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)*: CHRISTOPHER C. JENNINGS

3. Title of Traveler: DEPUTY ASSISTANT TO THE PRESIDENT

4. AGENCY/DIVISION: DOMESTIC POLICY COUNCIL

5. Office Phone: 65560

6. Official Duty Station: --

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

8. TRAVEL INFORMATION

PURPOSE: ACCOMPANYNG THE PRESIDENT TO AN EVENT TRAVELLING ON AIR FORCE ONE

DATE(S): Travel Begin On 7/22/99 Travel End On 7/22/99

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

Place(s) of Official Visitation *(City, State)*: LANSING, MI

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	$ 38.00
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$ 30.00

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

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.

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