Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Chris Jennings' schedule re: credit card (partial) (1 page)	07/08/1999	P6/b(6)

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

FOLDER TITLE:
Travel - Jennings: Congressman Levin's Michigan Trip [July 8, 1999]

2011-0747-S
rc432

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]

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON HUMAN RESOURCES
SUBCOMMITTEE ON SOCIAL SECURITY

WASHINGTON OFFICE:
2209 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4961

DISTRICT OFFICE:
SUITE 130
2107 E. 14 MILE ROAD
STERLING HEIGHTS, MI 48310
(810) 268-4444

Sander M. Levin
Congress of the United States
12th District, Michigan

District Office of Congressman Sandy Levin
2107 East 14 Mile Road, #130
Sterling Heights, Michigan 48310
Phone (810) 268-4444
Fax (810) 268-0918

FACSIMILE TRANSMITTAL

Date: 7.01.99

To: Teresa Jones

From: Jennifer Demslo

Pages: 3 including cover sheet

Notes: Directions to mtg. on Thursday, 7/08.

EASYLINK 6491453S001 2JUL99 08:44/08:44 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024565557

SALES PERSON: 50 ITINERARY DATE: 02 JUL 99
CUSTOMER NBR: 1695000023 WWNNNG PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670

FOR: JENNINGS/CHRISTOPHER

08 JUL 99 - THURSDAY

AIR	NORTHWEST AIRLINES	FLT:225	COACH	
	LV WASHINGTON REAGAN		800A	EQP: AIRBUS A320
	DEPART: TERMINAL A			01HR 40MIN
	AR DETROIT METRO		940A	NON-STOP
	ARRIVE: MAIN TERMINAL			REF: 2AYWNU
AIR	NORTHWEST AIRLINES	FLT:232	COACH	
	LV DETROIT METRO		305P	EQP: DC-9 STRETCH
	DEPART: MAIN TERMINAL			01HR 28MIN
	AR WASHINGTON REAGAN		433P	NON-STOP
	ARRIVE: TERMINAL A			REF: 2AYWNU

08 JAN 00 - SATURDAY
OTHER WASHINGTON

. TOTAL AIR FARE USD 482.00
.
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 ITENTIFICATION
AT AIRPORT CHECKIN.
. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.
.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

confirmation
2AYWV

Office Bldg.

SEMHC
southeast michigan health and hospital council

24725 West Twelve Mile Road, Suite 104A
Southfield, Michigan 48034
(Franklin Bank Business Center Building)

COMING

- Off Twelve Mile Road: Turn south on Lockdale Avenue (just west of Telegraph Road next to the Red Lobster Restaurant).

-or-

- Off Telegraph Road: Turn right off southbound Telegraph Road onto the Northwestern Highway service drive (just south of the Best Buy store) to Lockdale Avenue on the north side of the service drive.

-or-

- Off Lodge Expressway (U.S. 10): Continue on Northwestern Highway and turn right onto the Northwestern Service drive, northwest of Telegraph Road (just past the Galleria Office Center) to Lockdale Avenue on the north side of the service drive.

-or-

- From I-696: Take northbound Telegraph Road to either westbound Twelve Mile Road to Lockdale Avenue or southbound Telegraph Road to Northwestern Highway service drive to Lockdale Avenue.

