Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Standard form 1012 re: travel (partial) (1 page)	08/17	P6/b(6)

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

FOLDER TITLE:
Travel - Jennings: Allentown, Pennsylvania August 4, 1998

2011-0747-S
rc406

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

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AR 8/17

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	3. VOUCHER NO. / 4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL a. FROM	b. TO
Bianchi, Sarah [0017]	P6/(b)(6)	8/4/98	8/4/98
c. MAILING ADDRESS (Include ZIP Code) c/o White House Administration Office OEOB, Rm 1, 17th and Penn, Washington, DC 20500	d. OFFICE TELEPHONE NO. 456-5585	7. TRAVEL AUTHORIZATION a. NUMBER(S) XD8A0022	b. DATE(S) 8/4/98
e. PRESENT DUTY STATION Washington, DC	f. RESIDENCE (City and State) Washington, DC	10. CHECK NO.	

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied		c. PAYEE'S SIGNATURE		
c. Amount due Government (Attached: ☐ Check ☐ Cash)				
D. Balance outstanding				

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

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

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

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

TRAVELER SIGN HERE ▶ Sarah Bianchi DATE 8/11/98 AMOUNT CLAIMED ▶ $ 34 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

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

APPROVING OFFICIAL SIGN HERE ▶ DATE

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:*	$
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	$
d. NET TO TRAVELER ▶	$

18. ACCOUNTING CLASSIFICATION

Donna —

Here's a TA for Sarah's trip. I don't know how long she will be traveling. If it's more than 12 hours, she's authorized per diem. Ashley

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE:

DATE(S): Travel Begin On ___/___/___ Travel End On ___/___/___

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

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

Point of Return *(City, State)*

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☒ **Gov't Owned Vehicle**

(d) ☒ **Other (specify)**

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$

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.)*

Traveling to/from PA on Air Force 2

14(a) Requested by

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)*

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

118220 J123A

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

17. Date

2/3/95

18. Travel Authorization No.

FD&I0022

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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

Instructions for Completing Travel Authorization

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

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: _____

DATE(S): Travel Begin On ___/___/___ Travel End On ___/___/___

ITINERARY: Point of Origin *(City, State)* _____

Place(s) of Official Visitation *(City, State)* _____

Point of Return *(City, State)* _____

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$

11. SPECIAL EXPENSE AUTHORIZED

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

☐ Commercial Rental Car

☐ Excess Baggage not to exceed _____

☐ Other *(Please identify)*

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

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

14(a) Requested by

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.

OA FORM 22
REVISED FEBRUARY 1993

TELETICKETING OFFICE

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

Instructions for Completing Travel Authorization

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

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: _____

DATE(S): Travel Begin On ___/___/___ Travel End On ___/___/___

ITINERARY: Point of Origin *(City, State)* _____

Place(s) of Official Visitation *(City, State)* _____

Point of Return *(City, State)* _____

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$

11. SPECIAL EXPENSE AUTHORIZED

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

☐ Commercial Rental Car

☐ Excess Baggage not to exceed _____

☐ Other *(Please identify)*

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

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

14(a) Requested by

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.

OA FORM 22
REVISED FEBRUARY 1993

FUNDS MANAGER

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

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ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: _____

DATE(S): Travel Begin On ___/___/___ Travel End On ___/___/___

ITINERARY: Point of Origin *(City, State)* _____

Place(s) of Official Visitation *(City, State)* _____

Point of Return *(City, State)* _____

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$

11. SPECIAL EXPENSE AUTHORIZED

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

☐ Commercial Rental Car

☐ Excess Baggage not to exceed _____

☐ Other *(Please identify)*

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

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

14(a) Requested by

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.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

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

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ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
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ITEM 9	—	Check mode of travel authorized.
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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.

Per Diem rates for PENNSYLVANIA

Effective January 1, 1998

Key city(1)	Per diem locality County and/or other defined location (2,3)	Maximum lodging + ra amount (a)	M& (
PENNSYLVANIA			
Allentown	Lehigh	66	34
Beaver Falls	Beaver	54	30
Chester/Radnor	Delaware	99	42
Gettysburg	Adams		
(May 1-October 31)		72	34
(November 1-April 30)		53	34
King of Prussia/Ft. Washington	Montgomery County, except Bala Cynwyd (See also Philadelphia, PA.)	84	38
Lancaster	Lancaster	63	34
Mechanicsburg	Cumberland	65	30
Mercer	Mercer	52	30
Philadelphia	Philadelphia County; city of Bala Cynwyd in Montgomery County	113	38
Pittsburgh	Allegheny	90	38
Reading	Berks	57	30
Scranton	Lackawanna	61	34
Warminster	Bucks County; Naval Air Development Center	54	34
Valley Forge/Malvern	Chester	95	38

Sarah 8/6

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

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

Sarah Bianchi

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

Asst. Director for Health Policy

3. Title of Traveler

4. AGENCY/DIVISION

Office of Policy Developm

5. Office Phone	**6. Official Duty Station**	**7.** ☐ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*
456-5585	DGOB Rm 216	

8. TRAVEL INFORMATION

PURPOSE: Travel to health care event of the Vice President

DATE(S): Travel Begin On 8/4/98 Travel End On 8/4/98

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

Place(s) of Official Visitation *(City, State)* Allentown PA

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

9. MODE OF TRAVEL	**10 ESTIMATED COST**	**AMOUNT**
(a) Commercial Transportation		
Rail		

8/6

Do you want me to Voucher for per diem?

ss * First C

Deputy

itageous

eler
st

iss /busine

Donna –

Here's a TA for Sarah's trip. I don't know how long she will be traveling. If it's more than 12 hours, she's authorized per diem. Thanks!

on Air Force 1

14(a) Requested by	**15. Accounting data** *(Appropriation, division, project, vendor number)*
	1182200 J123A
14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions **Approval Official** *(Signature and Title)*	**16. Funds are available to defray travel cost specified above** **Funds Manager's Certification** *(Signature)*
	17. Date 8/3/98
	18. Travel Authorization No. XDRAFT??