Ashley L. Raines

07/30/98 07:04:28 PM

Record Type: Record

To: Moe Vela/OVP @ OVP

cc: Donna L. Geisbert/OPD/EOP
Subject: Re: Travel to Nashville

Sarah and Chris did not receive approval from WH counsel before traveling to accept payment for any expenses. OPD will have to pay for these expenses. The best thing to do would be for the hotel to credit the organization that paid for their bill and send the bill to me. How can we handle this billing problem?

Moe Vela @ OVP
07/30/98 05:00:15 PM

Record Type: Record

To: Donna L. Geisbert/OPD/EOP

cc: Ashley L. Raines/Oa/Eop
Subject: Re: Travel to Nashville

Did Sara support the VP and Mrs. Gore on their trip to the family conference? If so, it was a non-federal source who paid for the expenses directly. If this, in fact, is the trip, I will confirm that they purchased her ticket as part of the VP staff package.

I believe they did

yes paid for by family conference source I think.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

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

5. PAID BY

4. CLAIMANT

a. NAME *(Last, first, middle initial)*

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NUMBER

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

DATE 19___ (a)	CODE (b) *Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)*	(Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
If additional space is required continue on the back.		SUBTOTALS CARRIED FORWARD FROM THE BACK						
				TOTALS				

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

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

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

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

6. EXPENDITURES—*Continued*

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

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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)*

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL
a. FROM
b. TO

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NO.

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

e. PRESENT DUTY STATION

f. RESIDENCE *(City and State)*

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	
b. Amount to be applied	
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED
$

c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)

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

TRAVELER SIGN HERE ▶ | DATE | 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 ▶ | 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

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

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

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

TOTAL AMOUNT CLAIMED ▶

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*U.S. Government Printing Office: 1990-262-081/90278

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)*

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION

f. RESIDENCE *(City and State)*

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.)*

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TRAVELER SIGN HERE ▶ | DATE | AMOUNT CLAIMED ▶ $

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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 ▶ $

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TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19____ (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)
										SUBTOTALS ▶			
										TOTALS ▶			

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☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

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4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL
a. FROM
b. TO

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NO.

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

e. PRESENT DUTY STATION

f. RESIDENCE *(City and State)*

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

c. Amount due Government *(Attached: ☐ Check ☐ Cash)*

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a. DATE RECEIVED

b. AMOUNT RECEIVED
$

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TRAVELER SIGN HERE ▶ | DATE | **AMOUNT CLAIMED** ▶ $

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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

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Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

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

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TOTAL AMOUNT CLAIMED ▶

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