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: TERESA JONES

PHONE NUMBER: (202) 456-5594

DATE OF REQUEST: 2/4/99

Please include a copy of the letter of invitation.

Your Name and Position: CHRISTOPHER JENNINGS, DEPUTY ASSISTANT TO PRESIDENT FOR HEALTH POLICY

Nature of Meeting or Event: ☐ Official ☐ Political

Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES: CONFERENCE TO DISCUSS HEALTH CARE AND THE PATIENTS BILL OF RIGHTS.

Dates of Travel: 2/7/99 - 2/8/99 **Destination(s):** WINTERGREEN RESORT IN VIRGINIA

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): DEMOCRATIC CAUCUS

Contact at Organization Making the Payment: KELLY POWLS

Address of Organization: 1420 LONGWORTH, WASHINGTON DC 20515

Phone: (202) 226-3210

Expense:	Amount:	Method:*
Transportation (specify):		☐ In Kind ☐ Reimbursable ☐ Other (Political Only)
Lodging: $178.00		☐ 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.

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, OEOB) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE: ☐ Approved ☐ Disapproved Pursuant to: ☐ 31 U.S.C. 1353 ☐ 5 C.F.R. 2635.204(f)

Counsel's Signature _____ Date _____

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)*

CHRISTOPHER 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, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: DEMOCRATIC CAUCUS CONFERENCE AT WINTERGREEN RESORT IN VIRGINIA

DATE(S): Travel Begin On 2/7/99 Travel End On 2/8/99

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

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

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

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$
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

X Paul J. Weinstein Jr.

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 23