EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

C. McClellan

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
Deputy Assistant to the President for Health Policy Development

4. AGENCY/DIVISION
DPC/OPD

5. Office Phone
x6-5560

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 4/16/97 Travel End On 4/16/97

ITINERARY: Point of Origin *(City, State)* ~~Princeton, NJ~~ 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	$ 38.00
Transportation	148.00
Rental Car	--
Miscellaneous	30.00
TOTAL	$ 216.00

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)*
Paul J. Weinstein Jr

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

17. Date
04-01-97

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

EXECUTIVE OFFICE OF THE PRESIDENT
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Place(s) of Official Visitation *(City, State)* Princeton, NJ

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OA FORM 22

EASYLINK 2834870L001 1APR97 12:11/12:11 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024565557

SALES PERSON: 42 ITINERARY DATE: 01 APR 97
CUSTOMER NBR: 1695000023 QASZMY PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: JENNINGS/CHRISTOPHER

16 APR 97 - WEDNESDAY

RAIL	AMTRAK SERVICE		CONFIRMATION A3312813
	LV WASHINGTON DC	110P	
	AR TRENTON NJ	339P	
	TRAIN 94		
	AMTRAK COACH		
RAIL	AMTRAK SERVICE		CONFIRMATION A3312813
	LV TRENTON NJ	825P	
	AR WASHINGTON DC	1055P	
	TRAIN 175		
	AMTRAK UNRESERVD		

. TOTAL AIR FARE USD148.00TTL
. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO ITENTIFICATION
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.