

# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                    | DATE       | RESTRICTION |
|--------------------------|--------------------------------------------------|------------|-------------|
| 001a. form               | Standard form 1012 re: travel (partial) (1 page) | ca. 1998   | P6/b(6)     |
| 001b. form               | Standard form 1012 re: travel (partial) (1 page) | ca. 1998   | P6/b(6)     |
| 001c. receipt            | re: airplane ticket (partial) (1 page)           | 07/09/1998 | P6/b(6)     |
| 001d. receipt            | re: airplane ticket (partial) (1 page)           | 07/09/1998 | P6/b(6)     |
| 002. note                | re: phone number (partial) (1 page)              | n.d.       | P6/b(6)     |
| 003. invoice             | re: travel (partial) (1 page)                    | 07/09/1998 | P6/b(6)     |

### COLLECTION:

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

### FOLDER TITLE:

Travel - Jennings: Panama City, Florida July 9, 1998

2011-0747-S

rc405

### RESTRICTION CODES

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

Freedom of Information Act - [5 U.S.C. 552(b)]

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]

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]  
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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]

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.

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

|                                                                                                                                                                                                                               |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. TYPE OF AUTHORIZATION</b><br><input type="checkbox"/> TDY <input type="checkbox"/> Amendment (Show items amended)<br><input type="checkbox"/> Invitational (Non EOP Employees Only) <input type="checkbox"/> Relocation |                                                     |
| <b>2. Traveler (First name, middle initial, last name)</b><br>Chris Jennings                                                                                                                                                  |                                                     |
| <b>3. Title of Traveler</b><br>Deputy Assistant to the President                                                                                                                                                              |                                                     |
| <b>4. AGENCY/DIVISION</b><br>OPD/DPC                                                                                                                                                                                          |                                                     |
| <b>5. Office Phone</b><br>456-5560                                                                                                                                                                                            | <b>6. Official Duty Station</b><br>Washington, D.C. |
| <b>7.</b> <input type="checkbox"/> Per Diem <input type="checkbox"/> Actual Subsistence (unusual circumstances)*<br>Rate(s):                                                                                                  |                                                     |

**8. TRAVEL INFORMATION**

PURPOSE: To participate in a panel discussion w/Tennessee Hospital Assn and the Mississippi Assn.

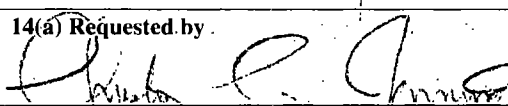
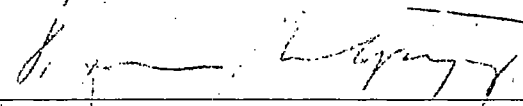
DATE(S): Travel Begin On 7 / 9 / 98 Travel End On 7 / 10 / 98

ITINERARY: Point of Origin (City, State) Washington, D.C.  
Place(s) of Official Visitation (City, State) Destin, FL  
(Panama City)  
Point of Return (City, State) Washington, D.C.

|                                                           |             |                    |                                                                                                                                                      |               |                                                                      |  |                            |
|-----------------------------------------------------------|-------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------|--|----------------------------|
| <b>9. MODE OF TRAVEL</b>                                  |             |                    |                                                                                                                                                      |               | <b>10. ESTIMATED COST</b>                                            |  | <b>AMOUNT</b>              |
| <b>(a) Commercial Transportation</b>                      |             |                    |                                                                                                                                                      |               | Per Diem/Actual Subsistence                                          |  | \$ 1611.00 / 4136.00 60.00 |
| <b>Rail</b>                                               |             | <b>Air</b>         |                                                                                                                                                      |               | Transportation                                                       |  | 530.00                     |
| Coach                                                     | Extra Fare* | Coach Tourist      | Business*                                                                                                                                            | First Class ‡ | Rental Car                                                           |  |                            |
| ‡ First Class must have approval of Agency Head or Deputy |             |                    |                                                                                                                                                      |               | Miscellaneous                                                        |  | 50.00                      |
| <b>(b) Privately Owned Vehicle</b>                        |             |                    |                                                                                                                                                      |               | <b>TOTAL</b>                                                         |  | \$ 1717.00 640.00          |
| Auto                                                      | Other       | Rate auth per mile | <input type="checkbox"/> Determined more advantageous to government*<br><input type="checkbox"/> For convenience of traveler NTE common carrier cost |               | <b>11. SPECIAL EXPENSE AUTHORIZED</b>                                |  |                            |
| <b>(c) Gov't Owned Vehicle</b>                            |             |                    |                                                                                                                                                      |               | <input type="checkbox"/> Registration Fees (meeting, training, etc.) |  |                            |
| <b>(d) Other (specify)</b>                                |             |                    |                                                                                                                                                      |               | <input type="checkbox"/> Commercial Rental Car                       |  |                            |
|                                                           |             |                    |                                                                                                                                                      |               | <input type="checkbox"/> Excess Baggage not to exceed                |  |                            |
|                                                           |             |                    |                                                                                                                                                      |               | <input type="checkbox"/> Other (Please identify)                     |  |                            |
|                                                           |             |                    |                                                                                                                                                      |               | <b>12. ADVANCE REQUESTED</b>                                         |  | \$                         |
|                                                           |             |                    |                                                                                                                                                      |               | (meals and miscellaneous expenses only)                              |  |                            |

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

Tennessee Hospital Assn. paying for room.

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                  |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>14(a) Requested by</b><br>                                                                                                                                                                           | <b>15. Accounting data (Appropriation, division, project, vendor number)</b><br>1182200 J 1235                                                                                                                   |                                                  |
| <b>14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions</b><br><b>Approval Official (Signature and Title)</b><br> | <b>16. Funds are available to defray travel cost specified above</b><br><b>Funds Manager's Certification (Signature)</b><br> |                                                  |
|                                                                                                                                                                                                                                                                                           | <b>17. Date</b><br>7/8/98                                                                                                                                                                                        | <b>18. Travel Authorization No.</b><br>XD8AC0018 |

**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 ☐ Relocation  
(Non EOP Employees Only)

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

**Chris Jennings**

**3. Title of Traveler**

**Deputy Assistant to the President**

**4. AGENCY/DIVISION**

**OPD/DPC**

**5. Office Phone**

**456-5560**

**6. Official Duty Station**

**Washington, D.C.**

**7. ☐ Per Diem**

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

**8. TRAVEL INFORMATION**

**PURPOSE:** To participate in a panel discussion w/Tennessee Hospital Assn and the Mississippi Assn.

**DATE(S):** Travel Begin On 7 / 9 / 98 Travel End On 7 / 10 / 98

**ITINERARY:** Point of Origin (City, State) Washington, D.C.

Place(s) of Official Visitation (City, State) Destin, FL  
(Panama City)

Point of Return (City, State) Washington, D.C.

**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 | <input type="checkbox"/> Determined more advantageous to government *        |
|      |       |                    | <input type="checkbox"/> For convenience of traveler NTE common carrier cost |

**(c) ☐ Gov't Owned Vehicle**

**(d) ☐ Other (specify)**

**10. ESTIMATED COST**

**AMOUNT**

|                             |                                     |
|-----------------------------|-------------------------------------|
| Per Diem/Actual Subsistence | \$ <del>1071.00</del> 4130.00 60.00 |
| Transportation              | 530.00                              |
| Rental Car                  |                                     |
| Miscellaneous               | 50.00                               |
| <b>TOTAL</b>                | \$ <del>1777.00</del> 640.00        |

**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.)**

**Tennessee Hospital Assn. paying for room.**

**14(a) Requested by**

**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)

**17. Date**

**18. Travel Authorization No.**

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**7. ☐ Per Diem**

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

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Travel End On 7/10/98

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**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

\$ ~~1811.00~~ / ~~4180.00~~ 60.00

Transportation

530.00

Rental Car

Miscellaneous

50.00

**TOTAL**

\$ ~~1777.99~~ 640.00

**11. SPECIAL EXPENSE AUTHORIZED**

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

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

### FOLDER TITLE:

Travel - Jennings: Panama City, Florida July 9, 1998

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|---------------------------------|-----------------------------|--|
| <b>TRAVEL VOUCHER</b><br><i>(Read the Privacy Act Statement on the back)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    | <b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b><br><p style="text-align: center;">OPD/DPC</p>                                                                                                                                                             |                                   | <b>2. TYPE OF TRAVEL</b><br><input type="checkbox"/> TEMPORARY DUTY<br><input type="checkbox"/> PERMANENT CHANGE OF STATION |                    | <b>3. VOUCHER NO.</b><br><br><b>4. SCHEDULE NO.</b>                                                                                                                                                                                                              |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>TRAVELER (PAYEE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>a. NAME (Last, first, middle initial)</b><br><p style="text-align: center;">Jennings, Chris <span style="float: right;">[001a]</span></p>                                                       |                                                                                                                                                                                                                                                                            |                                   | <b>b. SOCIAL SECURITY NO.</b><br><div style="border: 1px solid black; padding: 2px; text-align: center;">P6(b)(6)</div>     |                    | <b>6. PERIOD OF TRAVEL</b><br><table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a. FROM</b><br/>7/9/98</td> <td style="width:50%; border: none;"><b>b. TO</b><br/>7/10/98</td> </tr> </table>                               |                               | <b>a. FROM</b><br>7/9/98                                                                                 | <b>b. TO</b><br>7/10/98                                                               |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>a. FROM</b><br>7/9/98                                                                                                                                                                           | <b>b. TO</b><br>7/10/98                                                                                                                                                                                                                                                    |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>c. MAILING ADDRESS (Include ZIP Code)</b><br><p style="text-align: center;">c/o White House Administration Office<br/>         OEOb, Rm 1, 17th and PA NW, Washington DC<br/>         20500</p> |                                                                                                                                                                                                                                                                            |                                   | <b>d. OFFICE TELEPHONE NO.</b><br><p style="text-align: center;">456-5560</p>                                               |                    | <b>7. TRAVEL AUTHORIZATION</b><br><table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a. NUMBER(S)</b><br/>XD8A0018</td> <td style="width:50%; border: none;"><b>b. DATE(S)</b><br/>7/9-10/98</td> </tr> </table>             |                               | <b>a. NUMBER(S)</b><br>XD8A0018                                                                          | <b>b. DATE(S)</b><br>7/9-10/98                                                        |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>a. NUMBER(S)</b><br>XD8A0018                                                                                                                                                                    | <b>b. DATE(S)</b><br>7/9-10/98                                                                                                                                                                                                                                             |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>e. PRESENT DUTY STATION</b><br><p style="text-align: center;">Washington, DC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    | <b>f. RESIDENCE (City and State)</b><br><p style="text-align: center;">Arlington, VA</p>                                                                                                                                                                                   |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>8. TRAVEL ADVANCE</b><br><table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a. Outstanding</b></td> <td style="width:50%; border: none;"></td> </tr> <tr> <td style="border: none;"><b>b. Amount to be applied</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>D. Balance outstanding</b></td> <td style="border: none;"></td> </tr> </table> |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   | <b>a. Outstanding</b>                                                                                                       |                    | <b>b. Amount to be applied</b>                                                                                                                                                                                                                                   |                               | <b>c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)</b> |                                                                                       | <b>D. Balance outstanding</b> |    | <b>9. CASH PAYMENT RECEIPT</b><br><table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a. DATE RECEIVED</b></td> <td style="width:50%; border: none;"><b>b. AMOUNT RECEIVED</b><br/>\$</td> </tr> <tr> <td colspan="2" style="border: none;"><b>c. PAYEE'S SIGNATURE</b></td> </tr> </table> |  | <b>a. DATE RECEIVED</b> | <b>b. AMOUNT RECEIVED</b><br>\$ | <b>c. PAYEE'S SIGNATURE</b> |  |
| <b>a. Outstanding</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>b. Amount to be applied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>D. Balance outstanding</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>a. DATE RECEIVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>b. AMOUNT RECEIVED</b><br>\$                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>c. PAYEE'S SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>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.)</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                    | 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) <span style="float: right;">▶ <i>Traveler's Initials</i></span> |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | <b>AGENT'S VALUATION OF TICKET</b>                                                                                                                                                                                                                                         | <b>ISSUING CARRIER (Initials)</b> | <b>MODE, CLASS OF SERVICE AND ACCOMMODATIONS</b>                                                                            | <b>DATE ISSUED</b> | <b>POINTS OF TRAVEL</b>                                                                                                                                                                                                                                          |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | (a)                                                                                                                                                                                                                                                                        | (b)                               | (c)                                                                                                                         | (d)                | FROM (e)                                                                                                                                                                                                                                                         | TO (f)                        |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| 6-1168316570 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                    | 530.00                                                                                                                                                                                                                                                                     | Delta                             | Coach                                                                                                                       | 7/9/98             | Washington, DC                                                                                                                                                                                                                                                   | Panama City, FL<br>and return |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>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.</b><br><b>TRAVELER SIGN HERE ▶</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  | <b>DATE</b>                   | <b>AMOUNT CLAIMED ▶</b><br>\$ 585 50                                                                     |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| 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).                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>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).)</b><br><br><b>APPROVING OFFICIAL SIGN HERE ▶</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    | <b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b><br><table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a. DIFFERENCES, IF ANY (Explain and show amount)</b></td> <td style="width:50%; border: none;"></td> </tr> </table> |                               | <b>a. DIFFERENCES, IF ANY (Explain and show amount)</b>                                                  |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>a. DIFFERENCES, IF ANY (Explain and show amount)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b><br><table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><b>a. VOUCHER NO.</b></td> <td style="width:33%; border: none;"><b>b. D.O. SYMBOL</b></td> <td style="width:33%; border: none;"><b>c. MONTH &amp; YEAR</b></td> </tr> </table>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    | <b>a. VOUCHER NO.</b>                                                                                                                                                                                                                                            | <b>b. D.O. SYMBOL</b>         | <b>c. MONTH &amp; YEAR</b>                                                                               | <b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b><br>Certifier's Initials: |                               | \$ |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>a. VOUCHER NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b. D.O. SYMBOL</b>                                                                                                                                                                              | <b>c. MONTH &amp; YEAR</b>                                                                                                                                                                                                                                                 |                                   |                                                                                                                             |                    |                                                                                                                                                                                                                                                                  |                               |                                                                                                          |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b><br><b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    | <b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>                                                                                                                                                                                                      |                               | \$                                                                                                       |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |
| <b>18. ACCOUNTING CLASSIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                   |                                                                                                                             |                    | <b>d. NET TO TRAVELER ▶</b>                                                                                                                                                                                                                                      |                               | \$                                                                                                       |                                                                                       |                               |    |                                                                                                                                                                                                                                                                                                                                |  |                         |                                 |                             |  |

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>DATE</b><br>19 <u>98</u> | <b>TIME</b><br>(Hour<br>and<br>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) }  
(h)  
(i)

(d) } Show amount incurred for each meal, including tax and tips, and daily total  
(g) } 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.

