EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

WHITE HOUSE MANAGEMENT AND ADMINISTRATION
2000 MAR 10 P 12:26

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 Assistant to the President for Health Policy Development

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: Travel with the President to Cleveland, OH & Chicago, IL

DATE(S): Travel Begin On 3/13/00 Travel End On 3/13/00

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

Place(s) of Official Visitation *(City, State)* Cleveland, OH ~~Chicago, IL~~

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	$ 42
Transportation	163.00
Rental Car	—
Miscellaneous	30
TOTAL	$ ~~72.00~~

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.)*

Outbound travel on AF1. Return Travel on commercial air.

14(a) Requested by

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

1102200 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)*

Bradley J. Kiley

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

17. Date

3/10/00

18. Travel Authorization No.

TOJDPC018

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)

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 Assistant to the President for Health Policy Development

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: Travel with the President to Cleveland, OH & Chicago, IL

DATE(S): Travel Begin On 3/13/00 Travel End On 3/13/00

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

Place(s) of Official Visitation *(City, State)*: Cleveland, OH; Chicago, IL

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	$ 42
Transportation	—
Rental Car	—
Miscellaneous	30
TOTAL	$ 72.00

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)*

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.