Service	Enrollment Bonus Miles**	Sample Monthly Spending	Miles In One Year*
	500	\$25.00	2,000
	5,000	\$25.00	6,500
	500	\$33.95	2,300
	0	\$25.00	1,500
	500	\$25.00	2,000
Total	6,500	\$133.95	14,300

More than halfway to free travel!

* Mileage credits are based on MCI usage, net of taxes, credits, and discounts. Does not include equipment leasing and purchase costs, roaming and landline charges, and activation fee, if any. Other terms apply. Only available with "MCI On The Go" and "MCI Communicator" cellular plans. Cellular service is available in certain areas.

** For new MCI customers only. 5,000 Cellular Bonus Miles are only available for customers who switch their existing cellular service to MCI Cellular. Cannot be combined with other cellular equipment offers. 500 Paging Bonus Miles does not apply to local numeric paging. Credit card required to secure pager against loss, theft or damage.

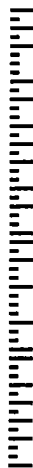
Please allow up to 8 weeks for your Bonus Mile to be posted to your WorldPerks account. Participation in WorldPerks is subject to the terms and conditions in the WorldPerks Membership and Benefits Guide. Northwest may change the WorldPerks program rules, program partners, regulations, benefits, conditions of participation or mileage levels, in whole or in part, at any time with or without notice, even though changes may affect the value of mileage or Fly-Write certificates already accumulated. Free seats are subject to availability.

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EARN MILES FIVE DIFFERENT WAYS. Every dollar you spend on MCI adds five miles to your WorldPerks miles collection. Earn miles on MCI Residential Long Distance and (local toll service where available), faxing with a second residential line, MCI Card[®], MCI PagingSM and MCI Cellular^{SM,*}

WITH NO LIMITS ON YOUR MILE-EARNING POWER. It's simple. The more calls you make the more miles you earn. And the faster you travel free around the world.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 253 IOWA CITY IA

POSTAGE WILL BE PAID BY ADDRESSEE

444 / ADB
MCI
PO BOX 463D
IOWA CITY IA 52244-9735

Withdrawal/Redaction Marker

Clinton Library

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001a. invoice	re: travel (partial) (1 page)	02/21/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Minnesota February 24, 1997

2011-0747-S

rc397

RESTRICTION CODES

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 Washington, D.C. 20500-0001
 Telephone: 202 456-2250
 Fax: 202 456-6670
 After Hours Emergency: 800 847-0242
 Your code number is KC52

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0023489
 CUSTOMER NBR: 1695000023 TF2XFU

DATE: 21 FEB 97
 PAGE: 01

TO: WHITE HOUSE TRAVEL
 1600 PENNSYLVANIA AVE
 WASH DC 20500

FOR: JENNINGS/CHRISTOPHER REF: KC5SXD7A0008

24 FEB 97 -- MONDAY

AIR	NORTHWEST AIRLINES	FLT:305	COACH	BREAKFAST
	LV WASHINGTON NATL		830A	EQP: BOEING 757
	AR MINNEAPOLIS ST PL		1012A	NON-STOP
	JENNINGS/CHRIST	SEAT-17C		
AIR	NORTHWEST AIRLINES	FLT:352	COACH	
	LV MINNEAPOLIS ST PL		230P	EQP: AIRBUS A320
	AR WASHINGTON NATL		543P	NON-STOP
	JENNINGS/CHRIST	SEAT- 9C		

23 AUG 97 -- SATURDAY

OTHER WASHINGTON

THANK YOU FOR USING AMERICAN EXPRESS.

AIR TICKET NW1356905677

JENNINGS CHRISTOPHER

BILLED TO P6/(b)(6) 404.00*

SUB TOTAL 404.00

NET CC BILLING 404.00*

TOTAL AMOUNT DUE 0.00

coola}

CONTINUED ON PAGE 2

Liability Agreement

American Express Travel Related Services Company Inc. ("AMEX") acts only as agent for the airlines, hotels, bus companies, railroads, tour operators, cruise lines, car rental companies, and other contractors providing accommodations, transportation or other services ("suppliers"). All such services are furnished by suppliers that are independent and do not act for or on behalf of Amex. are not servants of Amex, and with whom Amex does not have a business as joint venturer or otherwise.