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

[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.

|                                       |        |
|---------------------------------------|--------|
| <b>TOTAL<br/>AMOUNT<br/>CLAIMED ▶</b> | 585.50 |
|---------------------------------------|--------|

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                    | DATE     | RESTRICTION |
|--------------------------|--------------------------------------------------|----------|-------------|
| 001b. form               | Standard form 1012 re: travel (partial) (1 page) | ca. 1998 | P6/b(6)     |

### COLLECTION:

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

### FOLDER TITLE:

Travel - Jennings: Panama City, Florida July 9, 1998

2011-0747-S

rc405

### 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]

| <b>TRAVEL VOUCHER</b><br><i>(Read the Privacy Act Statement on the back)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | <b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b><br><p style="text-align: center;">OPD/DPC</p> |             | <b>2. TYPE OF TRAVEL</b><br><input type="checkbox"/> TEMPORARY DUTY<br><input type="checkbox"/> PERMANENT CHANGE OF STATION |                                                                                                                                                                                                                                                                                  | <b>3. VOUCHER NO.</b><br><br><b>4. SCHEDULE NO.</b>                                                                                                                                                        |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|-----------------------------|---------------------------------|-------------------------------------------|-------------|------------------|--|--|--|-----|-----|-----|-----|----------|--------|--|--|----------------|--------|-------|-------|--------|----------------|-------------------------------|--|--|
| <b>TRAVELER (PAYEE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>a. NAME (Last, first, middle Initial)</b><br><p style="text-align: center;">Jennings, Chris <span style="float: right;">[0016]</span></p>              |                                                                                                                |             | <b>b. SOCIAL SECURITY NO.</b><br><div style="border: 1px solid black; padding: 2px; text-align: center;">P6(b)(6)</div>     |                                                                                                                                                                                                                                                                                  | <b>6. PERIOD OF TRAVEL</b><br><table style="width:100%;"> <tr> <td style="width:50%;"><b>a. FROM</b><br/>7/9/98</td> <td style="width:50%;"><b>b. TO</b><br/>7/10/98</td> </tr> </table>                   |                 | <b>a. FROM</b><br>7/9/98                                                                                                                                                                                   | <b>b. TO</b><br>7/10/98        |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>a. FROM</b><br>7/9/98                                                                                                                                  | <b>b. TO</b><br>7/10/98                                                                                        |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>c. MAILING ADDRESS (Include ZIP Code)</b><br><p>c/o White House Administration Office<br/>         OEOB, Rm 1, 17th and PA NW, Washington DC 20500</p> |                                                                                                                |             | <b>d. OFFICE TELEPHONE NO.</b><br><p style="text-align: center;">456-5560</p>                                               |                                                                                                                                                                                                                                                                                  | <b>7. TRAVEL AUTHORIZATION</b><br><table style="width:100%;"> <tr> <td style="width:50%;"><b>a. NUMBER(S)</b><br/>XD8A0018</td> <td style="width:50%;"><b>b. DATE(S)</b><br/>7/9-10/98</td> </tr> </table> |                 | <b>a. NUMBER(S)</b><br>XD8A0018                                                                                                                                                                            | <b>b. DATE(S)</b><br>7/9-10/98 |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>a. NUMBER(S)</b><br>XD8A0018                                                                                                                           | <b>b. DATE(S)</b><br>7/9-10/98                                                                                 |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>e. PRESENT DUTY STATION</b><br><p style="text-align: center;">Washington, DC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           | <b>f. RESIDENCE (City and State)</b><br><p style="text-align: center;">Arlington, VA</p>                       |             | <b>10. CHECK NO.</b><br><br><b>11. PAID BY</b>                                                                              |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>8. TRAVEL ADVANCE</b><br><table style="width:100%;"> <tr> <td style="width:50%;"><b>a. Outstanding</b></td> <td style="width:50%;"></td> </tr> <tr> <td><b>b. Amount to be applied</b></td> <td></td> </tr> <tr> <td><b>c. Amount due Government</b><br/>(Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)</td> <td></td> </tr> <tr> <td><b>D. Balance outstanding</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                                |             | <b>a. Outstanding</b>                                                                                                       |                                                                                                                                                                                                                                                                                  | <b>b. Amount to be applied</b>                                                                                                                                                                             |                 | <b>c. Amount due Government</b><br>(Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)                                                                                                |                                | <b>D. Balance outstanding</b> |  | <b>9. CASH PAYMENT RECEIPT</b><br><table style="width:100%;"> <tr> <td style="width:50%;"><b>a. DATE RECEIVED</b></td> <td style="width:50%;"><b>b. AMOUNT RECEIVED</b><br/>\$</td> </tr> <tr> <td colspan="2"><b>c. PAYEE'S SIGNATURE</b></td> </tr> </table> |                            |  |  | <b>a. DATE RECEIVED</b>     | <b>b. AMOUNT RECEIVED</b><br>\$ | <b>c. PAYEE'S SIGNATURE</b>               |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>a. Outstanding</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>b. Amount to be applied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>c. Amount due Government</b><br>(Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>D. Balance outstanding</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>a. DATE RECEIVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>b. AMOUNT RECEIVED</b><br>\$                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>c. PAYEE'S SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="5" style="padding: 5px;">           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)         </td> <td colspan="3" style="text-align: right; padding: 5px;"> <b>Traveler's Initials</b> </td> </tr> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET</th> <th style="width:10%;">ISSUING CARRIER (Initials)</th> <th style="width:10%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width:10%;">DATE ISSUED</th> <th colspan="4" style="text-align: center;">POINTS OF TRAVEL</th> </tr> <tr> <th style="text-align: center;">(a)</th> <th style="text-align: center;">(b)</th> <th style="text-align: center;">(c)</th> <th style="text-align: center;">(d)</th> <th style="width:20%; text-align: center;">FROM (e)</th> <th colspan="3" style="text-align: center;">TO (f)</th> </tr> <tr> <td style="height: 150px; vertical-align: top;">6-1168316570 4</td> <td style="vertical-align: top;">530.00</td> <td style="vertical-align: top;">Delta</td> <td style="vertical-align: top;">Coach</td> <td style="vertical-align: top;">7/9/98</td> <td style="vertical-align: top;">Washington, DC</td> <td colspan="3" style="vertical-align: top;">Panama City, FL<br/>and return</td> </tr> </table> |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 | 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) |                                |                               |  |                                                                                                                                                                                                                                                                | <b>Traveler's Initials</b> |  |  | AGENT'S VALUATION OF TICKET | ISSUING CARRIER (Initials)      | MODE, CLASS OF SERVICE AND ACCOMMODATIONS | DATE ISSUED | POINTS OF TRAVEL |  |  |  | (a) | (b) | (c) | (d) | FROM (e) | TO (f) |  |  | 6-1168316570 4 | 530.00 | Delta | Coach | 7/9/98 | Washington, DC | Panama City, FL<br>and return |  |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             | <b>Traveler's Initials</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| AGENT'S VALUATION OF TICKET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ISSUING CARRIER (Initials)                                                                                                                                | MODE, CLASS OF SERVICE AND ACCOMMODATIONS                                                                      | DATE ISSUED | POINTS OF TRAVEL                                                                                                            |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (b)                                                                                                                                                       | (c)                                                                                                            | (d)         | FROM (e)                                                                                                                    | TO (f)                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| 6-1168316570 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 530.00                                                                                                                                                    | Delta                                                                                                          | Coach       | 7/9/98                                                                                                                      | Washington, DC                                                                                                                                                                                                                                                                   | Panama City, FL<br>and return                                                                                                                                                                              |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>TRAVELER SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                           |                                                                                                                |             | <b>DATE</b>                                                                                                                 |                                                                                                                                                                                                                                                                                  | <b>AMOUNT CLAIMED</b>                                                                                                                                                                                      |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
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| <b>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).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>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).)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             | <b>17. FOR FINANCE OFFICE USE ONLY</b><br><b>COMPUTATION</b><br><table style="width:100%;"> <tr> <td style="width:80%;">a. DIFFERENCES, IF ANY (Explain and show amount)</td> <td style="width:20%;"></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> |                                                                                                                                                                                                            |                 | a. DIFFERENCES, IF ANY (Explain and show amount)                                                                                                                                                           |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| a. DIFFERENCES, IF ANY (Explain and show amount)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
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| <b>APPROVING OFFICIAL SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             | <b>DATE</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| <b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b><br><table style="width:100%;"> <tr> <td style="width:33%;">a. VOUCHER NO.</td> <td style="width:33%;">b. D.O. SYMBOL</td> <td style="width:33%;">c. MONTH &amp; YEAR</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             | a. VOUCHER NO.                                                                                                                                                                                                                                                                   | b. D.O. SYMBOL                                                                                                                                                                                             | c. MONTH & YEAR | <b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b><br>Certifier's Initials:                                                                                                                      |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
| a. VOUCHER NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | b. D.O. SYMBOL                                                                                                                                            | c. MONTH & YEAR                                                                                                |             |                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
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| <b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b><br><b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             | <b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
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| <b>18. ACCOUNTING CLASSIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |                                                                                                                |             |                                                                                                                             | <b>d. NET TO TRAVELER</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                            |                 |                                                                                                                                                                                                            |                                |                               |  |                                                                                                                                                                                                                                                                |                            |  |  |                             |                                 |                                           |             |                  |  |  |  |     |     |     |     |          |        |  |  |                |        |       |       |        |                |                               |  |  |
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|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>DATE</b><br>19 <u>98</u> | <b>TIME</b><br>(Hour<br>and<br>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) }  
(h)  
(i)

(d) } Show amount incurred for each meal, including tax and tips, and daily total  
(g) } meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(ii) 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.

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

[illegible]

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.

|                                       |        |
|---------------------------------------|--------|
| <b>TOTAL<br/>AMOUNT<br/>CLAIMED ▶</b> | 585.50 |
|---------------------------------------|--------|



# TRAVEL EXPENSES FROM OUTSIDE SOURCE

## WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation.

CONTACT PERSON: DONNA GIESBERT  
PHONE NUMBER: 6-5594  
DATE OF REQUEST: 7/8/98

| Your Name and Position:<br><u>Chris Jennings</u>                                                                                                                                                                                                                            |               |                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Nature of Meeting or Event: <input checked="" type="checkbox"/> Official <input type="checkbox"/> Political                                                                                                                                                                 |               |                                                                                                                                         |
| Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:<br><u>THA - AN ASSOCIATION OF HOSPITALS &amp; HEALTH SYSTEMS - PANEL DISCUSSION AT JOINT SUMMER LEADERSHIP CONFERENCE - TO PROVIDE A VIEW OF THE FUTURE SPECTRUM WHERE H.C. GOING</u> |               |                                                                                                                                         |
| Dates of Travel: <u>7/9/98-7/10/98</u> Destination(s): <u>Destin, FL</u>                                                                                                                                                                                                    |               |                                                                                                                                         |
| Per <u>THA - TN HOSPITAL ASSN (501 C-6)</u> or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):                                          |               |                                                                                                                                         |
| Contact at Organization Making the Payment: <u>Jeannine BRILEY</u>                                                                                                                                                                                                          |               |                                                                                                                                         |
| Address of Organization: <u>500 INTERSTATE BLVD, SOUTH NASHVILLE TN 37210-4634</u>                                                                                                                                                                                          |               |                                                                                                                                         |
| Phone: <u>800-258-9541</u>                                                                                                                                                                                                                                                  |               |                                                                                                                                         |
| Expense:                                                                                                                                                                                                                                                                    | Amount:       | Method:                                                                                                                                 |
| Transportation (specify):                                                                                                                                                                                                                                                   |               | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only)            |
| Lodging:                                                                                                                                                                                                                                                                    | <u>147.15</u> | <input checked="" type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only) |
| Meals:                                                                                                                                                                                                                                                                      |               | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only)            |
| Misc. (specify):                                                                                                                                                                                                                                                            |               | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only)            |

\*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization. You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, OE0B) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

Counsel's Signature

Meredith

☒ Approved ☐ Disapproved

Date

July 8, 1998

Pursuant to: 5 U.S.C. 51353

☒ 5 C.F.R. 2635.204(f)



# TRAVEL EXPENSES FROM OUTSIDE SOURCE

## WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation.

CONTACT PERSON: DONNA GIESBERT

PHONE NUMBER: 6-5594

DATE OF REQUEST: 7/8/98

Your Name and Position:

Chris Jennings

Nature of Meeting or Event:

☒ Official

☐ Political

Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:

THA - AN ASSOCIATION OF HOSPITALS & HEALTH SYSTEMS - PANEL  
DISCUSSION AT JOINT SUMMER LEADERSHIP CONFERENCE - TO  
PROVIDE A VIEW OF THE FUTURE SPECTRUM WHERE H.C. GOING

Dates of Travel: 7/9/98-7/10/98 Destination(s): Destin, FL

Persons or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

THA - TN HOSPITAL ASSN (501 C-6)

Contact at Organization Making the Payment:

Jeannine BRILEY

Address of Organization:

500 INTERSTATE BLVD, SOUTH

NASHVILLE TN 37210-4634

Phone:

800-258-9541

Expense:

Amount:

Method:\*

Transportation (specify):

☐ In Kind  
☐ Reimbursable  
☐ Other (Political Only)

Lodging:

147.15

☒ In Kind  
☐ Reimbursable  
☐ Other (Political Only)

Meals:

☐ In Kind  
☐ Reimbursable  
☐ Other (Political Only)

Misc. (specify):

☐ In Kind  
☐ Reimbursable  
☐ Other (Political Only)

\*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

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Please send this form to the Counsel's Office (Room 128, OE0B) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

☒ Approved

☐ Disapproved

Pursuant to: ☒ 51 U.S.C. 51353

☐ 5 C.F.R. 2635.204(f)

Counsel's Signature

Meredith Libe

Date

July 8, 1998

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                          | DATE       | RESTRICTION |
|--------------------------|----------------------------------------|------------|-------------|
| 001c. receipt            | re: airplane ticket (partial) (1 page) | 07/09/1998 | P6/b(6)     |

### COLLECTION:

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

### FOLDER TITLE:

Travel - Jennings: Panama City, Florida July 9, 1998

2011-0747-S

rc405

### 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.<br>AND TYPE | SUBJECT/TITLE                          | DATE       | RESTRICTION |
|--------------------------|----------------------------------------|------------|-------------|
| 001d. receipt            | re: airplane ticket (partial) (1 page) | 07/09/1998 | P6/b(6)     |

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Domestic Policy Council  
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OA/Box Number: 17044

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

For Questions or Comments: (703) 417-4300

Entrance: 18:33 07/09/98 Lane # 02

Exit : 21:19 07/10/98 Lane # 31

License Plate VA YZR2655

Cashier : 040

529. # 1116

Length of stay 0.001 02h. 46min.