GOING

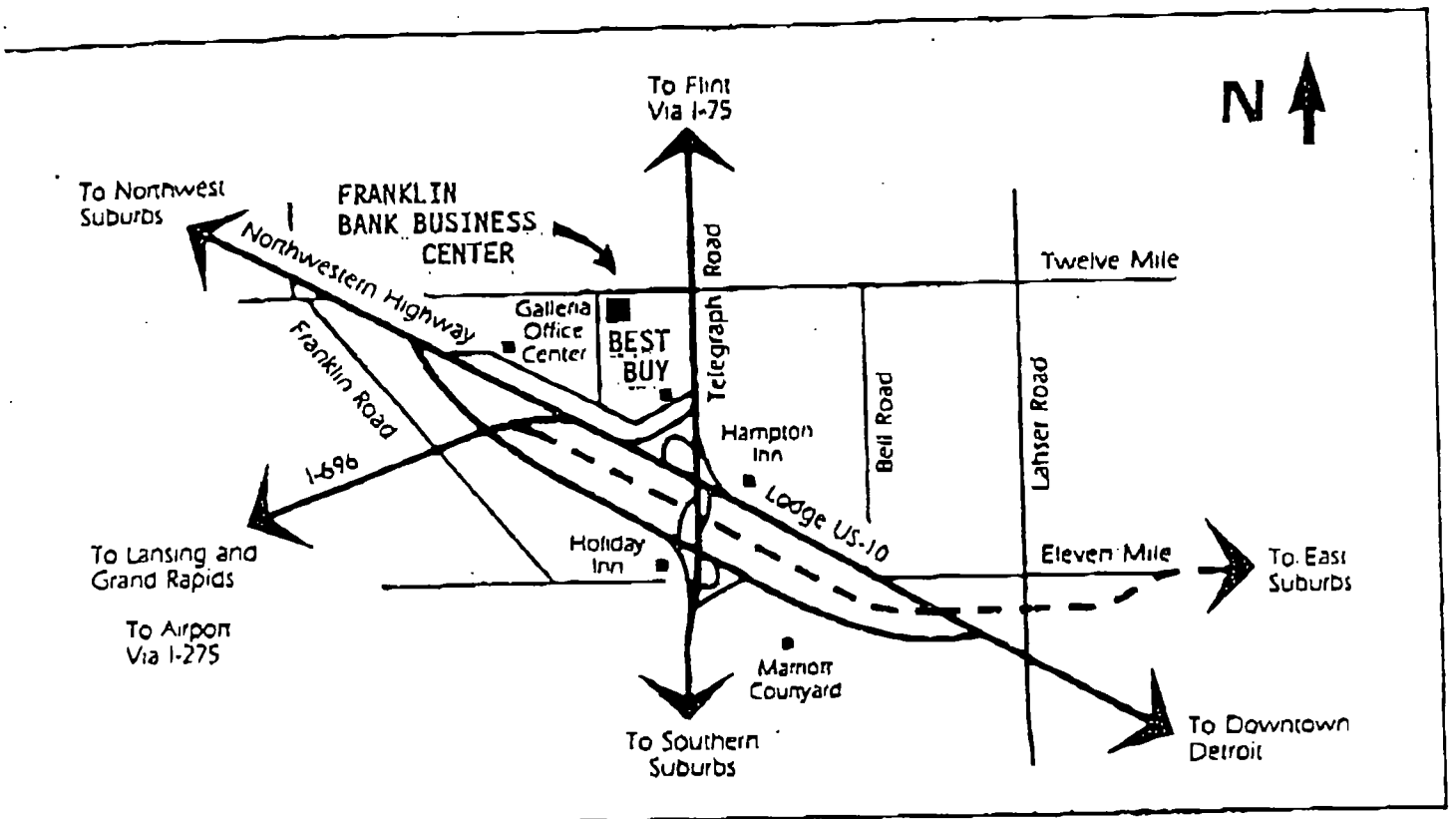
- Take Lockdale Avenue south to Northwestern Highway service drive and turn left to Telegraph Road for access to southbound Telegraph Road, Lodge Expressway (U.S. 10) and I-696.