By utilizing the services represented by this itinerary, client agrees to the foregoing and also agree that neither Amex nor its parent, affiliates, subsidiaries or Representatives (collectively "Amex Entities") shall be or become liable for any loss, costs, expense, injury, accident or damage to person or property resulting directly or indirectly from (i) the acts or omissions of such suppliers, including, but not limited to, delays or cancellation of services, cessation of operations, breakdown in machinery or equipment or changes in fares, itineraries or schedules, and/or (ii) acts of God, dangers incident to the sea, fire, acts of government or other authorities, wars, acts of terrorism, civil unrest, strikes, riots, thefts, pilferage, epidemics, quarantines, other disease, climatic aberrations, or from any other cause beyond Amex's control.

All services covered by this itinerary are subject to the terms and conditions specified by the suppliers; and client also agrees to the terms and conditions set forth in any and all brochures, or advertisements describing any tour, cruise, accommodations, transportation or other services, and to any and all conditions contained in documents for any such services including, without limitation, all cancellation fees. No employee of AMEX or any of its affiliates, subsidiary companies or representatives has authority to vary the terms of these conditions.

**PHOTOCOPY
PRESERVATION**



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Washington, D.C. 20500-0001
Telephone: 202 456-2250
Fax: 202 456-6670
After Hours Emergency: 800 847-0242
Your code number is KC52

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0023489
CUSTOMER NBR: 1695000023 TFZXFU

DATE: 21 FEB 97
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: JENNINGS/CHRISTOPHER REF: KC5SXD7A0008

. TOTAL AIR FARE USD404.00

. SECURITY ALERT INFORMATION

DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.

FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

. REMINDER

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

. ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

. THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.
JS

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SALES PERSON: 47 ITINERARY/INVOICE NO. 0023489
CUSTOMER NO: 1695000023 IFZXFU

DATE: 21 FEB 97
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: JENNINGS/CHRISTOPHER REF: KC55X07A0000

24 FEB 97 - MONDAY

AIR	NORTHWEST AIRLINES	FLT:305	COACH	BREAKFAST
	LV WASHINGTON NATL		830A	EQP: BOEING 757
	AR MINNEAPOLIS ST PL		1012A	NON-STOP
	JENNINGS/CHRIST	SEAT-17C		
AIR	NORTHWEST AIRLINES	FLT:352	COACH	
	LV MINNEAPOLIS ST PL		230P	EQP: AIRBUS A320
	AR WASHINGTON NATL		543P	NON-STOP
	JENNINGS/CHRIST	SEAT- 9C		

23 AUG 97 - SATURDAY

OTHER WASHINGTON

THANK YOU FOR USING AMERICAN EXPRESS.

AIR TICKET NW1356905677

JENNINGS CHRISTOPHER

BILLED TO P6(b)(6)

[001b]

404.00*

SUB TOTAL

404.00

NET CC BILLING

404.00*

TOTAL AMOUNT DUE

0.00

CONTINUED ON PAGE 2

Liability Agreement

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**PHOTOCOPY
PRESERVATION**

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AMERICAN EXPRESS
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Old Executive Office Building, Room 87
Washington, D.C. 20500-0001
Telephone: 202 456-2250
Fax: 202 456-6670
After Hours Emergency: 800 847-0242
Your code number is KC52

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0023489
CUSTOMER NBR: 1695000023 TFZXFU

DATE: 21 FEB 97
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: JENNINGS/CHRISTOPHER REF: KC5SXD7A0008

. TOTAL AIR FARE USD404.00

SECURITY ALERT INFORMATION

. DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.

. FOR AFTER HOUR EMERGENCIES

CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

REMINDER

. ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

. ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

. THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

JS

Liability Agreement

American Express Travel Related Services Company, Inc. ("AMEX") acts only as agent for the airlines, hotels, bus companies, railroads, tour operators, cruise lines, car rental companies, and other contractors providing accommodations, transportation or other services ("suppliers"). All such services are furnished by suppliers that are independent and do not act for or on behalf of Amex, are not servants of Amex, and with whom Amex does not have a business as joint venturer or otherwise.