Amount paid \$ 18.00 Cash

\*\*\* Thank You for Flying \*\*\*

\*\*\* Washington National Airport \*\*\*

KC55XD8A0018

1695000023 0033889 A47

# PASSENGER RECEIPT

REPORTING RAS

ISSUED BY **DELTA AIR LINES INC** **ARC** **FLIGHT COMP**  
 NAME OF ISSUING AGENT **AMERICAN EXPRESS**  
 NAME OF PASSENGER **JENNINGS/CHRIS** **PNR/CARRIER CODE** **UA1X**  
**XX** **CARRIER FLIGHT**  
**XX** **TO** **THIS**  
**\*\*NOT VALID FOR\*\***  
**\*\*TRANSPORTATION\***  
 ENDORSEMENTS/RESTRICTIONS

XX  
WASHINGTON  
/AA YCADA  
IS YOUR RECEIPT

NAME OF PASSENGER  
JENNINGS/CHRIS  
FROM  
DCA  
XATL DL1593 Y #9JULYCADCA  
OPFN DL7834 Y #9JULYCADCA  
XATL DL7329 Y 18JULYCADCA  
DCA DL1632 Y 18JULYCADCA

FP [REDACTED] P6(b)(6) 466148 /FCWAS DL X/ATL  
DL PFN235.78 DL X/ATL DL WAS235.78YCADCA 471.56 EN  
D ZPDCA1ATL1PFN1ATL1 XFDC3ATL3PFN3ATL3

CARRIER \*\*\*\*\* FLIGHT CLASS \*\*\*\*\* DATE \*\*\*\*\*

\*\*\*\*\*

GATE \*\*\*\*\* SEAT \*\*\*\*\* SMOKE \*\*\*\*\*

|       |     |        |                          |    |
|-------|-----|--------|--------------------------|----|
| FARE  | XF  | 12.00  | EQUIV. FARE PD           |    |
| TAX   | USD | 471.56 | STOCK CONTROL NO. TX 880 | OK |
| TAX   | US  | 42.44  |                          |    |
| TOTAL | ZP  | 4.00   |                          |    |
|       | USD | 530.00 |                          |    |

44752934203

ALLOW PCS WT UNCKD  
 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★  
 IN DOCUMENT NUMBER CK  
 0 006 1168316570 4

\*\*\*\*\*  
\*\*\*\*\*  
PCB HT UNCL BAGGAGE ID NUMBER  
NOT VALID FOR TRAVEL  
0 006 1168316570 4  
AA099910935



## INVOICE / ITINERARY

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

SALES PERSON: 47 ITINERARY/INVOICE NO. 0033889  
CUSTOMER NBR: 1695000023 UAIXKI

DATE: 09 JUL 9  
PAGE: 01

TO: WHITE HOUSE TRAVEL  
1600 PENNSYLVANIA AVE  
WASH DC 20500

FOR: JENNINGS/CHRIS

REF: KC5SXD8A0018

09 JUL 98 - THURSDAY

AIR DELTA AIR LINES INC FLT:1593 COACH  
LV WASHINGTON NATL 700P  
DEPART: TERMINAL B/C  
AR ATLANTA 846P

SNACK/BRUNCH  
EQP: MD-80  
01HR 46MIN  
NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-19D

*C-20*  
AIR DELTA AIR LINES INC FLT:7834 COACH  
ATLANTA-PANAMA CITY OPERATED BY ATLANTIC SOUTHEAST  
LV ATLANTA 930P

EQP: ATR72 TURBOPROP  
01HR 15MIN  
NON-STOP  
OA PNR: Z3N4YP

AR PANAMA CITY

945P

JENNINGS/CHRIS SEAT-13A

*Walden Beach*

10 JUL 98 - FRIDAY

AIR DELTA AIR LINES INC FLT:7329 COACH  
PANAMA CITY-ATLANTA OPERATED BY ATLANTIC SOUTHEAST  
LV PANAMA CITY 429P

EQP: ATR72 TURBOPROP  
01HR 15MIN  
NON-STOP  
OA PNR: Z3N4YP

AR ATLANTA

644P

JENNINGS/CHRIS SEAT-14C

AIR DELTA AIR LINES INC FLT:1632 COACH  
LV ATLANTA 730P

SNACK/BRUNCH  
EQP: 727 STRETCH  
01HR 44MIN  
NON-STOP  
OA PNR: Z3N4YP

AR WASHINGTON NATL

914P

ARRIVE: TERMINAL B/C

JENNINGS/CHRIS SEAT-14C

28 DEC 98 - MONDAY

OTHER WASHINGTON  
HAVE A GREAT TRIP

CONTINUED ON PAGE 2

AMERICAN  
EXPRESS

Travel  
Management  
Services

# INVOICE / ITINERARY

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

SALES PERSON: 47 ITINERARY/INVOICE NO. 0033889  
CUSTOMER NBR: 1695000023 UAIXKI

DATE: 09 JUL 98  
PAGE: 01

TO: WHITE HOUSE TRAVEL  
1600 PENNSYLVANIA AVE  
WASH DC 20500

FOR: JENNINGS/CHRIS

REF: KC5SXDBA0018

09 JUL 98 - THURSDAY

AIR DELTA AIR LINES INC FLT:1593 COACH SNACK/BRUNCH  
LV WASHINGTON NATL 700P EQP: MD-80  
DEPART: TERMINAL B/C 01HR 46MIN  
AR ATLANTA 846P NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-19D

*(C-28)* AIR DELTA AIR LINES INC FLT:7834 COACH  
ATLANTA-PANAMA CITY OPERATED BY ATLANTIC SOUTHEAST  
LV ATLANTA 930P EQP: ATR72 TURBOPROP  
01HR 15MIN  
AR PANAMA CITY 945P NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-13A

*Walden B...*

10 JUL 98 - FRIDAY

AIR DELTA AIR LINES INC FLT:7329 COACH  
PANAMA CITY-ATLANTA OPERATED BY ATLANTIC SOUTHEAST  
LV PANAMA CITY 429P EQP: ATR72 TURBOPROP  
01HR 15MIN  
AR ATLANTA 644P NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-14C

AIR DELTA AIR LINES INC FLT:1632 COACH SNACK/BRUNCH  
LV ATLANTA 730P EQP: 727 STRETCH  
01HR 44MIN  
AR WASHINGTON NATL 914P NON-STOP  
ARRIVE: TERMINAL B/C  
JENNINGS/CHRIS SEAT-14C OA PNR: Z3N4YP

28 DEC 98 - MONDAY

OTHER WASHINGTON  
HAVE A GREAT TRIP

CONTINUED ON PAGE 2

REMINDER: PLEASE PICK UP YOUR  
CARRY-ON BAGGAGE AT DEPLANEMENT  
BAGGAGE IS SUBJECT TO APPLICABLE  
TARIFF INCLUDING LIMITATIONS OF  
LIABILITY CONTAINED HEREIN. FRAGILE  
ARTICLES ACCEPTED AT PASSENGER'S  
OWN RISK  
**60-38-95**

NOT FOR U

PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER COUPON

NOTICE

This portion of the ticket should be  
retained as evidence of your  
journey.

1695000023 0033859 A47  
BOARDING PASS

NAME OF PASSENGER  
JENNINGS/CHRIS

FROM  
O PANAMA CITY

TO  
X ATLANTA

CARRIER  
DELTA AIR LINES 1

FLIGHT  
DL 7329Y

COAST  
10JUL429P

DATE  
14C YNO

PCB WT UNKRD BAGGAGE ID NUMBER  
3 006 1168316570 6  
AA09910935

**American Express makes**



**Delta Air Lines**

Please check in early. We recommend the following check in times:

| Destination           | Ticket Counter | Departure Gate |
|-----------------------|----------------|----------------|
| U.S. Domestic Flights | 60 Minutes     | 20 Minutes     |
| International Flights | 90 Minutes     | 30 Minutes     |
| Transoceanic Flights  | 120 Minutes    | 60 Minutes     |

Concourse/Terminal

Flights close **10** minutes before departure

Visit our web site at [www.delta-air.com](http://www.delta-air.com)

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MCI.**

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**AND  
5,000 MORE  
SKYMILES  
WITH MCI  
INTERNET.**



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**Delta Air Lines  
SkyMiles®**

**MCI**

## IMPORTANT INFORMATION



Delta Air Lines is a smoke-free airline.

Use of tobacco products is prohibited on all Delta operated flights.

**Please Check In Early:** Reservations may be canceled when passengers present themselves at the departure gate in less than:

**10 minutes:** Flights operating within the U.S.

**15 minutes:** Advanced boarding passes may be released

**30 minutes:** Reserved seats may be released

Reservation may be canceled for flights operating to/from

Bahamas, Bermuda, Canada or Mexico reservations

**45 minutes:** Flights operating to/from or within Europe, Asia, India or South America



### Boarding Your Flight: We will board as follows:

1. First Class Passengers

2. Delta Elite SkyMiles™ Members (membership ID required as you board)

3. Coach/economy compartment from the rear of the aircraft forward, five rows at a time.

(NOTE: Delta Express flights will board from the rear of the aircraft forward, five rows at a time.)

### Planning for Your Journey: Place identification tags on all baggage both inside and outside -Always

carry medications, valuables and breakable objects in your carry-on baggage.

-Federal regulations require that firearms in checked baggage must be unloaded and declared when baggage is presented for checking.

### Carry-On Baggage: Maximum two pieces. Most code-share flights are limited to one piece.

-Maximum weight 45 pounds (20kg) -For your convenience, use Delta Air Lines

SIZE WISE baggage sizer to determine whether your baggage meets our carry-on requirements. -Code-share flights may have more restrictive carry-on limitations.

Check with Delta for additional information.

### Checked Baggage Within North America: Maximum three pieces

-Maximum weight 70 pounds (32kg)

-Maximum baggage sizes are measured by

length + width + height.

-For all flights operating within North America.

15" 55" 62"

**NOTE:** You may check three bags when there are no carry-on pieces, check two bags and carry-on one piece, or check one bag and carry-on two pieces.

### International Checked Baggage: Maximum two pieces

Maximum weight 70 pounds (32kg) For all transoceanic flights.

Exceptions for flights operating within or between Europe/Asia/India are as follows:

**FIRST CLASS** - 88 pounds (40kg) **BUSINESS CLASS** - 66 pounds (30kg)

**ECONOMY CLASS** - 44 pounds (20kg)

**NOTE:** In the course of normal handling, luggage may show evidence of wear and tear. Delta assumes no liability for minor damage, or for protruding parts not limited to retractable handles, wheels and luggage feet. Time limits for filing damage claims apply.

### Pets in the Cabin: Delta permits a limited number of small warm-blooded domesticated pets in the air

cabin for a service charge. Any pet accepted for travel in the cabin must remain in an approved kennel and under the seat at all times.

**Different regulations exist for code-share flights. Check with Delta for additional information.**

**E Valuation:** Baggage liability is limited to \$1,250 within the U.S. (items such as cash, jewelry, cameras/electronic/computer equipment and similarly valuable items are excluded) and \$9.07/pound internationally unless an additional charge is paid. Check with Delta for additional information.

**Airline Partners:** Delta Connection® carriers are regional airlines which use Delta flight numbers 3000-5999 and 7000-7999. Flights carrying a "DL" designator that are operated by Delta Global Excellence™ or Worldwide Partners™ are known as "Code-Share" flights. The rules and regulations of the operating carrier generally apply for code-share flights and may differ from Delta's rules and regulations. Check with Delta for additional information.

**Security Information:** Delta reserves the right to refuse transportation to passengers without positive identification matching the name on the ticket. All checked and unchecked articles are subject to search. Do not leave your baggage unattended. It may be removed, stolen, or destroyed as suspect baggage. Check your luggage as soon as possible. Do not accept any items from an unknown person for carriage onboard the aircraft.

**NOTE: FOR SECURITY REASONS, ALL CHECKED AND UNCHECKED ARTICLES ARE SUBJECT TO SEARCH.**



## RESERVATIONS TELEPHONE NUMBERS

|                          |                 |                          |                 |
|--------------------------|-----------------|--------------------------|-----------------|
| Acapulco, Mexico         | 800-90221       | Miami, FL                | 448-7000        |
| Amsterdam, Netherlands   | 661-0051        | Miami, FL (en espanol)   | 448-1433        |
| Athens, Greece           | 331-1678        | Milan, Italy             | 1-678-64114     |
| Atlanta, GA              | 404-765-5000    | Montreal, Canada         | 337-5520        |
| Bangkok, Thailand        | 02-237-6847     | Moscow, Russia           | 258-1288        |
| Barcelona, Spain         | 412-4333        | Mumbai (Bombay), India   | 288-5659        |
| Berlin, Germany          | 0180-333-7880   | Munich, Germany          | 0180-333-7880   |
| Bermuda                  | 293-2000        | Nagoya, Japan            | 0120-333-742    |
| Boston, MA               | 567-4100        | New York City, NY        | 239-0700        |
| Bradenton, FL            | 955-2505        | Nice, France             | 05-35-40-80     |
| Brussels, Belgium        | 730-8200        | Ontario, CA              | 984-1276        |
| Bucharest, Romania       | 330-4402        | Orange County, CA        | 534-8468        |
| Budapest, Hungary        | 266-1400        | Orlando, FL              | 849-6400        |
| Cincinnati, OH           | 721-7000        | Oslo, Norway             | 415-600         |
| Clearwater, FL           | 894-1861        | Paris, France            | 47-68-9292      |
| Columbus, OH             | 228-6000        | Phoenix, AZ              | 258-5930        |
| Copenhagen, Denmark      | 33-115-656      | Poznan, Poland           | 523-730         |
| Dallas, TX               | 630-3200        | Prague, Czech Republic   | 242-32258/39309 |
| Dayton, OH               | 223-7141        | Puerto Vallarta, Mexico  | 800-90221       |
| Delhi, India             | 373-0197        | Rio de Janeiro, Brazil   | 0800-224450     |
| Dublin, Ireland          | 676-8080        | Rome, Italy              | 1-678-64114     |
| El Paso, TX (en espanol) | 542-0029        | St. Petersburg, FL       | 894-1861        |
| Fort Lauderdale, FL      | 763-2211        | Saint Petersburg, Russia | 311-5819/20     |
| Fort Worth, TX           | 336-8341        | Salt Lake City, UT       | 532-7123        |
| Frankfurt, Germany       | 664-1212        | San Diego, CA            | 233-8040        |
| Geneva, Switzerland      | 155-2036        | Sao Paulo, Brazil        | 0800-224450     |
| Guadalajara, Mexico      | 6-30-35-30      | Sarasota, FL             | 955-2205        |
| Hamburg, Germany         | 0180-333-7880   | Seoul, Korea             | 754-1921        |
| Hartford, CT             | 527-1811        | Shannon, Ireland         | 1-800-768080    |
| Helsinki, Finland        | 694-2422        | Stockholm, Sweden        | 796-9600        |
| Hong Kong, China         | 2-526-5875      | Stuttgart, Germany       | 0180-333-7880   |
| Istanbul, Turkey         | 231-2339/40/1/2 | Taipei, Taiwan           | 886-2-551-3656  |
| Izmir, Turkey            | 421-4262/63     | Tampa, FL                | 286-1800        |
| Krakow, Poland           | 226-105         | Tel Aviv, Israel         | 201101          |
| Lisbon, Portugal         | 353-7610        | Tokyo, Japan             | 03-5275-7000    |
| London, England          | 0-800-414-767   | Vienna, Austria          | 512-6646        |
| Los Angeles, CA          | 386-5510        | Warsaw, Poland           | 827-8461        |
| Louisville, KY           | 584-6151        | West Palm Beach, FL      | 655-5300        |
| Madrid, Spain            | 577-0650        | Zagreb, Croatia          | 457-7918/7277   |
| Manchester, England      | 0-800-414-767   | Zurich, Switzerland      | 810-0202        |
| Mazatlan, Mexico         | 800-90221       |                          |                 |
| Mexico City, Mexico      | 202-1608        |                          |                 |

For all U.S. and Canadian cities not listed, call 1-800-221-1212. International Reservations: Call 1-800-241-4141 from the U.S., Puerto Rico, and Virgin Islands and Western Canada; 1-800-361-9783 from Eastern Canada. Reservations for the hearing and speech impaired: 1-800-831-4488 (TDD). For automated departure and arrival information call 1-800-325-1999 from the U.S., Canada, Puerto Rico, Virgin Islands, The Bahamas and Bermuda.