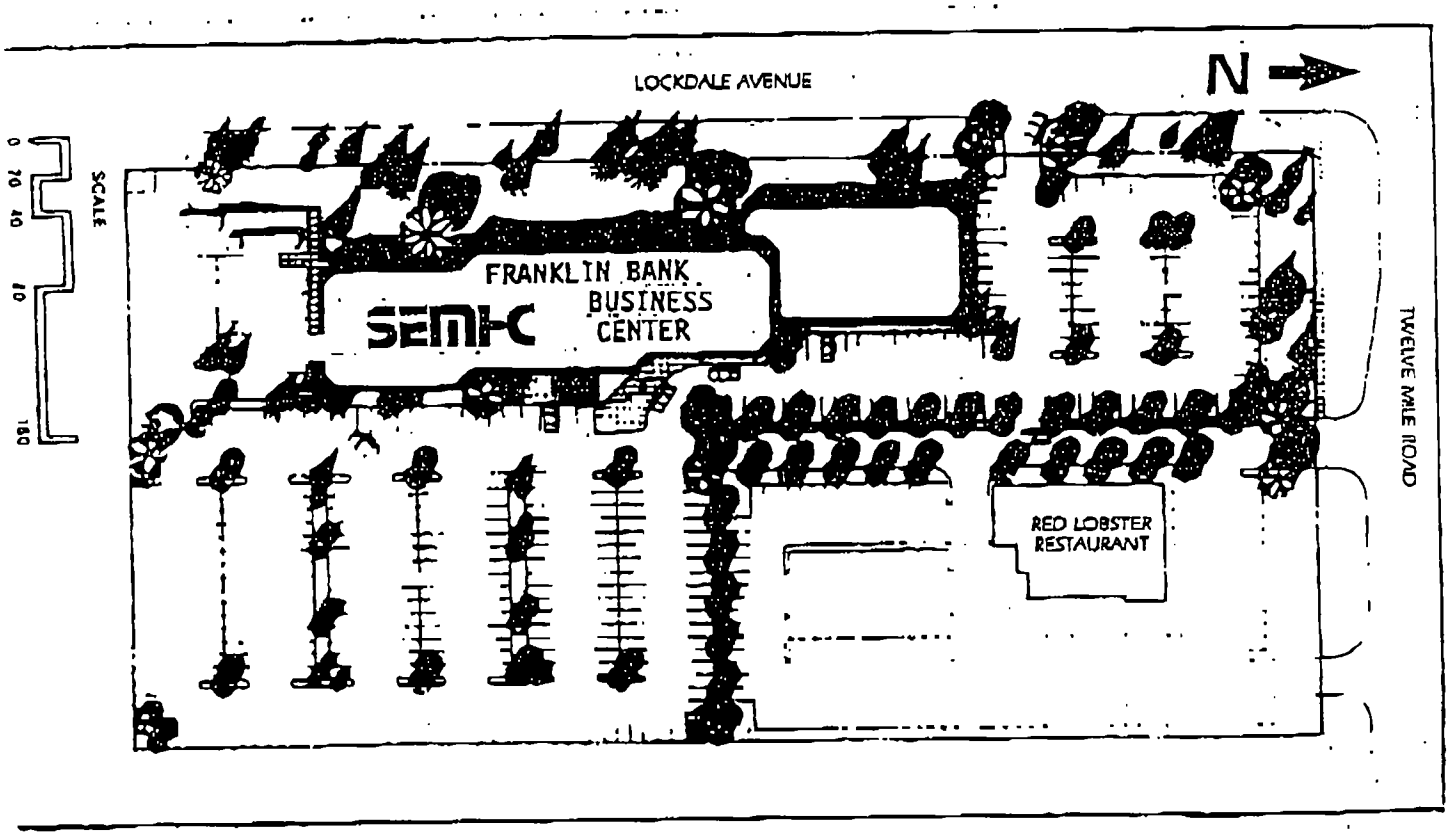
-or-

- Take Lockdale Avenue north to Twelve Mile Road for access to Twelve Mile Road or northbound Telegraph Road.

-or-

- Take Lockdale Avenue south to Northwestern Highway service drive and turn right for access to outbound Northwestern Highway.