By utilizing the services represented by this itinerary, client agrees to the foregoing and also agree that neither Amex nor its parent, affiliates, subsidiaries or Representatives (collectively "Amex Entities") shall be or become liable for any loss, costs, expense, injury, accident or damage to person or property resulting directly or indirectly from (i) the acts or omissions of such suppliers, including, but not limited to, delays or cancellation of services, cessation of operations, breakdown in machinery or equipment or changes in fares, itineraries or schedules, and/or (ii) acts of God, dangers incident to the sea, fire, acts of government or other authorities, wars, acts of terrorism, civil unrest, strikes, riots, thefts, pilferage, epidemics, quarantines, other disease, climatic aberrations, or from any other cause beyond Amex's control.

All services covered by this itinerary are subject to the terms and conditions specified by the suppliers; and client also agrees to the terms and conditions set forth in any and all brochures or advertisements describing any tour, cruise, accommodations, transportation or other services, and to any and all conditions contained in documents for any such services including, without limitation, all cancellation fees. No employee of AMEX or any of its affiliates, subsidiary companies or representatives has authority to vary the terms of these conditions.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. form	Standard form 1012 re: travel (partial) (1 page)	04/07/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Minnesota February 24, 1997

2011-0747-S

rc397

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

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.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) JENNINGS, CHRISTOPHER C. COO2aJ			b. SOCIAL SECURITY NO. P6(b)(6)		6. PERIOD OF TRAVEL a. FROM 2/24/97 b. TO 2/24/97	
	c. MAILING ADDRESS (Include ZIP Code) DEOB - ROOM 216			d. OFFICE TELEPHONE NO. x6-5560		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD7A0008 b. DATE(S) 2/24/97	
	e. PRESENT DUTY STATION WASHINGTON, DC			f. RESIDENCE (City and State) ARLINGTON, VA			
						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)	TO (f)	
Flight 305 Flight 352		\$404.00 NW NW		2/21/97	Washington, DC Minneapolis, MN	Minneapolis, MN 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 <i>[Signature]</i> DATE 4-7-97 AMOUNT CLAIMED \$ 190.61							
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: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER		
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							

DATE	TIME
19 <u>97</u>	(Hour and am/pm)
(a)	(b)

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.

XD7A0008

TRAVELER'S LAST NAME

JENNINGS

DATE 19 <u>97</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE:	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER	
			BREAKFAST	LUNCH	DINNER	TOTAL								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
2/24	7:54AM	Parking											12.00	
2/24	8:30AM	D: Washington, DC			Airfare									
2/24	10:12AM	A: Minneapolis, MIN MN			Airfare									
2/24		Subsistence										0.00		
2/24		phone (business)											84.20	
2/24		phone (business)											94.41	
2/24	2:30PM	D: Minneapolis, MN			Airfare									
2/24	5:43AM	A: Washington, DC			Airfare									
		PHOTOCOPY PRESERVATION												
									SUBTOTALS ▶				190.61	
									TOTALS ▶					

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

If additional space is required, continue on another SF 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

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.

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

TOTAL
AMOUNT
CLAIMED ▶

\$190.61

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement and instructions on back)

2. Traveler (First name, middle initial, last name) Christopher C. Jennings		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Amendment (Show items amended) ☐ Invitational (Non EOP Employees Only) ☐ Relocation
3. Title of Traveler Deputy Assistant to the President for Health Policy		4. AGENCY/DIVISION OPD/DPC
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 at the Minnesota Health Services Research Conference

DATE(S): Travel Begin On 2 / 24 / 97

Travel End On 2 / 24 / 97

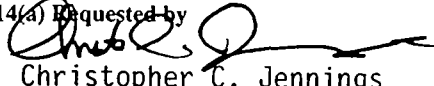
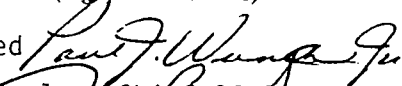
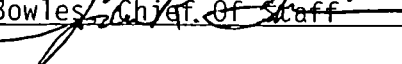
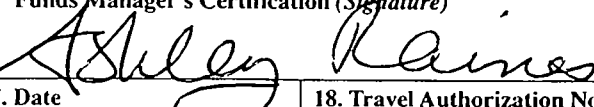
ITINERARY: Point of Origin (City, State) Washington, DC