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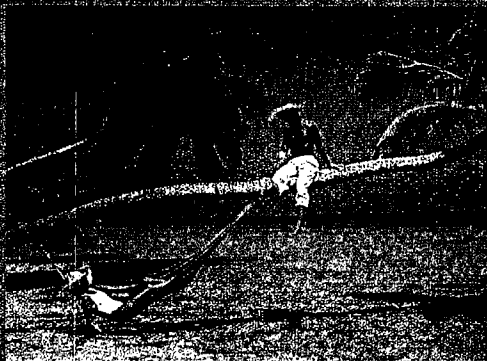
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- ✓ Sightseeing arrangements
- ✓ Hotel and car rental reservations
- ✓ Airline flight rescheduling

## We're More Than Travel Services

Before, during and after your trip, you'll have travel related financial needs. American Express Travel Service offices can assist you almost anywhere in the world.†

- ✓ Foreign currency exchange
- ✓ American Express Travelers Cheques
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## Thank You & Have A Great Trip

\* 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.

**American Express makes  
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**More Convenience:**

Electronic ticketing is easy and efficient. You no longer have to wait in line to purchase, or pick up, your ticket at the airport.

**More Security:**

Electronic tickets don't have to be delivered. All you need is a photo I.D. to obtain your boarding pass. And since your ticket is stored electronically, there's nothing to lose, or nothing to forget to bring.

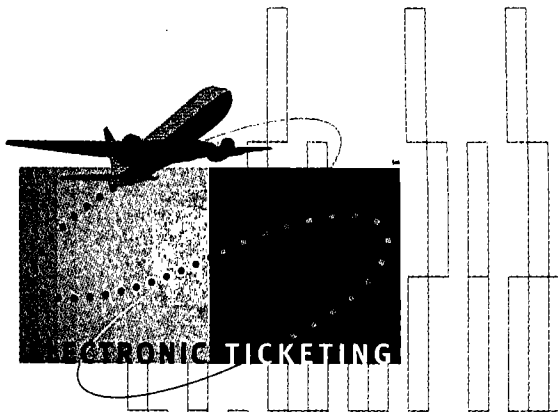
**Same Reliable Service:**

With an electronic ticket, you still receive all of the same airline and airport services that you are accustomed to with a paper ticket.

*Next time you fly,  
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For more information about electronic ticketing ask  
your American Express Travel Counselor.

CS 980002 (4/98) Printed in USA



Next time you fly,  
try an electronic ticket...

- more convenient
- more secure
- same reliable service



**Corporate  
Services**

## ***Paper Tickets are a Thing of the Past...***

### **What is Electronic Ticketing?**

An electronic ticket is an airplane ticket that resides on the airline's computer database. It is not simply a reservation, it is a ticket that gives you the same services and rights as a paper ticket (except for enroute switching from one airline to another - which the airlines are working to resolve). And it can be set up by your American Express® Travel Counselor. Electronic ticketing is offered by most major carriers - including America West, American, Continental, Northwest, and US Airways.

### **How Do I Check in with an Electronic Ticket?**

It's easy! Just like a paper ticket, you can check in at the ticket counter or gate. At major airports, with some airlines, you can even check in using an electronic ticket machine (ETM)—just insert your charge card, follow the prompts, and the ETM issues your boarding pass. All you have to do is show an ID prior to boarding.

### **How Do I Change or Cancel my Flight?**

To change or cancel your trip, just call your American Express Travel Counselor. All of the necessary changes will be made right over the phone.

### **What if I Need to Get a Refund?**

Requesting a refund or an electronic ticket to be re-issued, is as easy as a phone call. There are no special trips to your agency or the airport to have your paper ticket re-issued or refunded.

### **What About Lost Tickets?**

Not a problem with electronic ticketing! There's no paper ticket to lose! All ticket information is stored electronically in the airlines' computers.

### **Where Do I Get a Receipt?**

You will receive an electronic ticket receipt in the mail, several days after your ticket has been issued. Simply treat this receipt in the same way you would treat a paper ticket receipt.

### **Sounds Simple. How Do I Try it?**

Next time you travel, just ask your Travel Counselor for an electronic ticket. As always, you will receive an itinerary with seat assignment and confirmation number—but the ticket will be set up and kept as an electronic record. There's no need to worry about having your ticket in hand before you leave for the airport.

ELECTRONIC TICKETING

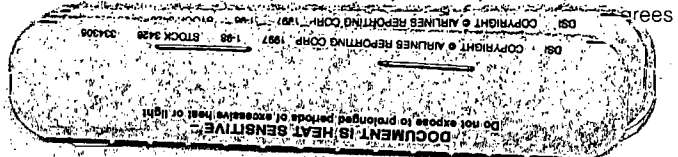
## American Express makes

### 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



Florida Trip  
July 9-10, 1998

Some of these times do not work if your program is not over until 11:30. Marilyn said it started at 8:30 and runs for couple of hours. Marilyn said she can pick you up from any airport.

These are your options:

1. Ft. Walton Beach 17 Miles from Sandestin Resort  
Northwest through Memphis, TN

7/9 Depart National 5:55p  
Arrive 9:30p

7/10 Depart 11:25a  
Arrive National 4:55p

or

Depart 5:30p  
Arrive 10:59

NEW TIME

5 hrs - 29 min

Non-Exist

5:55 - 9:30  
was an incorrect  
time

2. Pensacola 50 Miles from Sandestin Resort  
US Air through Charlotte, NC

7/9 Depart National 6:11p  
Arrive 8:30p

7/10 Depart 12:00p  
Arrive National 4:20p

or

Depart 12:45p  
Arrive National 7:20p

or

Depart 3:15p  
Arrive National 7:40p

4 hrs - 25 min

3. Panama City 40 Miles from Sandestin Resort  
Delta through Atlanta

7/9 Depart National 7:00p  
Arrive 9:45p

or

Depart National 9:00p  
Arrive 11:45p

7/10 Depart 12:40p  
Arrive 6:10p

KICK

\$530

5 hrs - 30 min

4:29  
9:14

Florida Trip  
July 9-10, 1998

Some of these times do not work if your program is not over until 11:30. Marilyn said it started at 8:30 and runs for couple of hours. Marilyn said she can pick you up from any airport.

These are your options:

1. Ft. Walton Beach 17 Miles from Sandestin Resort  
Northwest through Memphis, TN

7/9 Depart National 5:55p  
Arrive 9:30p

7/10 Depart 11:25a  
Arrive National 4:55p

2. Pensacola 50 Miles from Sandestin Resort  
US Air through Charlotte, NC

7/9 Depart National 6:11p  
Arrive 8:30p

7/10 Depart 12:00p  
Arrive National 4:20p

or

Depart 12:45p  
Arrive National 7:20p

or

Depart 3:15p  
Arrive National 7:40p

3. Panama City 40 Miles from Sandestin Resort  
Delta through Atlanta

7/9 Depart National 7:00p  
Arrive 9:45p

or

Depart National 9:00p  
Arrive 11:45p

7/10 Depart 12:40p  
Arrive 6:10p

5-29 min

~~5:30 - 10:59~~

5:55

9:30

7:10

Four some  
12:30-1:10

Jack

4-25 min

4:30  
9:15

4-45 min

## MEMORANDUM

**Date:** July 6, 1998  
**To:** Chris Jennings, Chip Kahn and John Seigenthaler  
**From:** Phil Martin  
**Distribution:**  
**Re:** Friday (7/10) Presentation to Tennessee and Mississippi Hospital Associations in Destin, Florida

---

Thanks to Chip and John for joining the call this morning. Chris, we are sorry you could not join, but wanted you to know what we discussed:

The event begins at 8:30 a.m. in the ballroom. It will be preceded by a continental breakfast at 8 a.m.

The entire presentation will last about 90 minutes and will break down as follows:

Bob Gordon, chairman-elect of THA, will introduce all three participants

John Seigenthaler will make initial remarks (3-5 minutes) and turn it over to Chris Jennings

Chris will make opening remarks of 15-20 minutes on the subject of the "Patient Bill of Rights" (background; what the bill does to access, quality, etc.; status)

Chip will make his opening remarks of 15-20 minutes on the subject of the "Patient Bill of Rights"

Chris will have an opportunity to respond to what Chip says (3-5 minutes)

John will ask follow-up questions and in one of those questions will introduce the topic of the Balanced Budget Act and Medicare funding

Chip and Chris will respond and will have the opportunity to say as much or as little as they feel compelled about the BBA and Medicare funding (15 minutes maximum)

Questions from the audience (20-25 minutes)

If you have any questions, please feel free to call me at 615-254-6785.

Thank you all for your participation.



*An Association of Hospitals and Health Systems*

May 11, 1998

Christopher Jennings  
Deputy Assistant to the President for Domestic Policy  
White House  
Washington, DC 20500

Dear Mr. Jennings:

Thank you for agreeing to speak at the THA Summer Conference July 8-11, 1998, at Sandestin Beach Resort in Sandestin, Florida.

Your presentation will be given, Friday, July 10, at 8:30 a.m. to approximately 100 Tennessee hospital executives, financial officers, trustees and medical directors. Sandestin Beach Resort has record showing you arriving on July 9 and departing on July 10. Please let me know if your plans have changed.

We understand and agree that your fee for the presentation will be expenses only plus coach air or 32.5 cents per mile. THA's travel agent is Opryland Travel. Please contact Betty Crasslin at 615-871-6499 to make your travel arrangements. Please return the enclosed expense report and receipts for compensation before July 27, 1998.

Also, please complete and return the enclosed Critical Information Speaker Packet, as soon as possible.

If you have handout materials, please send them to me no later than June 22, 1998, for duplication. I have also enclosed a brochure for your records.

We look forward to having you speak at our convention.

Sincerely,

Jeannine Briley  
Assistant Vice President of Education



*An Association of Hospitals and Health Systems*

May 11, 1998

Christopher Jennings  
Deputy Assistant to the President for Domestic Policy  
White House  
Washington, DC 20500

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We look forward to having you speak at our convention.

Sincerely,

Jeannine Briley  
Assistant Vice President of Education

① Will you be staying  
over the weekend?

What day will you  
arrive?

② You are in a villa  
So kids will have  
room to run.

③ Don't bother to fill out  
forms - especially  
if you don't need AV  
equipment.

④ John Sigenthaler is  
the moderator ->

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                       | DATE | RESTRICTION |
|--------------------------|-------------------------------------|------|-------------|
| 002. note                | re: phone number (partial) (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: Panama City, Florida July 9, 1998

2011-0747-S

rc405

### **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.

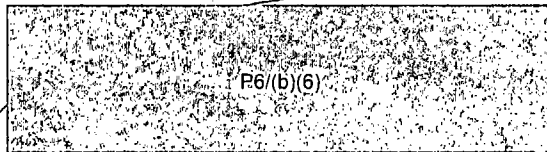
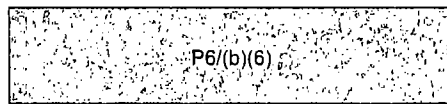
#### **Freedom of Information Act - [5 U.S.C. 552(b)]**

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]

he would like to know  
a few points you will  
cover.

Sergenthal/Er  
John Sergenthal (Denise)

[002]



FAX



Stay over  
weekend?  
Village

# Tennessee Hospital Education and Research Foundation

500 Interstate Blvd South Nashville, TN 37210-4634 Phone (615) 256-8240 (800) 258-9541 Fax (615) 742-3753

To: Donna

Fax Number: 202-456 5557

Phone Number: 202 456 5556

Date: 22 June 1998

FROM: Jammin Briley

## MESSAGE

John Sizerhaller

Please deliver immediately!

Moderate

few points  
that he will

Donna - These rates no longer exist. <sup>Cover.</sup>  
Has Chris made his reservations?  
Do I need to make <sup>air</sup> reservations? We have made  
Hotel reservations for 9+10 - Can extend  
if we need to. Call me, please  
Jammin Briley

This fax transmission and its entire contents is intended for the sole use of the person(s) to whom it is addressed and is considered strictly confidential and private. Please notify sender if you have received this information in error.