To Flint
Via I-75
N
To Northwest
Suburbs
FRANKLIN
BANK BUSINESS
CENTER
Northwestern Highway
Telegraph Road
Twelve Mile
Galleria
Office
Center
BEST
BUY
Franklin Road
I-696
Hampton
Inn
Bell Road
Lahser Road
Lodge US-10
To Lansing and
Grand Rapids
Holiday
Inn
Eleven Mile
To East
Suburbs
To Airport
Via I-275
Marriott
Courtyard
To Southern
Suburbs
To Downtown
Detroit


LOCKDALE AVENUE
N
SCALE
0
10
40
80
160
FRANKLIN BANK
BUSINESS
CENTER
SEMHC
RED LOBSTER
RESTAURANT
TWELVE MILE ROAD

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 C. JENNINGS

3. Title of Traveler
DEPUTY ASST to the PRESIDENT

4. AGENCY/DIVISION
DOMESTIC Policy Council

5. Office Phone
456-5560

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: TRAVEL TO MICHIGAN AT CONGRESSMAN LEVIN'S INVITATIO to SPEAK to GROUP of HOSPITAL CEOs.

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

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

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

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	$ 46.00
Transportation	482.00
Rental Car	50.00
Miscellaneous	
TOTAL	$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed _____
☐ Other *(Please identify)*

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

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

14(a) Requested by
Paul J. Weinhold Jr.

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)*

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

17. Date

18. Travel Authorization No.

MEMORANDUM

To: Teresa Jones, Office of Chris Jennings

From: Hilarie Chambers, Office of Congressman Sander Levin

Subject: Request for Michigan Meeting

Date: March 23, 1999

Last week Congressman Levin spoke to Mr. Jennings about traveling to Michigan for a meeting with representatives of Michigan's hospital community to discuss Medicare and other health care issues.

Mr. Jennings expressed interest in participating in such a meeting.

We are flexible on the time and date, but would like to consider the following dates during the upcoming Congressional recess: Tuesday, April 6th, Wednesday, April 7th, or Thursday, April 8th.

The meeting would be held at a location approximately 40 minutes from the Metro Detroit Airport where there are frequent flights between DC National and Detroit.

Should you need additional information, or to discuss specific logistics, please call me or Carol Ertel at 202-225-4961

Thanks in advance for your assistance.

WHITE HOUSE MANAGEMENT

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

99 JUL 2 P4:50

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler
DEPUTY ASST to the PRESIDENT

4. AGENCY/DIVISION
DOMESTIC Policy Council

5. Office Phone
456-5560

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: TRAVEL TO MICHIGAN AT CONGRESSMAN LEVIN'S INVITATION TO SPEAK TO GROUP OF HOSPITAL CEOs.

DATE(S): Travel Begin On 7.8.99 Travel End On 7.8.99

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

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

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	$ 46.00
Transportation	482.00
Rental Car	50.00
Miscellaneous	
TOTAL	$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☒ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

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

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

14(a) Requested by
Paul J. Weinstein Jr.

15. Accounting data *(Appropriation, division, project, vendor number)*
119 2200 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
7/2/99

18. Travel Authorization No.
XD9A0019

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Chris Jennings' schedule re: credit card (partial) (1 page)	07/08/1999	P6/b(6)

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

FOLDER TITLE:
Travel - Jennings: Congressman Levin's Michigan Trip [July 8, 1999]

2011-0747-S
rc432

RESTRICTION CODES

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

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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]

Chris Jennings' Schedule
Thursday, July 8, 1999

8:00am – LV Washington Reagan Airport

9:40am – AR Detroit Metro Airport

Congressman Levin will meet you.