Place(s) of Official Visitation (City, State) Minneapolis, MN

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 38.00
Rail		Air			Transportation		404.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		---
‡ First Class must have approval of Agency Head or Deputy					Miscellaneous		30.00
(b) Privately Owned Vehicle					TOTAL		\$ 472.00
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		11. SPECIAL EXPENSE AUTHORIZED		
			☐ For convenience of traveler NTE common carrier cost		☐ Registration Fees (meeting, training, etc.)		
(c) ☐ Gov't Owned Vehicle					☐ Commercial Rental Car		
(d) ☐ Other (specify)					☐ 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) <u>117 2200 J123A</u>
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  Erskine Bowles  Chief of Staff	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature)  17. Date <u>2 / 17 / 97</u> 18. Travel Authorization No. <u>XD7A0008</u>

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. invoice	re: travel (partial) (1 page)	02/21/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Minnesota February 24, 1997

2011-0747-S

rc397

RESTRICTION CODES

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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.

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**Corporate
Services**

AMERICAN EXPRESS
TRAVEL RELATED SERVICES COMPANY, INC.
WHITE HOUSE TRAVEL OFFICE
Old Executive Office Building, Room 87
Washington, D.C. 20500-0001
Telephone: 202 456-2250
Fax: 202 456-6670
After Hours Emergency: 800 847-0242
Your code number is KC52

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0023489
CUSTOMER NBR: 1675000023 TFZXFU

DATE: 21 FEB 97
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: JENNINGS/CHRISTOPHER REF: KC5SXD7A0008

24 FEB 97 - MONDAY

AIR	NORTHWEST AIRLINES	FLT:305	COACH	BREAKFAST
	LV WASHINGTON NATL		830A	EQP: BOEING 757
	AR MINNEAPOLIS ST PL		1012A	NON-STOP
	JENNINGS/CHRIST	SEAT-17C		
AIR	NORTHWEST AIRLINES	FLT:352	COACH	
	LV MINNEAPOLIS ST PL		230P	EQP: AIRBUS A320
	AR WASHINGTON NATL		543P	NON-STOP
	JENNINGS/CHRIST	SEAT- 9C		

23 AUG 97 - SATURDAY

OTHER WASHINGTON

THANK YOU FOR USING AMERICAN EXPRESS.

AIR TICKET NW1356905677

JENNINGS CHRISTOPHER

BILLED TO P6(b)(6) 404.00*

SUB TOTAL 404.00

NET CC BILLING 404.00*

TOTAL AMOUNT DUE 0.00

C00263

CONTINUED ON PAGE 2



Corporate Services

AMERICAN EXPRESS
TRAVEL RELATED SERVICES COMPANY, INC.
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Telephone: 202 456-2250
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Your code number is KC52

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0023489
CUSTOMER NBR: 1695000023 TFZXFU

DATE: 21 FEB 97
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

OR: JENNINGS/CHRISTOPHER REF: KC5SXD7A0008

TOTAL AIR FARE USD404.00

SECURITY ALERT INFORMATION

UE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
OU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
T AIRPORT CHECKIN.

FOR AFTER HOUR EMERGENCIES

ALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

REMINDER

LL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
RE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
E REDEEMED FOR PERSONAL USE.

LL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
XPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
ETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

HANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

IS

**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 ☐ Relocation
(Non EOP Employees Only)

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

Christopher C. Jennings

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

4. AGENCY/DIVISION

OPD/DPC

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 at the Minnesota Health Services Research Conference

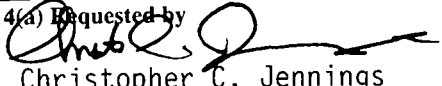
DATE(S): Travel Begin On 2 / 24 / 97 Travel End On 2 / 24 / 97

ITINERARY: Point of Origin (City, State) Washington, DC
Place(s) of Official Visitation (City, State) Minneapolis, MN

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 38.00
Rail		Air			Transportation		404.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		---
‡ First Class must have approval of Agency Head or Deputy					Miscellaneous		30.00
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Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		11. SPECIAL EXPENSE AUTHORIZED		
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(c) ☐ Gov't Owned Vehicle					☐ Commercial Rental Car		
(d) ☐ Other (specify)					☐ 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)