800 2589541

# T.H.E.R.F.

Tennessee Hospital Education  
and Research Foundation

- » Meeting Planning
- » Educational Programming

## Important Upcoming Events for 1998

|                 |                             |
|-----------------|-----------------------------|
| April 2-3       | Small and Rural Conference  |
| July 9-11       | Summer Conference           |
| September 18-20 | Joint Leadership Conference |
| October 6       | ACHE Exam                   |
| October 7-9     | THA Annual Meeting          |

EASYLINK 4766850L001 7MAY98 12:49/12:54 EST  
FROM: 49577108 49577108 OPRY UD  
OPRYLAND INTERNATIONAL TRAVEL  
TO: 6157423753

TO JEANNINE BRILEY FROM BETTY  
SALES PERSON: 33  
CUSTOMER NBR: 010033

ITINERARY

STAEVZ

DATE: 07 MAY 98  
PAGE: 01

TO: JEANNINE BRILEY

## 09 JUL 98 - THURSDAY

|     |                                                |          |           |                 |
|-----|------------------------------------------------|----------|-----------|-----------------|
| AIR | DELTA AIR LINES INC                            | FLT:309  | COACH     |                 |
|     | LV WASHINGTON NATL                             |          | 900A      | EQP: BOEING 757 |
|     | DEPART: TERMINAL B/C                           |          |           |                 |
|     | AR ATLANTA                                     |          | 1051A     | NON-STOP        |
| AIR | DELTA AIR LINES INC                            | FLT:7133 | COACH     |                 |
|     | ATLANTA-FORT WALTON BEACH OPERATED BY ATLANTIC |          | SOUTHEAST |                 |
|     | LV ATLANTA                                     |          | 1154A     | EQP: TURBOPROP  |
|     | AR FORT WALTON BEACH                           |          | 1209P     | NON-STOP        |

## 12 JUL 98 - SUNDAY

|     |                                                |          |           |                |
|-----|------------------------------------------------|----------|-----------|----------------|
| AIR | DELTA AIR LINES INC                            | FLT:7134 | COACH     |                |
|     | FORT WALTON BEACH-ATLANTA OPERATED BY ATLANTIC |          | SOUTHEAST |                |
|     | LV FORT WALTON BEACH                           |          | 1245P     | EQP: TURBOPROP |
|     | AR ATLANTA                                     |          | 300P      | NON-STOP       |
| AIR | DELTA AIR LINES INC                            | FLT:1418 | COACH     |                |
|     | LV ATLANTA                                     |          | 425P      | EQP: MD-80     |
|     | AR WASHINGTON NATL                             |          | 610P      | NON-STOP       |
|     | ARRIVE: TERMINAL B/C                           |          |           |                |

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WITH NAME/ADDRESS. PLEASE BE PREPARED TO ANSWER ANY  
QUESTIONS CONCERNING LUGGAGE AND BE PREPARED TO HAVE  
SAME INSPECTED. THANK YOU

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
FARE 187.00 PER PERSON. LATER FLIGHT AT 2 IS HIGHER  
FARE. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EASYLINK 4770122L001 7MAY98 12:52/12:56 EST  
FROM: 49577108 49577108 OPRY UD  
OPRYLAND INTERNATIONAL TRAVEL  
TO: 6157423753

TO JEANNINE BRILEY FROM BETTY

SALES PERSON: 33

ITINERARY

DATE: 07 MAY 98

CUSTOMER NBR: 010033

STA EVZ

PAGE: 01

TO: JEANNINE BRILEY

09 JUL 98 - THURSDAY

|     |                      |                         |           |                 |
|-----|----------------------|-------------------------|-----------|-----------------|
| AIR | DELTA AIR LINES INC  | FLT:309                 | COACH     |                 |
|     | LV WASHINGTON NATL   |                         | 900A      | EQP: BOEING 757 |
|     | DEPART: TERMINAL B/C |                         |           |                 |
|     | AR ATLANTA           |                         | 1051A     | NON-STOP        |
| AIR | DELTA AIR LINES INC  | FLT:7830                | COACH     |                 |
|     | ATLANTA-PANAMA CITY  | FL OPERATED BY ATLANTIC | SOUTHEAST |                 |
|     | LV ATLANTA           |                         | 1150A     | EQP: TURBOPROP  |
|     | AR PANAMA CITY       | FL                      | 1205P     | NON-STOP        |

12 JUL 98 - SUNDAY

|     |                      |                                 |           |                |
|-----|----------------------|---------------------------------|-----------|----------------|
| AIR | DELTA AIR LINES INC  | FLT:7831                        | COACH     |                |
|     | PANAMA CITY          | FL-ATLANTA OPERATED BY ATLANTIC | SOUTHEAST |                |
|     | LV PANAMA CITY       | FL                              | 1240P     | EQP: TURBOPROP |
|     | AR ATLANTA           |                                 | 255P      | NON-STOP       |
| AIR | DELTA AIR LINES INC  | FLT:11418                       | COACH     |                |
|     | LV ATLANTA           |                                 | 425P      | EQP: MD-80     |
|     | AR WASHINGTON NATL   |                                 | 610P      | NON-STOP       |
|     | ARRIVE: TERMINAL B/C |                                 |           |                |

FOR AFTER HOURS SERVICE

DIAL 1-800-237-7980 AND GIVE CODE ER41

THANK YOU FOR CHOOSING OPRYLAND INTERNATIONAL TRAVEL

TICKET IS NON-REFUNDABLE. CHANGES MAY RESULT IN A FEE  
BEING CHARGED, AS WELL AS PAYMENT OF ANY DIFFERENCE  
IN TICKET PRICES.

SECURITY DIRECTIVES PLEASE CHECK IN 90 MINUTES BEFORE  
DEPARTURE WITH VALID PHOTO ID AND LUGGAGE CLEARLY TAGGED  
WITH NAME/ADDRESS. PLEASE BE PREPARED TO ANSWER ANY  
QUESTIONS CONCERNING LUGGAGE AND BE PREPARED TO HAVE  
SAME INSPECTED. THANK YOU

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FARE 220.00 PER PERSON. LATER FLIGHT AT 2 IS HIGHER

FARE. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EASYLINK 4777201L001 7MAY98 12:58/12:58 EST  
FROM: 49577108 49577108 OPRY UD  
OPRYLAND INTERNATIONAL TRAVEL  
TO: 6157423753

TO JEANNINE BRILEY FROM BETTY  
SALES PERSON: 33  
CUSTOMER NBR: 010033

ITINERARY

STAEVZ

DATE: 07 MAY 98  
PAGE: 01

TO: JEANNINE BRILEY

09 JUL 98 - THURSDAY

|     |                      |          |         |                     |
|-----|----------------------|----------|---------|---------------------|
| AIR | US AIRWAYS           | FLT:1583 | ECONOMY | SNACK/BRUNCH        |
|     | LV WASHINGTON NATL   |          | 855A    | EQP: BOEING 737 300 |
|     | DEPART: TERMINAL B/C |          |         |                     |
|     | AR NEW ORLEANS       | 1028A    |         | NON-STOP            |

12 JUL 98 - SUNDAY

|     |                      |          |         |                     |
|-----|----------------------|----------|---------|---------------------|
| AIR | US AIRWAYS           | FLT:2194 | ECONOMY | SNACK/BRUNCH        |
|     | LV NEW ORLEANS       |          | 352P    | EQP: BOEING 737 300 |
|     | AR WASHINGTON NATL   | 720P     |         | NON-STOP            |
|     | ARRIVE: TERMINAL B/C |          |         |                     |

## FOR AFTER HOURS SERVICE

DIAL 1-800-237-7980 AND GIVE CODE ER41

THANK YOU FOR CHOOSING OPRYLAND INTERNATIONAL TRAVEL  
TICKET IS NON-REFUNDABLE. CHANGES MAY RESULT IN A FEE  
BEING CHARGED, AS WELL AS PAYMENT OF ANY DIFFERENCE  
IN TICKET PRICES.

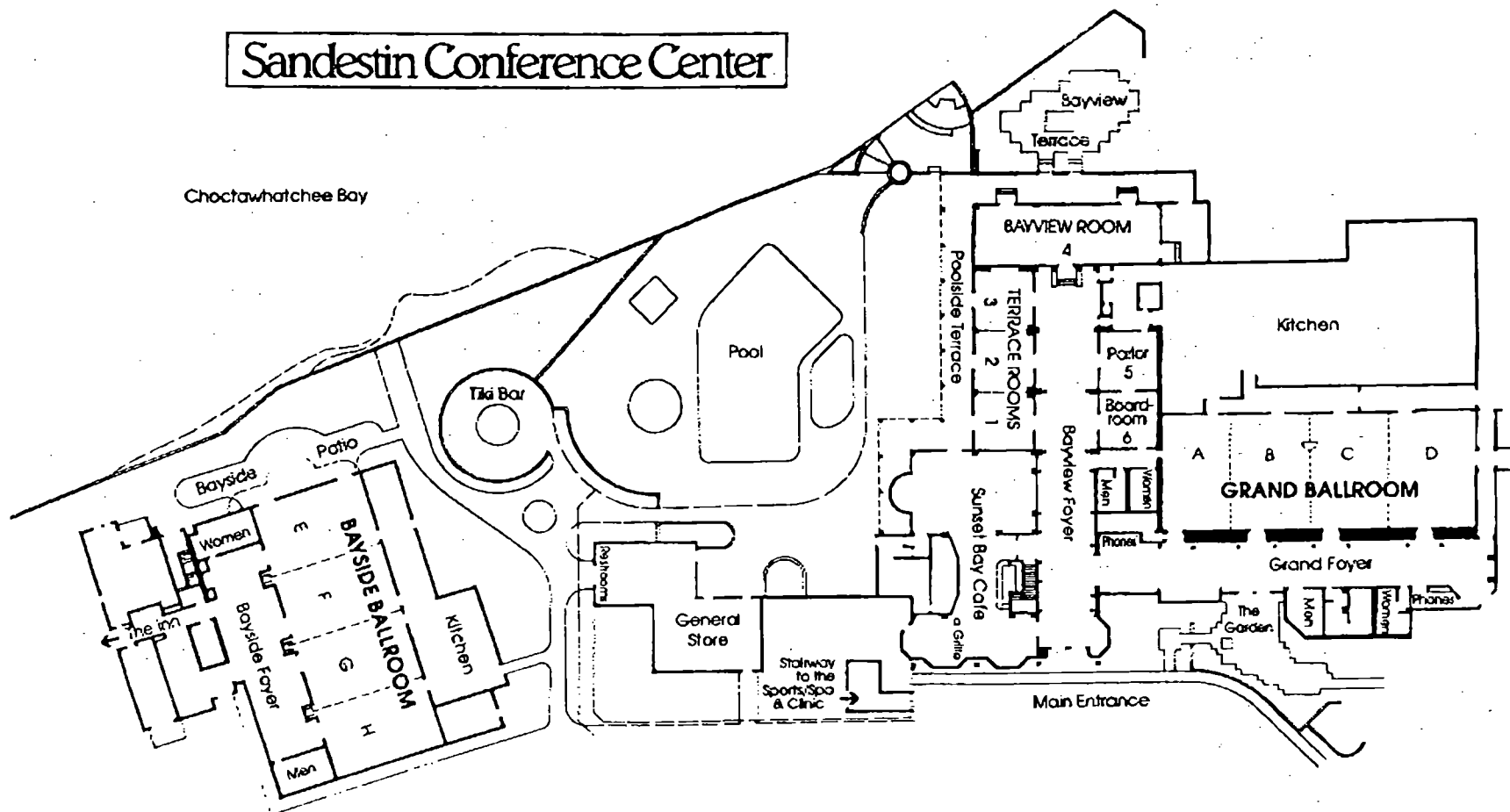
SECURITY DIRECTIVES PLEASE CHECK IN 90 MINUTES BEFORE  
DEPARTURE WITH VALID PHOTO ID AND LUGGAGE CLEARLY TAGGED  
WITH NAME/ADDRESS. PLEASE BE PREPARED TO ANSWER ANY  
QUESTIONS CONCERNING LUGGAGE AND BE PREPARED TO HAVE  
SAME INSPECTED. THANK YOU

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FARE 225.00 PER PERSON.

FARE. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Choctawhatchee Bay



| BAYSIDE BALLROOM |            |             |                |               |           |         |           |
|------------------|------------|-------------|----------------|---------------|-----------|---------|-----------|
| Room             | Dimensions | Square Feet | Ceiling Height | Theatre Style | Classroom | Lanquet | Reception |
| Ballroom         | 100' x 40' | 4000        | 16'            | 445           | 275       | 330     | 420       |
| C                | 25' x 40'  | 1000        | 16'            | 130           | 70        | 80      | 100       |
| F                | 25' x 40'  | 1000        | 16'            | 130           | 70        | 80      | 100       |
| G                | 25' x 40'  | 1000        | 16'            | 110           | 70        | 80      | 100       |
| H                | 25' x 40'  | 1000        | 16'            | 110           | 70        | 80      | 100       |
| Bayside Foyer    | 16' x 74'  | 1184        |                |               |           |         | 150       |
| Bayside Patio    | 14' x 75'  | 1050        |                |               |           | 120     | 150       |

| TERRACE ROOMS |            |             |                |               |           |                     |
|---------------|------------|-------------|----------------|---------------|-----------|---------------------|
| Room          | Dimensions | Square Feet | Ceiling Height | Theatre Seats | Classroom | Language/Recreation |
| 1 & 2 & 3     | 68' x 23'  | 1564        | 12'            | 180           | 110       | 130                 |
| 1             | 22' x 23'  | 506         | 12'            | 60            | 36        | 40                  |
| 2             | 24' x 23'  | 552         | 12'            | 60            | 36        | 40                  |
| 3             | 24' x 23'  | 552         | 12'            | 60            | 36        | 40                  |

| GRAND BALLROOM |            |             |                |               |            |         |           |
|----------------|------------|-------------|----------------|---------------|------------|---------|-----------|
| Room           | Dimensions | Square Feet | Ceiling Height | Theatre Seats | Class-room | Banquet | Reception |
| Grand Ballroom | 120' x 48' | 5760        | 14'            | 700           | 500        | 425     | 600       |
| A              | 28' x 48'  | 1344        | 14'            | 125           | 80         | 90      | 150       |
| B              | 29' x 48'  | 1344        | 14'            | 125           | 80         | 90      | 150       |
| C              | 28' x 48'  | 1344        | 14'            | 125           | 80         | 90      | 150       |
| D              | 35' x 48'  | 1680        | 14'            | 150           | 90         | 110     | 200       |

| Room            | Dimensions | Square Feet | Ceiling Height | Theatre Style  | Classroom Seating | Reception |
|-----------------|------------|-------------|----------------|----------------|-------------------|-----------|
| 4-Bayview Room  | 73' x 23'  | 1679        | 11'            | 200            | 120               | 140       |
| Bayview Terrace |            | 1748'       |                |                |                   | 150       |
| 5-Parlor        | 23' x 22'  | 506'        | 11'            |                |                   | 50        |
| 6-Banquetroom   | 23' x 22'  | 484'        | 11'            | Conference: 12 |                   | 50        |

1. H. E. R. F. - 1111 10.0137420100 3019 22 90 12.12.1988 11.100



# SOUVENIR

FOR GUESTS OF THE RESORT AT SANDESTIN, DESTIN, FLORIDA • SPRING/SUMMER 1998



Younger Resort at Sandestin  
guests enjoy a puppet show  
provided by Sand Pals, a  
recreation program designed  
to keep guests' children  
entertained while parents  
enjoy alone time.

## Learning Center is State-of-the-Art; KidSail a Resort at Sandestin Mainstay

Instruction and learning have never been better at Sandestin, thanks to such programs as an innovative new golf learning technique and KidSail, a Resort at Sandestin mainstay.

Tom Stickney brings this new approach to golf instruction to "The Golf Learning Center with Tom Stickney." He uses video and computer analysis to improve golfers' swings and, ultimately, their game.

Stickney is one of only 69 people nationwide and one of only 83 worldwide authorized as a "Golfing Machine Instructor."

The school is already accepting reservations, both for individuals and groups. Length of classes ranges from one hour to a three-day all inclusive school.

Call (850) 267-8156 for reservations or more information.