11:00am – 1:00 – Meeting

METRO CAR will pick you up and take you to airport.
Reservation made by Cong. Levin's ofc.
Cost: $41.00

V. SA

P6/(b)(6)

[0017

3:05pm – LV Detroit Metro

4:33pm - AR Washington Reagan

* * * * *

Contacts from Cong. Levin's office:
Jennifer Demsko (810) 268-4444
Carol or Melanie (202) 225-4961

WHITE HOUSE MANAGEMENT

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

99 JUL 2 P4:50

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler
DEPUTY ASST to the PRESIDENT

4. AGENCY/DIVISION
DOMESTIC POLICY COUNCIL

5. Office Phone
456-5560

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: TRAVEL TO MICHIGAN AT CONGRESSMAN LEVIN'S INVITATION TO SPEAK TO GROUP OF HOSPITAL CEOs.

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

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

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

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	
			☐ 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	$ 46.00
Transportation	482.00
Rental Car	50.00
Miscellaneous	
TOTAL	$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

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

☒ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

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

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

14(a) Requested by
Paul J. Weinstein Jr.

15. Accounting data *(Appropriation, division, project, vendor number)*
119 2200 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
7/2/99

18. Travel Authorization No.
XD9A0019

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

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) 14(b)	— —	Signature of Traveler. 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)

93 JUL 2 P4:50

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

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

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

CHRISTOPHER C. JENNINGS

3. Title of Traveler

Deputy Asst to the President

4. AGENCY/DIVISION

Domestic Policy Council

5. Office Phone

456-5560

6. Official Duty Station

Washington DC

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: TRAVEL TO MICHIGAN AT CONGRESSWOMAN LEVIN'S INVITATION TO SPEAK TO GROUP OF HOSPITAL CEOs.

DATE(S): Travel Begin On 7/8/94 Travel End On 7/8/94

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

Place(s) of Official Visitation *(City, State)* S. STANLEY MICHIGAN

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	$ 46.00
Transportation	482.00
Rental Car	50.00
Miscellaneous	
TOTAL	$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

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

☒ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

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

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

14(a) Requested by

Paul J. Weinstein Jr.

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

119 C200 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 7/2/94

18. Travel Authorization No. XD9A0019

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)*
Christopher C. Jennings

3. Title of Traveler
Dep. Asst. to the President

4. AGENCY/DIVISION
Domestic Policy Council

5. Office Phone
46-50

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: Travel to Michigan at Congressman [illegible]

DATE(S): Travel Begin On 7/6/99 Travel End On 7/8/99

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

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

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

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 41.00
Transportation	482.00
Rental Car	50.00
Miscellaneous	
TOTAL	$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☒ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

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

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

14(a) Requested by
[signature]

15. Accounting data *(Appropriation, division, project, vendor number)*
111 [illegible]

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)*
[signature]

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

17. Date
7/6/99

18. Travel Authorization No.
[illegible]99ACC19

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

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)*

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.

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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

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ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

MEMORANDUM

To: Teresa Jones, Office of Chris Jennings

From: Hilarie Chambers, Office of Congressman Sander Levin

Subject: Request for Michigan Meeting

Date: March 23, 1999

Last week Congressman Levin spoke to Mr. Jennings about traveling to Michigan for a meeting with representatives of Michigan's hospital community to discuss Medicare and other health care issues.

Mr. Jennings expressed interest in participating in such a meeting.

We are flexible on the time and date, but would like to consider the following dates during the upcoming Congressional recess: Tuesday, April 6th, Wednesday, April 7th, or Thursday, April 8th.

The meeting would be held at a location approximately 40 minutes from the Metro Detroit Airport where there are frequent flights between DC National and Detroit.

Should you need additional information, or to discuss specific logistics, please call me or Carol Ertel at 202-225-4961

Thanks in advance for your assistance.