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

Bruce Reed

17. Date

18. Travel Authorization No.

Erskine Bowles, Chief Of Staff

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. receipt	re: airplane ticket (partial) (1 page)	02/21/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

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2011-0747-S

rc397

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90 3-25 1978
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC55X07A0000

PASSENGER RECEIPT

1695000023 0023489 A47

~~XXXXXXXXXX~~

ARC

FLIGHT
CARRIER

TOUR CODE

AGENT CODE

NAME OF PASSENGER

JENNINGS/CHRISTOPHER

ISSUED BY NORTHWEST AIRLINES

XXXXX

PLACE OF ISSUE DATE OF ISSUE

A09910935

AMERICAN EXPRESS

WASHINGTON

DC US21FEB97

NAME OF PASSENGER

PNR/CARRIER CODE

FARE BASIS/TICKET DESIGNATOR

PCN SERV CARRIER

JENNINGS/CHRISTOPH

IFZXFU/AA

LYCADCA

6 0011/

NOT VALID FOR**

THIS IS YOUR RECEIPT

ISSUING AGENT ID

TRANSPORTATION*

0031

KC52*47

FP P6(b)(6)

944113 /FCWAS NW MSP19

9.00 NW WAS199.00BYCADCA 398.00 END XFDCAMSP3

FARE
TAX USD 398.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 000 CK

CPN

ALLOW. PCS WT UNCHD

DOCUMENT NUMBER

CK

TAX XF 6.00

28454050004

0 012 1356905677 0

TOTAL
USD 404.00

CARRIER

CARRIER - FLIGHT CLASS - DATE - TIME

NOT VALID FOR TRAVEL

0 012 1356905677 0

AA09910935

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET WITHOUT ANY
WRITTEN AUTHORIZATION FROM THE ISSUING CARRIER OR ITS AUTHORIZED AGENT

THE WHITE HOUSE
WASHINGTON

Hold onto for
reimbursement of
Chris' MN trip

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	Standard form 1012 re: travel (partial) (1 page)	04/01/1997	P6/b(6)

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Clinton Presidential Records
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- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- 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]

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) JENNINGS, CHRISTOPHER C. [004]			b. SOCIAL SECURITY NO. P6/(b)(6)		6. PERIOD OF TRAVEL a. FROM b. TO	
	c. MAILING ADDRESS (Include ZIP Code) OEOB - Room 216			d. OFFICE TELEPHONE NO. x6-5560		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) Arlington, VA			
	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			10. CHECK NO. 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)				
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
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 <u>4-97</u> AMOUNT CLAIMED \$	
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					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) d. NET TO TRAVELER		
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					\$		

WASHINGTON NATIONAL
AIRPORT

For Questions or Comments: (703)417-4300

Entrance: 07:54 02/24/97 Lane # 02

~~Exit: 4-17:58 02/24/97 Lane # 37~~

License Plate VA 100592

Cashier: 072 Seq. # 8921

Length of stay 0/000 10h. 04mn.

Amount paid \$ 12.00 Cash

*** Thank You for Flying ***

*** Washington National Airport ***

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. receipt	re: airplane ticket (partial) (1 page)	02/21/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Minnesota February 24, 1997

2011-0747-S

rc397

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]
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06 3426 1978
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC55X07A8888

PASSENGER RECEIPT

1695088823 8823489 A47

XBRX0700PASE

ARC FLIGHT
COUBINX

TOUR CODE

AGENT CODE

NAME OF PASSENGER

JENNINGS/CHRISTOPHER

ISSUED BY

NORTHWEST AIRLINES XXXXX

AMERICAN EXPRESS

PNR/CARRIER CODE

WASHINGTON

PLACE OF ISSUE

ISSUE

DATE OF ISSUE

DC US21FEB97

NAME OF PASSENGER

JENNINGS/CHRISTOPHER

CARRIER FLIGHT

TFZZXFU/AA YCADCA

CLASS DATE

STATUS

NOT VALID BEFORE

NOT VALID AFTER

NOT VALID FOR** THIS IS YOUR RECEIPT

ISSUING AGENT ID
KC52*47

TRANSPORTATION*

ENDORSEMENTS/RESTRICTIONS

FP

P6(b)(6)