KidSail at Sandestin teaches basic sailing techniques to children, ages 9-15. Instructor Mike Zavison, said the program will expand



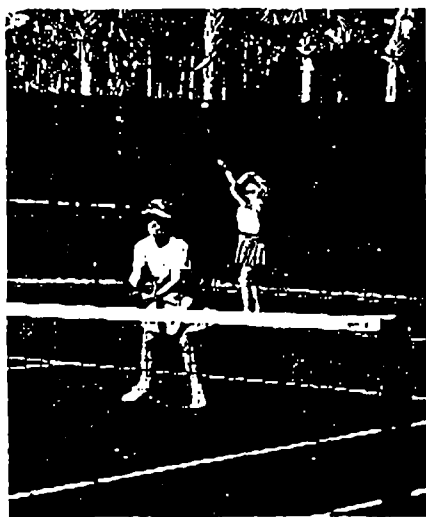
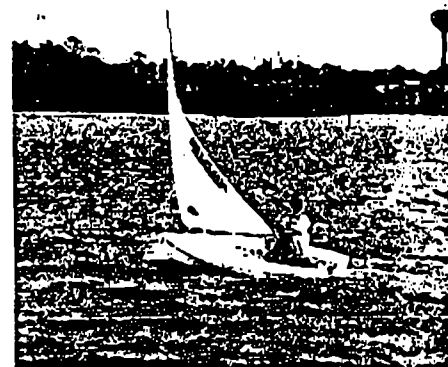
Melissa Isburn, a pro golfer from Brownwood, Texas, stops at The Resort at Sandestin for some last-minute advice before beginning the Funnies Ladies' Professional Golf Tour. Tom Stickney, instructor at The Golf Learning Center at Sandestin, helps correct her swing using state-of-the-art computer and video analysis.

(Below) Come sail away with Sandestin's KidSail program where kids can learn the fundamentals of sailing in a fun atmosphere on the Choctawhatchee Bay.

this year to include catamaran classes for children and adults. Catamaran instruction for children will be a Level Two course.

Zavison's considerable experience has afforded him the American Sailing Association affiliation which qualifies his adult students to captain a sailboat anywhere in the world.

Call (850) 267-7777 for more information.



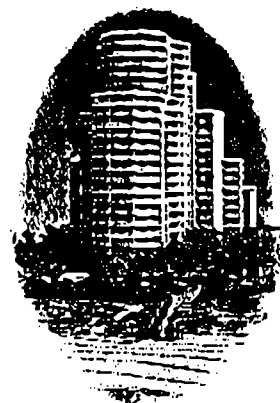
## Tennis, Health Club Free to Resort at Sandestin Guests

Resort at Sandestin guests will have unlimited use of a versatile workout facility, plus one hour of court time daily at the Baytowne Tennis Center. These, and other complimentary amenities are part of The Resort at Sandestin's new atmosphere of family fun.

The health club is located above Sunset Bay Café and features an aerobic classroom, as well as, aerobic workout machines. Also, the weight room uses state-of-the-art air resistance equipment.

Baytowne Tennis Center features clay and hard courts, and, unique to this area, natural grass courts.

(Top photo) Barbara Camarda (serving) and Alana Yuratch, of Maricao, La., compete in a tournament. (Bottom photo) Sandestin's workout room features Cardio Theatre with a bank of televisions and radio stations accessible through headphones.



## Westwinds -- A New View

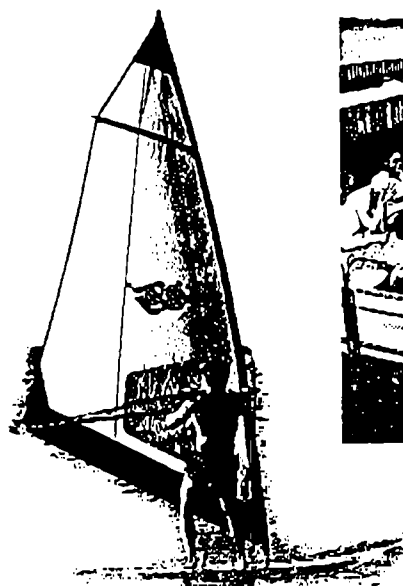
Westwinds, a 22-story highrise condominium, is Sandestin's newest offering on the beach and will be open this summer.

The staggered design ensures a view of the Gulf of Mexico for all guests. An expansive pool deck and outdoor bar is large enough to host a party of 500 people. Interior hallways enhance security.

Reservations are already being accepted. Call 1-800-622-1623 and be among the first to experience Westwinds.

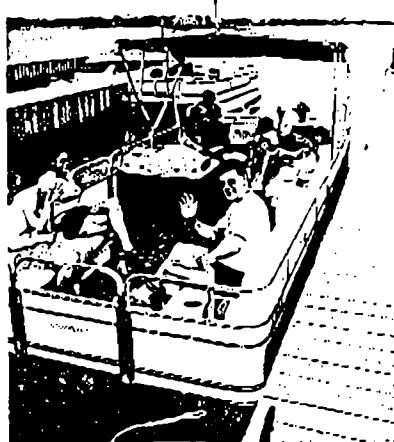


*Sand Pals kids are having fun hamming it up for the camera.*



*Tours of Choctawhatchee Bay are available from Dockside (upper right photo), or take a solo ride on the Gulf of Mexico as you hone your wind-surfing skills (above).*

*July 4th at Sandestin means music on the beach (far right) while weekly concerts at The Market Shops are a great way to spend family time (right).*



## Sand and Surf Await Resort at Sandestin Guests

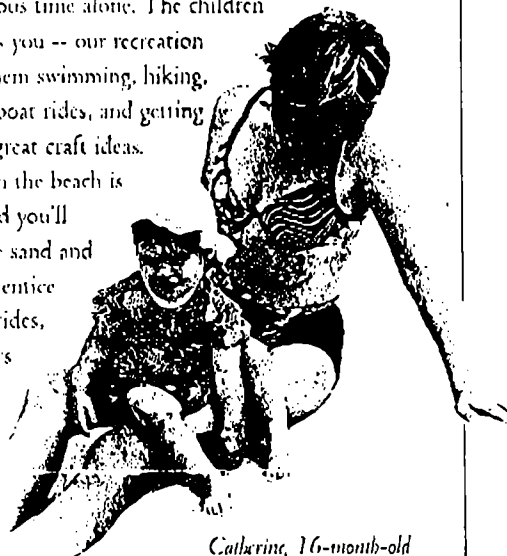
Summertime is just around the corner, and it's time to start planning that getaway. Visitors to The Resort at Sandestin are in for a surprise with new activity programs. (see related story in *Tidings*) as well as, the continuation of old favorites. Sand Pals has become a mainstay: at Sandestin and parents are finding it an essential part of a well-rounded vacation. Parents can drop their children off for a morning or day and capture some precious time alone. The children will be too busy to miss you -- our recreation department will have them swimming, hiking, taking nature walks or boat rides, and getting their hands dirty with great craft ideas.

Of course, a day on the beach is a must at Sandestin, and you'll find perfect sugar-white sand and emerald green water to entice the whole family. Bike rides, tennis, golf, waverunners and more await the energetic vacationers, and when it's time for some peace and quiet, you can take a stroll on the dock at the marina or simply watch the sunset from your villa or hotel room.

In May, the annual Memorial Day Sailing Regatta brings together sailing buffs from this area. You won't want to miss Sandestin's yearly fireworks spectacular on July 4th. A picnic on the beach followed by the fireworks show has gotten rave reviews for many years.

Throughout the summer, there will be concerts at The Market Shops, featuring music under the stars, such as jazz, pop, reggae, country-western, and much more.

You're sure to find the vacation you planned for at Sandestin.



*Catherine, 16-month-old daughter of Philip and Debbie Rainford of Westchester, Ohio, enjoys a day at the beach with mom.*

## ABOUT OUR PROGRAM

Dear Sandestin Guest:

As you read through this recreation guide, you will note facilities, services and programs for family members of all ages. During the summer and major holidays, Sandestin offers a comprehensive recreational program. We are very proud of Sandestin's recreational amenities as well as the planned programs for children, teens and families.

In order to have the best possible program, we have found that staff members are key ingredients. That's why your Sandestin recreation staff has been carefully selected to implement the programs outlined in this guide. Many of our staff are college students who enjoy working with resort guests of all ages.

I personally invite each of you to participate in as many programs as your schedule permits. Please feel free to contact a staff member with any suggestions you may have concerning our program or the recreation guide. Enjoy your stay at Sandestin.

Sincerely,

*W. Keith Massengill*

W. Keith Massengill  
Director of Recreation

## RECREATION EXTENSIONS

|                                         |              |
|-----------------------------------------|--------------|
| Sandestin (within the continental U.S.) | 800/277-0800 |
| Sandestin Resorts, Inc.                 | 904/267-8000 |
| Recreation (Outdoor Pursuits)           | 7000         |
| Recreation Director                     | 8294         |
| Baytowne Marina                         | 7777         |
| Beach Services                          | 8166         |
| Bayside Bike Rentals                    | 6363         |
| Beachside Bike Rentals (March - Sept.)  | 7077         |
| Guest Services                          | 7785         |
| Golf Shop - Tee Time Reservations       | 8211         |
| Tennis Shop                             | 7110         |
| Health Club & Salon/Day Spa             | 6464         |

NOTE: All prices, times and location of events are seasonal and subject to change.

## C.E.O. (CHILDREN'S EVENING OUT)

(Fridays and Saturdays during March, April and May, and Mondays through Saturdays Memorial Day - Labor Day)

For children (ages 4-12), Sandestin offers an evening of games, arts & crafts, dinner and a movie. Held from 6 p.m. to 9 p.m., Children's Evening Out costs \$20 per child; \$15 with resort guest card. Large family and weekly discounts are available. Please call ext. 7000 to pre-register by 4 p.m. on day of program.

## TEEN PROGRAM

(Memorial Day - Labor Day)

For teens (ages 13-17), Sandestin offers afternoon and evening events. Besides the daily pool and volleyball games, sample programs include frisbee golf and sports clinics. During the evening hours, food gatherings, tournaments and special teen activities are held weekly.

## FAMILY PROGRAM

(Memorial Day - Labor Day)

All ages are invited to participate in our daily family programs. Most days at 1:00 p.m., a poolside game of bingo, water relays or other aquatic-related events are held at the Bayside Pool, while daily pick-up games of volleyball are held on our beach.

During the evening hours, family feature movies are shown weekly. Also, enjoy nature activities, bike hikes, scavenger hunts, tournaments and special events. Be sure to look for our special holiday activities throughout the year.

A video gameroom is open at the Bayside Pool from March through September.

## CONFERENCE RECREATION

Sandestin's Recreation Staff offers specialized services for conference guests staying on property. A variety of activities such as team olympics, fun runs, volleyball tournaments and spouse programs can be arranged. In addition, customized day and evening events for children (ages 4-12) and teens (ages 13-17) can be planned for any time of the year. Please contact the Recreation Manager or Recreation Director at ext. 7000 to plan/reserve your conference event today!

NOTE: For specific information on planned daily events or anything mentioned in the recreation guide, check the month's Activity Calendar, read the Events Board at the Recreation (Outdoor Pursuits) Office or phone the Recreation Office at ext. 7000.

## BAYTOWNE MARINA

The Baytowne Marina staff invites you to stop by for a visit. The marina includes 98 wet slips for rental, a stocked ship's store, laundry facilities, fuel services, fishing equipment, outdoor grills, boat rentals, waverunner rentals, fishing charters, sailing charters and, of course, beautiful scenery overlooking the Choctawhatchee Bay. For specific information on the marina, dial ext. 7777.

From Memorial Day to Labor Day, Baytowne Marina operates waverunner rentals from their Bayside Pool rental station, located directly behind the Sandestin Inn; dial ext. 3075 for times of operation and rates.

Gulf and Bay Fishing Charters are available year-round. Captain John Peerson and Fin-Atic Charters leave from Baytowne Marina. Paradise Yacht Charters and the Kidsail Sailing Academy operate out of the Marina.

## GOLF

Sandestin offers 63 holes of golf on three challenging courses. The Baytowne Course features 27 holes with three distinctive 9-hole layouts (Dunes, Harbor and Troon). The Links course features 18 holes on the bayside. Burnt Pine Golf Club, designed by renowned golf course designer Rees Jones, is now open. Burnt Pine's 18 holes are inspired by panoramic views of the Choctawhatchee Bay.

Each course offers its own fully stocked golf shop and driving range. For tee times, call extension 8211. For general information, call the Links Golf Shop at 8144 or Baytowne Golf Shop at 8155 and Burnt Pine Golf Shop at ext. 6500.

## HEALTH CLUB & SALON/DAY SPA

The Sandestin Health Club and Salon/Day Spa, located upstairs at the Bayside Conference Center, features a strength training system, a cardiovascular workout station complete with personal headphones, exercise classes, wet areas, a concept salon, massages, health & wellness classes, personal training and an adult game lounge. For more details, call ext. 6464 and 6466 for the salon.

## BEACH/POOL SERVICE

Sandestin offers guests a choice of two outdoor pools: The Bayside Pool is located next to the Sunset Bay Café overlooking the Choctawhatchee Bay and includes an infant pool. The Gulfside Pool is located on the Elephant Walk deck overlooking the Gulf of Mexico.

On weekends during the season, enjoy live entertainment around the pool. Towels are provided for registered guests who present ID cards.

On the gulfside, Sandestin Recreation provides chair and umbrella rentals along with complimentary towel service. Suncare and beach-related products are sold in the beach huts. Waverunners, boogie boards, kayaks and sailboats are also available for rental. Sorry, but we cannot accept phone reservations.

For water conditions or more information, dial ext. 8166 (9 a.m. - 5 p.m.)

## BICYCLES

Tour Sandestin's expansive property on one of our rental bicycles. Both adult and children's single speed coaster bikes are available for hourly, half-day, daily and weekly rentals.

A printed map of designated trails is also available for rentals, along with helmets, baskets, child seats and locks. For rental prices and hours of operation, please dial ext. 6363.

The **Bayside Rental Outlet** (ext. 6363), located within the Recreation (Outdoor Pursuits) Office, is open all year long. From mid-March through mid-September this outlet caters to **hourly** rentals only.

Our **Beachside Rental Outlet** (ext. 7077), located near the tennis courts and Beachside Towers, will be open from mid-March through mid-September and available for **short-term** and **long term** rentals.

\*Bicyclists are reminded to stay off all golf cart paths and to please use Babe's Tunnel instead of crossing Highway 98.

## TENNIS

Sandestin's tennis facility includes 14 tennis courts - eight Hydrogrid, two grass (scheduled for completion in August) and six hard courts. For individual lessons, clinics or general information, please contact the Pro Shop at ext. 7110.