EASYLINK 6491453S001 2JUL99 08:44/08:44 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024565557

SALES PERSON: 50 ITINERARY DATE: 02 JUL 99
CUSTOMER NBR: 1695000023 WWNNNG PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670

FOR: JENNINGS/CHRISTOPHER

08 JUL 99 - THURSDAY

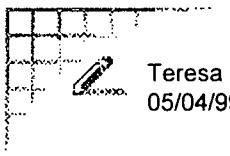
AIR	NORTHWEST AIRLINES	FLT:225	COACH	
	LV WASHINGTON REAGAN		800A	EQP: AIRBUS A320
	DEPART: TERMINAL A			01HR 40MIN
	AR DETROIT METRO		940A	NON-STOP
	ARRIVE: MAIN TERMINAL			REF: 2AYWNU
AIR	NORTHWEST AIRLINES	FLT:232	COACH	
	LV DETROIT METRO		305P	EQP: DC-9 STRETCH
	DEPART: MAIN TERMINAL			01HR 28MIN
	AR WASHINGTON REAGAN		433P	NON-STOP
	ARRIVE: TERMINAL A			REF: 2AYWNU

08 JAN 00 - SATURDAY
OTHER WASHINGTON

. TOTAL AIR FARE USD 482.00
.
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 ITENTIFICATION
AT AIRPORT CHECKIN.
. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.
.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

~~Mon 6/7~~ Wed 7/7 TRAVEL to Michigan

#502



Teresa M. Jones
05/04/99 12:43:43 PM

Record Type: Record

To: Christopher C. Jennings/OPD/EOP@EOP, Devorah R. Adler/OPD/EOP@EOP

cc: Sarah A. Bianchi/OVP@OVP, Jeanne Lambrew/OPD/EOP@EOP
Subject: Update on Request for Michigan Meeting

This meeting is scheduled for Monday, June 7.

Your tentitive schedule for that day:

8:00 - Leave Airport
9:45 - Arrive in Michigan
11:00 to 1:00 - Attend meeting
3:00 - RTN to Washington. Congressman Levin may also be on this flight.

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 C. JENNINGS

3. Title of Traveler: DEPUTY ASST to the PRESIDENT

4. AGENCY/DIVISION: DOMESTIC POLICY COUNCIL

5. Office Phone: 456-5560

6. Official Duty Station:

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

8. TRAVEL INFORMATION

PURPOSE: TRAVEL TO MICHIGAN AT CONGRESSMAN LEVIN'S INVITATION TO SPEAK TO GROUP OF HOSPITAL CEOs.

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

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

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

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	$ 46.00
Transportation	482.00
Rental Car	50.00
Miscellaneous	
TOTAL	$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed _____
☐ Other *(Please identify)*

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

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

14(a) Requested by

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

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17. Date

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OA FORM 22

MEMORANDUM

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Date: March 23, 1999

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The meeting would be held at a location approximately 40 minutes from the Metro Detroit Airport where there are frequent flights between DC National and Detroit.

Should you need additional information, or to discuss specific logistics, please call me or Carol Ertel at 202-225-4961

Thanks in advance for your assistance.

Need to talk w/ counsel's office - See me.

NOTES from TERESA

REQUEST #502

Date Received _____

Meeting ✓ Conference Call ___ Speaking Engagement ___

Requestor Hillarie Chambers

Organization Corp. Levin ofc

Requested Date 6/7/99

Contact Carol Ertel

Telephone No. 202-225 4961

Request Received:

Correspondence _____ Telephone Call _____

COMMENTS:

5/4 See attached sheet

NOTES from TERESA

REQUEST #502

Michigan Trip

Date Received _____

Meeting ✓ Conference Call ____ Speaking Engagement ____

Requestor Hillarie Chambers

Organization Corp. Lawyer ofc

Requested Date 6/7/99

Contact Carol Ertel

Telephone No. 202-225-4961

Request Received:

Correspondence _____ Telephone Call _____

COMMENTS:

5/4 See attached sheet

REQUESTS FOR Chris Jennings

No.	Req. Date	Requestor/Organization Contact/Phone#	Request/Status
502	Wed. 7/7/99	Hilarie Chambers Congressman Levin's ofc. Contact: Carol Ertel 202-225-4961	- Trip was originally scheduled for 6/7/99 5/7 – Trip changed to 7/7/99