944113 /FCWAS NW MSP19

9.00 NW WAS199.00YCADCA 398.00 END XFDCAS3MSP3

COOSJ

FARE

USD 398.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 889 CK

CPN

DOCUMENT NUMBER

ALLOW PCS WT UNCD

TAX XF 6.00

28454050004

0 012 1356905677 0

TOTAL
USD 404.00

CARRIER

CARRIER

FLIGHT

CLASS

DATE

TIME

SEAT

SMOKE

PCS WT UNCD BAGGAGE ID NUMBER

NOT VALID FOR TRAVEL

0 012 1356905677 0

AA09910935

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY
OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENT

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. form	Standard form 1012 re: travel (partial) (1 page)	04/01/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Minnesota February 24, 1997

2011-0747-S

rc397

RESTRICTION CODES

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

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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).

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TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.															
TRAVELER (PAYEE)		5. a. NAME (Last, first, middle initial) JENNINGS, CHRISTOPHER C. [006]		b. SOCIAL SECURITY NO. P6/(b)(6)		6. PERIOD OF TRAVEL a. FROM ☒ b. TO ☒															
		c. MAILING ADDRESS (Include ZIP Code) OEOPB - Room 216		d. OFFICE TELEPHONE NO. x6-5560		7. TRAVEL AUTHORIZATION a. NUMBER(S) ☒ b. DATE(S) ☒															
		e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Arlington, VA		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 <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		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)																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CAR-RIER (Initials) (b)</th> <th style="width:15%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="width:50%;">POINTS OF TRAVEL</th> </tr> <tr> <th colspan="4"></th> <th style="width:25%;">FROM (e)</th> <th style="width:25%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td style="height: 150px; vertical-align: top;">\$424.00</td> <td style="vertical-align: top;">NW</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		AGENT'S VALUATION OF TICKET (a)	ISSUING CAR-RIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL						FROM (e)	TO (f)	\$424.00	NW					Traveler's Initials	
AGENT'S VALUATION OF TICKET (a)	ISSUING CAR-RIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																	
				FROM (e)	TO (f)																
\$424.00	NW																				
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 4-1-97		AMOUNT CLAIMED \$																	
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)																	
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		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																					

DATE	TIME
19 <u>97</u>	(Hour and am/pm)
(a)	(b)

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.

XD7A0008

TRAVELER'S LAST NAME

JENNINGS

[illegible]

If additional space is required, continue on another SF 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,

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.

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

TOTAL
AMOUNT
CLAIMED ▶ \$ 190.61

- original receipts
plane fix

- fill out form, sign,
xerox, send

- attach auth. form

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. receipt	re: airplane ticket (partial) (1 page)	02/21/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Minnesota February 24, 1997

2011-0747-S
rc397

RESTRICTION CODES

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

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

86 3428 1925
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC55X07A0008

PASSENGER RECEIPT

1695000023 0023489 A47

~~XXXXXXXXXX~~

ISSUED BY **ARC** **FLIGHT**
COUBANA
NAME OF ISSUING AGENT **NORTHWEST AIRLINES** **XXXXX** TOUR CODE
NAME OF PASSENGER **AMERICAN EXPRESS** **WASHINGTON** PLACE OF ISSUE **DC** **US21FEB97** DATE OF ISSUE
JENNINGS/CHRISTOPH **TFZXFU/AA** **YCADCA** **6 0011/**
XO FROM ****NOT VALID FOR**** **THIS IS YOUR RECEIPT** **ISSUING AGENT ID**
XO TO ****TRANSPORTATION*** **KC52*47**
ENDORSEMENTS/RESTRICTIONS **(007)**

NAME OF PASSENGER **JENNINGS/CHRISTOPHER**

FROM **DCA**
OMSP **NW385** **Y** **24FEBYCADCA**
TO **DCA** **NW352** **Y** **24FEBYCADCA**

CARRIER

CARRIER FLIGHT CLASS DATE TIME

DATE SEAT SMOKE

NOT VALID FOR TRAVEL
0 012 1356905677 0
AA09910935

FP **P6/(b)(6)** **944113 /FCWAS NW MSP19**
9.00 NW WAS199.00YCADCA 398.00 END XFDCA3MSP3

FARE
TAX **USD 398.00**
TX **XF 6.00**
TOTAL **USD 404.00**
EQUIV. FARE PD.
STOCK CONTROL NO. TX 000 CK
28454050004
ALLOW PCS WT UNCKD