## SAND PALS/CHILDREN'S PROGRAM

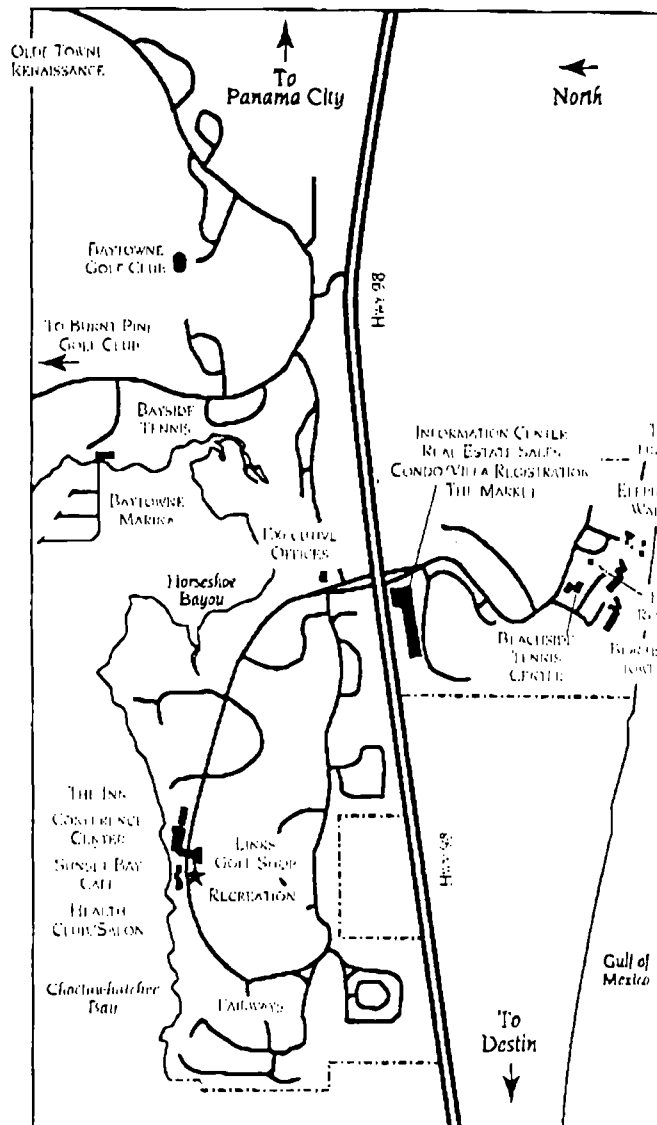
For children ages 4-6, Sandestin offers a morning half-day session. Activities are held on both the bay and gulf sides of the resort.

- TIMES:** Monday through Saturday, 9 a.m. to 12 noon, March, April and Memorial Day through Labor Day. Also available during select holiday periods.
- REGISTRATION:** Registration is held daily at the Recreation (Outdoor Pursuits) window from 8:30 to 9:00 a.m. A parent is asked to complete a registration form and accompany his or her child for registration. Please pick up children promptly at the registration area by 12 noon. Each child should wear a bathing suit, sunscreen, shirt or cover-up and closed-toe shoes. Towels will be provided.
- DRESS:** Each child should wear a bathing suit, sunscreen, shirt or cover-up and closed-toe shoes. Towels will be provided.
- ACTIVITIES:** Sample activities include: supervised swimming, pool games, arts and crafts, singing, storytelling, treasure hunts and parachute play.
- SNACK:** A mid-morning snack will be provided.
- COST:** \$23 per child per day; \$17 with resort guest card. Large family and weekly discounts available.
- T-SHIRT:** Free customized Sandestin T-shirt on first day of program. (Limit one shirt per child per season.)

## SAND PALS/YOUTH PROGRAM

For ages 7-12, Sandestin offers a full day of fun. Activities are held on both the bay and gulf sides of the resort.

- TIMES:** Monday through Saturday, 9 a.m. to 3 p.m., March, April and Memorial Day through Labor Day. Also available during select holiday periods.
- REGISTRATION:** Registration is held daily at the Recreation (Outdoor Pursuits) window from 8:30 to 9:00 a.m. A parent is asked to complete a registration form and accompany his or her child for registration. Please pick up children promptly at the registration area by 3 p.m. Each child should wear a bathing suit, sunscreen, shirt or cover-up and closed-toe shoes. Towels will be provided.
- DRESS:** Each child should wear a bathing suit, sunscreen, shirt or cover-up and closed-toe shoes. Towels will be provided.
- ACTIVITIES:** Sample activities include: scavenger hunts, field games, bike riding, wacky beach events and supervised aquatic games.
- SNACK:** A box lunch is provided for all full-day participants.
- COST:** \$30 per child per day; \$23 with resort guest card. Large family and weekly discounts available.
- T-SHIRT:** Free customized Sandestin T-shirt on first day of registration (Limit one shirt per child per season.)



Located on the Gulf Coast in Destin, Florida, Sandestin is a residential/resort community with 63 holes of golf, 14 tennis courts, a health club & salon, a 98-slip marina, two excellent restaurants, sugar-white beaches and more than 18,000 square feet of meeting space located in our newly renovated Bayside Conference Center.

For more information about Sandestin's Recreation Program, call (904) 267-7000. For general information about the resort, call (904) 267-8000. To make reservations, call (800) 277-0800.



CUSTOMER NBR: 1695000023

UAIXKI

PAGE: 01

TO: WHITE HOUSE TRAVEL  
1600 PENNSYLVANIA AVE  
WASH DC 20500

FOR: JENNINGS/CHRIS

09 JUL 98 - THURSDAY  
AIR DELTA AIR LINES INC FLT:1593 COACH SNACK/BRUNCH  
LV WASHINGTON NATL 700P EQP: MD-80  
DEPART: TERMINAL B/C 01HR 45MIN  
AR ATLANTA 846P NON-STOP  
OA PNR: Z3N4YP  
  
JENNINGS/CHRIS SEAT-19D  
AIR DELTA AIR LINES INC FLT:7834 COACH  
ATLANTA-PANAMA CITY OPERATED BY ATLANTIC SOUTHEAST  
LV ATLANTA 930P EQP: ATR72 TURBOPROP  
AR PANAMA CITY 945P 01HR 15MIN  
NON-STOP  
OA PNR: Z3N4YP  
JENNINGS/CHRIS SEAT-13A  
  
10 JUL 98 - FRIDAY  
AIR DELTA AIR LINES INC FLT:7329 COACH  
PANAMA CITY-ATLANTA OPERATED BY ATLANTIC SOUTHEAST  
LV PANAMA CITY 429P EQP: ATR72 TURBOPROP  
AR ATLANTA 644P 01HR 15MIN  
NON-STOP  
OA PNR: Z3N4YP  
  
JENNINGS/CHRIS SEAT-14C  
AIR DELTA AIR LINES INC FLT:1632 COACH  
LV ATLANTA 730P SNACK/BRUNCH  
AR WASHINGTON NATL 914P EQP: 727 STRETCH  
ARRIVE: TERMINAL B/C 01HR 44MIN  
NON-STOP  
JENNINGS/CHRIS SEAT-14C OA PNR: Z3N4YP  
  
28 DEC 98 - MONDAY  
OTHER WASHINGTON  
HAVE A GREAT TRIP

THE FARE AS OF 06JUL IS 530.00USD  
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT  
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.  
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

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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.



CUSTOMER NBR: 1695000023

UAIXKI

PAGE: 01

TO: WHITE HOUSE TRAVEL  
1600 PENNSYLVANIA AVE  
WASH DC 20500

FOR: JENNINGS/CHRIS

09 JUL 98 - THURSDAY

AIR DELTA AIR LINES INC FLT:1593 COACH  
LV WASHINGTON NATL 700P  
DEPART: TERMINAL B/C  
AR ATLANTA 846P

SNACK/BRUNCH  
EQP: MD-80  
01HR 46MIN  
NON-STOP  
OA PNR: Z3N4YP

AIR JENNINGS/CHRIS SEAT-19D  
DELTA AIR LINES INC FLT:7834 COACH  
ATLANTA-PANAMA CITY OPERATED BY ATLANTIC SOUTHEAST  
LV ATLANTA 930P

AR PANAMA CITY 945P

EQP: ATR72 TURBOPROP  
01HR 15MIN  
NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-13A

10 JUL 98 - FRIDAY

AIR DELTA AIR LINES INC FLT:7329 COACH  
PANAMA CITY-ATLANTA OPERATED BY ATLANTIC SOUTHEAST  
LV PANAMA CITY 429P  
AR ATLANTA 644P

EQP: ATR72 TURBOPROP  
01HR 15MIN  
NON-STOP  
OA PNR: Z3N4YP

AIR JENNINGS/CHRIS SEAT-14C  
DELTA AIR LINES INC FLT:1632 COACH  
LV ATLANTA 730P

AR WASHINGTON NATL 914P  
ARRIVE: TERMINAL B/C  
JENNINGS/CHRIS SEAT-14C

SNACK/BRUNCH  
EQP: 727 STRETCH  
01HR 44MIN  
NON-STOP  
OA PNR: Z3N4YP

28 DEC 98 - MONDAY

OTHER WASHINGTON  
HAVE A GREAT TRIP

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EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON  
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

~~100~~ 100

June 10, 1998

re: Trip to Florida July 9

Chris,

Marilyn Yeager called and wanted to know if we had made any flight arrangements since she was going to pick you up and also try to arrange hers around yours. Will THA be paying for this? She said it was ok, they were non-profit 501C6. If you are bringing the family, you have a condo-like room, plenty room for kids. Also, will you be leaving after presentation, or will you be staying longer, Marilyn is staying until Sunday. She would like to have some info within the next 2 weeks.

May 6, 1998

MEMORANDUM

TO: CHRIS JENNINGS

FROM: MARILYN YAGER 

RE: SPEECH AND TRIP TO FLORIDA

---

I am having the TN Hospital Assn fax to you by this afternoon, Sandestin Resort information (particularly information about activities for kids), and possible flight information using both New Orleans, Panama City and anywhere else that is close.

As the speaker, your room would be covered for Thursday, July 9 and Friday night, July 10, so if you decide to stay you would have to pick up the cost for Saturday night. The rooms are small condos, so there is plenty of room for your family should they decide to come (including small kitchenette). The rates are quite good because it is conference rates.

Your transportation to the resort and back to the airport was already being taken care of by me and I am staying through Sunday, so there would not be a problem if you stay through Sunday.

Your conference responsibilities:

The Friday morning (Friday, July 10) session is called "The Role of Government in Healthcare". You would be asked to make remarks for 30-40 minutes, then Chip Kahn would make remarks, and then they would open it up for discussion. John Siegnethaler, the publisher of the Tennessean is the moderator of your session. They would like your remarks to focus on "how has the Clinton Administration proceeded with healthcare reform goals post the 1993-1994 reform effort". However, they are flexible and you can pretty much talk about whatever you want. Chip Kahn is being asked to assess the impact of the BBA health changes.

The conference begins on Thursday morning, July 9 and ends on Saturday, July 11. It is jointly being held by the TN Hospital Assn and the Mississippi Hosp Assn. The audience is approx 200 hospital executives from TN and Miss. Your remarks will generate press in both the Tennessean news, Mississippi news, and panhandle Florida newspapers, so good White House coverage for this effort.

Hope this covers some of the questions you had. Let me know what else you need.

## VANDERBILT UNIVERSITY MEDICAL CENTER

D-3300 MEDICAL CENTER NORTH

NASHVILLE, TN 37232-2104

(615) 322-2151

FAX: 343-7286

# fax

transmittal

to:

Chris Jennings

fax:

202-456-5557

from:

Marilyn Yager

date:

re:

pages:

( including cover sheet) 3

NOTES:

Per our conversation.



An Association of Hospitals and Health Systems

*monica  
4/16/98 said  
yes*

*FAX- 615  
742 3753*

30 March 1998

Christopher Jennings  
Deputy Assistant to the President  
For Domestic Policy  
White House  
Washington, DC 20500

*Jeannine  
Riley*  
*① can put invited  
② Bio -  
800 258 9541*

Dear Chris:

THA, An Association of Hospitals and Health Systems, the hospital association for Tennessee, in conjunction with the Mississippi Association invites you to participate in a panel discussion at our joint summer leadership conference the morning of Friday, July 10 at Sandestin, Florida.

The membership of both associations struggle on a daily basis with how best to prepare their hospitals and integrated delivery systems for the future of health care. The purpose of the panel is to bring two strong, yet different voices together in order to provide a view of the future spectrum of where health care is going.

The audience of over 200 chief executive officers from Tennessee and Mississippi hospitals along with members of their staff welcome the opportunity to hear your view of how the Clinton health plan was developed, why it was not successfully, where it stands today, and your predictions of the future.

The format will involve a 30-45 minute presentation by each panelist followed by questions from the audience. Chip Kahn will be the other panelist.

Your participation in our summer conference would be greatly valued. We will of course provide an honorarium and expenses for you. If you wish, you may bring your family and stay for the week-end!

If you have any questions, please feel free to contact me. In the event I am not available, please speak with Jeannine Briley, Assistant Vice President of Education at 800-258-9541.

Looking forward to your participation and insight.

Sincerely,

*Craig*  
Craig A. Becker  
President

*4/16 FAXD BIO*

Cc - CJ  
3/30**Tennessee Hospital Education and Research Foundation**

500 Interstate Blvd South Nashville, TN 37210-4634 Phone (615) 256-8240 (800) 258-8541 Fax (615) 742-3753

**To:** Chris Jennings**Fax Number:** 202 456 5557**Phone Number:** 202 456 5560**Date:****FROM:** Craig Becker**MESSAGE**

Chris-

Hope to hear from you,

Craig

*This fax transmission and its entire contents is intended for the sole use of the person(s) to whom it is addressed and is considered strictly confidential and private. Please notify sender if you have received this information in error.*

**T.H.E.R.F.***Tennessee Hospital Education  
and Research Foundation*

- » Meeting Planning
- » Educational Programming

**Important Upcoming  
Events for 1998**

|                 |                             |
|-----------------|-----------------------------|
| April 2-3       | Small and Rural Conference  |
| July 9-11       | Summer Conference           |
| September 18-20 | Joint Leadership Conference |
| October 6       | ACHE Exam                   |
| October 7-9     | THA Annual Meeting          |



# TRAVEL EXPENSES FROM OUTSIDE SOURCE

## WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

CONTACT PERSON: DONNA GIESBERT

PHONE NUMBER: 6-5594

DATE OF REQUEST: 7/8/98

Please include a copy of the letter of invitation.

|                                                                                                                                                                                                                                                                             |               |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------|
| Name and Position:<br><u>Chris Jennings</u>                                                                                                                                                                                                                                 |               |                                                                                                                              |
| Nature of Meeting or Event: <input checked="" type="checkbox"/> Official <input type="checkbox"/> Political                                                                                                                                                                 |               |                                                                                                                              |
| Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:<br><u>THA - AN ASSOCIATION OF HOSPITALS &amp; HEALTH SYSTEMS - PANEL DISCUSSION AT JOINT SUMMER LEADERSHIP CONFERENCE - TO PROVIDE A VIEW OF THE FUTURE SPECTRUM WHERE H.C. GOING</u> |               |                                                                                                                              |
| Dates of Travel: <u>7/9/98-7/10/98</u> Destination(s): <u>DESTIN, FL</u>                                                                                                                                                                                                    |               |                                                                                                                              |
| Persons or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):<br><u>THA - TN HOSPITAL ASSN (501 C-6)</u>                                   |               |                                                                                                                              |
| Contact at Organization Making the Payment: <u>Jeannine BRILEY</u>                                                                                                                                                                                                          |               |                                                                                                                              |
| Address of Organization: <u>500 INTERSTATE BLVD, SOUTH</u><br><u>NASHVILLE TN 37210-4634</u>                                                                                                                                                                                |               |                                                                                                                              |
| Phone: <u>800-258-9541</u>                                                                                                                                                                                                                                                  |               |                                                                                                                              |
| Expense:                                                                                                                                                                                                                                                                    | Amount:       | Method:                                                                                                                      |
| Transportation (specify):                                                                                                                                                                                                                                                   |               | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only) |
| Lodging:                                                                                                                                                                                                                                                                    | <u>147.15</u> | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only) |
| Meals:                                                                                                                                                                                                                                                                      |               | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only) |
| Misc. (specify):                                                                                                                                                                                                                                                            |               | <input type="checkbox"/> In Kind<br><input type="checkbox"/> Reimbursable<br><input type="checkbox"/> Other (Political Only) |

\*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization. You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, OE0B) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

☐ Approved ☐ Disapproved

Pursuant to: ☐ 31 U.S.C. 51353

Counsel's Signature

☐ 5 C.F.R. 2635.204(f)

Ashtey 7/7

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

|                                                                              |                                                     |                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Traveler (First name, middle initial, last name)<br><b>Chris Jennings</b> |                                                     | 1. TYPE OF AUTHORIZATION<br><br><input type="checkbox"/> TDY<br><input type="checkbox"/> Invitational (Non EOP Employees Only)<br><input type="checkbox"/> Amendment (Show items amended)<br><input type="checkbox"/> Relocation |  |
| 3. Title of Traveler<br><b>Deputy Assistant to the President</b>             |                                                     | 4. AGENCY/DIVISION<br><b>OPD/DPC</b>                                                                                                                                                                                             |  |
| 5. Office Phone<br><b>456-5560</b>                                           | 6. Official Duty Station<br><b>Washington, D.C.</b> | 7. <input type="checkbox"/> Per Diem<br><input type="checkbox"/> Actual Subsistence (unusual circumstances)*<br>Rate(s):                                                                                                         |  |

**8. TRAVEL INFORMATION**

PURPOSE: To participate in a panel discussion w/Tennessee Hospital Assn and the Mississippi Assn.

DATE(S): Travel Begin On 7 / 9 / 98 Travel End On 7 / 10 / 98

ITINERARY: Point of Origin (City, State) Washington, D.C.

Place(s) of Official Visitation (City, State) Destin, FL

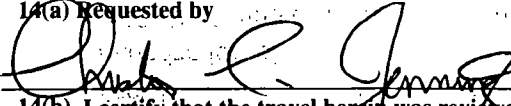
(Panama City)

Point of Return (City, State): Washington, D.C.

| 9. MODE OF TRAVEL                                                  |             |                    |                                                                                                                                                       |               | 10. ESTIMATED COST                                                                                                                                                                                                                  |                                    | AMOUNT                       |
|--------------------------------------------------------------------|-------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------|
| (a) <b>Commercial Transportation</b>                               |             |                    |                                                                                                                                                       |               | Per Diem/Actual Subsistence                                                                                                                                                                                                         | \$ <del>1671.00</del> / 4 / 861.00 | 60.00                        |
| Rail                                                               |             | Air                |                                                                                                                                                       |               | Transportation                                                                                                                                                                                                                      |                                    | 530.00                       |
| Coach                                                              | Extra Fare* | Coach Tourist      | Business *                                                                                                                                            | First Class ‡ | Rental Car                                                                                                                                                                                                                          |                                    |                              |
| ‡ First Class must have approval of Agency Head or Deputy          |             |                    |                                                                                                                                                       |               | Miscellaneous                                                                                                                                                                                                                       |                                    | 50.00                        |
| (b) <b>Privately Owned Vehicle</b>                                 |             |                    |                                                                                                                                                       |               | TOTAL                                                                                                                                                                                                                               |                                    | \$ <del>1717.00</del> 640.00 |
| Auto                                                               | Other       | Rate auth per mile | <input type="checkbox"/> Determined more advantageous to government *<br><input type="checkbox"/> For convenience of traveler NTE common carrier cost |               | 11. SPECIAL EXPENSE AUTHORIZED                                                                                                                                                                                                      |                                    |                              |
| (c) <input checked="" type="checkbox"/> <b>Gov't Owned Vehicle</b> |             |                    |                                                                                                                                                       |               | <input type="checkbox"/> Registration Fees (meeting, training, etc.)<br><input type="checkbox"/> Commercial Rental Car<br><input type="checkbox"/> Excess Baggage not to exceed<br><input type="checkbox"/> Other (Please identify) |                                    |                              |
| (d) <input type="checkbox"/> <b>Other (specify)</b>                |             |                    |                                                                                                                                                       |               | 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.)

Tennessee Hospital Assn. paying for room.

|                                                                                                                                                                                       |                                                                                                            |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------|
| 14(a) Requested by<br>                                                                              | 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.<br>Approval Official (Signature and Title) | 16. Funds are available to defray travel cost specified above<br>Funds Manager's Certification (Signature) |                              |
|                                                                                                                                                                                       | 17. Date                                                                                                   | 18. Travel Authorization No. |



*An Association of Hospitals and Health Systems*

July 2, 1998

MEMORANDUM VIA FAX

TO: Phil Martin  
Chip Kahn  
Chris Jennings  
John Seigenthaler, Jr.

FROM: Jeannine Briley, Assistant VP, Education

*Jeannine Briley*

RE: THA Summer Conference - Conference Call

The Conference call is confirmed for 9:45 am CST, 10:45 am EST, July 6, 1998. A few minutes prior, please dial 1-800-825-2125. Should have any problems, the conference call confirmation number is 162817.

I look forward to seeing you next week!

7/6

LISA WRIGHT - called to cancel



## Tennessee Hospital Education and Research Foundation

500 Interstate Blvd South Nashville, TN 37210-4634 Phone (615) 256-8240 (800) 258-9541 Fax (615) 742-3753

To:

Chris Jennings  
Attn: Donna

Fax Number: 202-456-5557

Phone Number:

Date: 7/2/98

FROM:

Jeannine Briley

### MESSAGE

This fax transmission and its entire contents is intended for the sole use of the person(s) to whom it is addressed and is considered strictly confidential and private. Please notify sender if you have received this information in error.

## T.H.E.R.F.

Tennessee Hospital Education  
and Research Foundation

- » Meeting Planning
- » Educational Programming

## Important Upcoming Events for 1998

|                 |                             |
|-----------------|-----------------------------|
| April 2-3       | Small and Rural Conference  |
| July 9-11       | Summer Conference           |
| September 18-20 | Joint Leadership Conference |
| October 6       | ACHE Exam                   |
| October 7-9     | THA Annual Meeting          |

# Per Diem rates for FLORIDA

Effective January 1, 1998

| Per diem locality          |                                               | Maximum<br>lodging +<br>amount | M&IE<br>+ rate =<br>(b) | Maxim<br>perdi<br>rate<br>(c) |
|----------------------------|-----------------------------------------------|--------------------------------|-------------------------|-------------------------------|
| Key city(1)                | County and/or other<br>defined location (2,3) | (a)                            | (b)                     | (c)                           |
| FLORIDA                    |                                               |                                |                         |                               |
| Altamonte Springs          | Seminole                                      | 81                             | 34                      | 115                           |
| Bradenton                  | Manatee                                       |                                |                         |                               |
| (January 1-May 14)         |                                               | 76                             | 30                      | 106                           |
| (May 15-December 31)       |                                               | 50                             | 30                      | 80                            |
| Cocoa Beach                | Brevard                                       | 84                             | 34                      | 118                           |
| Daytona Beach              | Volusia                                       |                                |                         |                               |
| (February 1-August 31)     |                                               | 90                             | 34                      | 124                           |
| (September 1-January 31)   |                                               | 54                             | 34                      | 88                            |
| Fort Lauderdale            | Broward                                       |                                |                         |                               |
| (December 15-April 30)     |                                               | 104                            | 34                      | 138                           |
| (May 1-December 14)        |                                               | 72                             | 34                      | 106                           |
| Fort Myers                 | Lee                                           |                                |                         |                               |
| (January 1-April 30)       |                                               | 98                             | 34                      | 132                           |
| (May 1-December 31)        |                                               | 53                             | 34                      | 87                            |
| Fort Pierce                | Saint Lucie                                   |                                |                         |                               |
| (December 1-April 30)      |                                               | 61                             | 30                      | 91                            |
| (May 1-November 30)        |                                               | 50                             | 30                      | 80                            |
| Fort Walton Beach          | Okaloosa                                      | 80                             | 30                      | 110                           |
| Gainesville                | Alachua                                       | 64                             | 34                      | 98                            |
| Gulf Breeze                | Santa Rosa                                    | 65                             | 34                      | 99                            |
| Jacksonville               | Duval County; Naval<br>Station Mayport        | 73                             | 30                      | 103                           |
| Key West                   | Monroe                                        |                                |                         |                               |
| (December 15-April 30)     |                                               | 147                            | 42                      | 189                           |
| (May 1-December 14)        |                                               | 94                             | 42                      | 136                           |
| Kissimmee                  | Osceola                                       | 74                             | 30                      | 104                           |
| Lakeland                   | Polk                                          | 63                             | 30                      | 93                            |
| Miami                      | Dade                                          |                                |                         |                               |
| (December 15-April 30)     |                                               | 89                             | 42                      | 131                           |
| (May 1-December 14)        |                                               | 71                             | 42                      | 113                           |
| Naples                     | Collier                                       |                                |                         |                               |
| (December 15-April 30)     |                                               | 126                            | 38                      | 164                           |
| (May 1-December 14)        |                                               | 65                             | 38                      | 103                           |
| Orlando                    | Orange                                        | 77                             | 34                      | 111                           |
| Panama City                | Bay                                           |                                |                         |                               |
| (March 1-September 14)     |                                               | 77                             | 30                      | 107                           |
| (September 15-February 29) |                                               | 59                             | 30                      | 89                            |
| Pensacola                  | Escambia                                      | 59                             | 34                      | 93                            |
| Punta Gorda                | Charlotte                                     |                                |                         |                               |
| (December 15-April 14)     |                                               | 76                             | 34                      | 110                           |
| (April 15-December 14)     |                                               | 54                             | 34                      | 88                            |
| Saint Augustine            | Saint Johns                                   | 65                             | 34                      | 99                            |
| Sarasota                   | Sarasota                                      |                                |                         |                               |
| (December 15-April 30)     |                                               | 89                             | 34                      | 123                           |
| (May 1-December 14)        |                                               | 52                             | 34                      | 86                            |

|                       |                              |     |    |     |
|-----------------------|------------------------------|-----|----|-----|
| Stuart                | Martin                       |     |    |     |
| (January 1-April 30)  |                              | 69  | 34 | 103 |
| (May 1-December 31)   |                              | 63  | 34 | 97  |
| Tallahassee           | Leon                         | 66  | 34 | 100 |
| Tampa/St. Petersburg  | Hillsborough and<br>Pinellas |     |    |     |
| (January 1-April 30)  |                              | 103 | 38 | 141 |
| (May 1-December 31)   |                              | 81  | 38 | 119 |
| Vero Beach            | Indian River                 |     |    |     |
| (January 15-April 30) |                              | 63  | 30 | 93  |
| (May 1-January 14)    |                              | 50  | 30 | 80  |
| West Palm Beach       | Palm Beach                   |     |    |     |
| (January 1-April 30)  |                              | 94  | 38 | 132 |
| (May 1-December 31)   |                              | 67  | 38 | 105 |



## INVOICE / ITINERARY

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

SALES PERSON: 47 ITINERARY/INVOICE NO. 0033889  
CUSTOMER NBR: 1695000023 UAIXKI

DATE: 09 JUL 98  
PAGE: 01

TO: WHITE HOUSE TRAVEL  
1600 PENNSYLVANIA AVE  
WASH DC 20500

FOR: JENNINGS/CHRIS REF: KC55XD8A0018

09 JUL 98 - THURSDAY

AIR DELTA AIR LINES INC FLT:1593 COACH SNACK/BRUNCH  
LV WASHINGTON NATL 700P EQP: MD-80  
DEPART: TERMINAL B/C 01HR 46MIN  
AR ATLANTA 846P NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-19D

AIR DELTA AIR LINES INC FLT:7834 COACH  
ATLANTA-PANAMA CITY OPERATED BY ATLANTIC SOUTHEAST  
LV ATLANTA 930P EQP: ATR72 TURBOPROP  
01HR 15MIN  
AR PANAMA CITY 945P NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-13A

10 JUL 98 - FRIDAY

AIR DELTA AIR LINES INC FLT:7329 COACH  
PANAMA CITY-ATLANTA OPERATED BY ATLANTIC SOUTHEAST  
LV PANAMA CITY 429P EQP: ATR72 TURBOPROP  
01HR 15MIN  
AR ATLANTA 644P NON-STOP  
OA PNR: Z3N4YP

JENNINGS/CHRIS SEAT-14C

AIR DELTA AIR LINES INC FLT:1632 COACH SNACK/BRUNCH  
LV ATLANTA 730P EQP: 727 STRETCH  
01HR 44MIN  
AR WASHINGTON NATL 914P NON-STOP  
ARRIVE: TERMINAL B/C OA PNR: Z3N4YP  
JENNINGS/CHRIS SEAT-14C

28 DEC 98 - MONDAY

OTHER WASHINGTON  
HAVE A GREAT TRIP

CONTINUED ON PAGE 2

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                 | DATE       | RESTRICTION |
|--------------------------|-------------------------------|------------|-------------|
| 003. invoice             | re: travel (partial) (1 page) | 07/09/1998 | P6/b(6)     |

### COLLECTION:

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

### FOLDER TITLE:

Travel - Jennings: Panama City, Florida July 9, 1998

2011-0747-S

rc405

### 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]



# INVOICE/ITINERARY

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

SALES PERSON: 62 ITINERARY/INVOICE NO. 0015069  
CUSTOMER NBR: 1650000020 DATE:

DATE: 07 JUL 90  
PAGE: 02

TO: WHITE HOUSE TRAVEL  
1600 PENNSYLVANIA AVE  
WASH DC 20500

PORT: JED0000000000000000

REF: K00000000000000000

AIR: 0001 01150010520

DEPARTING CLASS

TITLED TO

P8(b)(6)

530.00

SUB TOTAL

530.00

NET CC BILLING

530.00

TOTAL AMOUNT DUE

530.00

THE FARE AS OF 06/01/90 IS 530.00 USD  
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CURRENT  
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

## 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 6-KC52

## REMITTER

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL  
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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 CANCELLED.

THANK YOU FOR TRAVELLING WITH AMERICAN EXPRESS.