DOCUMENT NUMBER
CPN
0 012 1356905677 0

PRINTED IN U.S.A. BY HAND MANUALLY

IT IS UNLAWFUL TO PURCHASE OR INTEL THE TICKET FROM ANY
OTHER SOURCE THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENT

**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 ☐ Relocation
(Non EOP Employees Only)

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

Christopher C. Jennings

3. Title of Traveler

Deputy Assistant to the President
for Health Policy

4. AGENCY/DIVISION

OPD/DPC

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 at the Minnesota Health Services Research Conference

DATE(S): Travel Begin On 2 / 24 / 97

Travel End On 2 / 24 / 97

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

Place(s) of Official Visitation (City, State) Minneapolis, MN

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ 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	\$ 38.00
Transportation	404.00
Rental Car	---
Miscellaneous	30.00
TOTAL	\$ 472.00

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

Ersine Bowles, Chief Of Staff

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

17. Date

18. Travel Authorization No.

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION**
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment
(Show items amended)
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Christopher C. Jennings

3. Title of Traveler

Deputy Assistant to the President
for Health Policy

4. AGENCY/DIVISION

OPD/DPC

5. Office Phone

3-5560

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: To speak at the Minnesota Health Services Research Conference

DATE(S): Travel Begin On 2/24/97

Travel End On 2/12/97

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

Place(s) of Official Visitation (City, State) Minneapolis, MN

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ 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

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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)

111000 21657

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

Erskine Bowles, Chief of Staff

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

17. Date

18. Travel Authorization No.

111000 21657

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.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Institute for Health Services Research
School of Public Health*

*Box 729
420 Delaware Street S.E.
Minneapolis, MN 55455-0381
612-624-6151
Fax: 612-624-2196*

Mr. Chris Jennings
Special Assistant to the President
Domestic Policy Office
Old Executive Office Building, Room 213
Washington, DC 20502

October 18, 1996

Dear Mr. Jennings:

Dave Durenberger just called to let me know that you are willing to be the keynote speaker at the Minnesota Health Services Research Conference in Minneapolis on February 24, 1997. This is the very first conference of this kind, and the organizers are delighted that someone of your stature will set the tone for the type of conference we would like it to be. Your unique viewpoint will provide invaluable insight into the policy issues we will face in the coming years, and the agendas health services research will be examining.

I will be your contact person for the details of your visit. We have tentatively scheduled the keynote speech from 8:30 to 10:00 AM CST. This allows you several options. Since the University of Minnesota campus is approximately 25 minutes from the airport, you could fly in early on the morning of February 24, make your presentation, and return to Washington on a mid day flight. Or, you could fly in the evening of February 23. Or, if time permits, you could stay for some or all of the conference. I can make what ever arrangements necessary to make your visit to Minneapolis as easy and enjoyable as possible. I can not, unfortunately, guarantee the weather.

Dave is going to follow up with you in mid-November. We will, of course pay for your travel expenses and can offer a small honorarium. I look forward to working out the details with your staff in November. Your participation insures that this will be a ground breaking event. Thank you for your willingness to participate.

Sincerely,



Susan M. Hayes
Coordinator, External Programs

UNIVERSITY OF MINNESOTA

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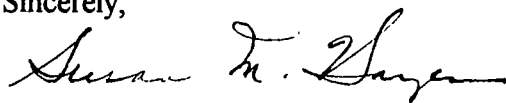
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12:00pm - 1:00pm
I will be your contact person for the details of your visit. We have tentatively scheduled the keynote speech from 8:30 to 10:00 AM CST. This allows you several options. Since the University of Minnesota campus is approximately 25 minutes from the airport, you could fly in early on the morning of February 24, make your presentation, and return to Washington on a mid day flight. Or, you could fly in the evening of February 23. Or, if time permits, you could stay for some or all of the conference. I can make what ever arrangements necessary to make your visit to Minneapolis as easy and enjoyable as possible. I can not, unfortunately, guarantee the weather.

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Susan M. Hayes
Coordinator, External Programs

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. 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: Minnesota February 24, 1997

2011-0747-S

rc397

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]