Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Standard form 1164 re: SSN (partial) (1 page)	ca. 1999	P6/b(6)
002. statement	re: personal (1 page)	ca.1999	P6/b(6)
003a. form	Standard form 1164 re: SSN (partial) (1 page)	ca.1999	P6/b(6)
003b. receipt	re: credit card (partial) (1 page)	ca.1999	P6/b(6)
004. statement	re: personal (2 pages)	07/20/1999	P6/b(6)
005. form	Standard form 1164 re: SSN (partial) (1 page)	05/02/1999	P6/b(6)
006. form	Standard form 1164 re: SSN (partial) (1 page)	05/21/1999	P6/b(6)
007. check	re: personal reimbursement (1 page)	12/04/1996	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

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]
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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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001. form	Standard form 1164 re: SSN (partial) (1 page)	ca. 1999	P6/b(6)

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

FOLDER TITLE:
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2011-0747-S
rc433

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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: WHITE HOUSE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): JENNINGS CHRISTOPHER C.

b. SOCIAL SECURITY NO.: P6/(b)(6)

[001]

c. MAILING ADDRESS (Include ZIP Code): WH/DPC
Room 216 OEOB
WASHINGTON DC 20502

d. OFFICE TELEPHONE NUMBER: (202) 456-5560

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b).
A—Local travel
B—Telephone or telegraph, or
C—Other Expenses *(itemized)*

(Explain expenditures in specific detail.)

DATE 19 99 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
8/6		MEETING OFFICE IN ROMULUS, MI	MICHIGAN AIRPORT (METRO CAR)					45 00
9/13		CAPITAL K.H. (TAXI)	WHITE HOUSE					4 00
9/21		CAPITOL HILL TAXI	WHITE HOUSE					5 00

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* $ 54.00

TOTALS: 54 00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. statement	re: personal (1 page)	ca.1999	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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P3 Release would violate a Federal statute [(a)(3) of the PRA]
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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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003a. form	Standard form 1164 re: SSN (partial) (1 page)	ca.1999	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

RESTRICTION CODES

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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]
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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: WHITE HOUSE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

5. PAID BY

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): JENNINGS, CHRISTOPHER C

b. SOCIAL SECURITY NO.: P6/(b)(6)

[003a]

c. MAILING ADDRESS (Include ZIP Code): WH/DPC Room 216 OEOB WASHINGTON DC 20502

d. OFFICE TELEPHONE NUMBER: (202) 456-5560

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied th claimant.)

DATE 1999 (a)	CODE (b)	(Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/8		METRO CAR LOAD IN MICHIGAN						45
7/8		NEWSPAPER FROM HUDSON NEWS						1
7/8		PARKING AT REAGAN NAT'L AIRPORT						12
7/8		9 PAGE FAX SENT TO OFFICE						27
7/8		TAXI (LOST RECEIPT)						5

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or C—Other Expenses (itemized)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 90

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 90.25

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE

DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

10. I certify that this claim is true and correct to the best of my knowledge ar belief and that payment or credit has not been received by me.

PAYMENT DESIRED

Sign Original Only

☐ CHECK ☐ CASH

CLAIMANT SIGN HERE [signature]

DATE X-7-99

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. receipt	re: credit card (partial) (1 page)	ca.1999	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

RESTRICTION CODES

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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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]
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PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY NORTHWEST AIRLINES

PASSENGER RECEIPT

08JUL99 23B0338

CD17US DETROIT MI

NAME OF PASSENGER (NOT TRANSFERABLE): JENNINGS/CHRISTOPHER

FROM: **NOT VALID FOR**

TO: **TRANSPORTATION**

ENDORSEMENTS/RESTRICTIONS: WORLD CLUB FEES

9 PG DOM FAX

ORIGINAL ISSUE

ISSUED IN EXCHANGE FOR

FARE CALCULATION

[003b]

FARE USD 27.00

EQUIV. FARE PD. P6/(b)(6) / 27.00

TAX

TAX

TAX

TOTAL USD 27.00

STOCK CONTROL NUMBER: 01201459757541

DOCUMENT NUMBER: 012 2920913380 6

A555A

SALES SLIP
CUSTOMER COPY

QTY.	CLASS	DESCRIPTION	PRICE	AMOUNT
1		SFL/DRW		4.—
			SUB TOTAL	4.—
			TAX	
			TIP	4.00
			MISC.	
			TOTAL	45.00

DATE 07.08.99

AUTHORIZATION

REFERENCE NO.

SERVER 706

ID-FOLIO/CHECK NO./LIC. NO. STATE

REG./DEPT.

CLERK 974

5559591

MasterCard VISA

CUSTOMER: RETAIN THIS COPY FOR YOUR RECORDS

X

CHRISTOPHER C JENNINGS

P6/(b)(6)

0713455500
3216801852

SIGN HERE X

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Hudson News

Ronald Reagan Washington
National Airport

Store:078

Newspaper		1.00 T1
Sub-Total		1.00
VA	1.00 4.50% Tax	.05
Sale Total		1.05
Cash		1.25
Change		.20

** Thank You **

TRN# 105766 07/08/99 7:42 AM
Terminal# 04, Drawer# 01, Cashier# 00978

REAGAN NATIONAL AIRPORT

For Questions or Comments

Entrance: 07:21 07/08/99 Lane # 12

Exit : 15:48 07/08/99 Lane # 41

License Plate VA JNK265

Cashier : 027 Ser. # 8146

Length of stay 0/008 Hrs 27Min

Amount Paid $ 12.00 Cash

**** Thank You for Flying ****

***** Reagan National Airport *****

Fax

To: SARAH BRAU	**From:** TERESA JONES
Fax: 456-5557	**Pages:** 1 + COVER
Phone: 456-5560	**Date:** 07/09/99
Re:	**CC:** DEVORAH ADLER

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

- Please get Chris to sign and date.
- Xerox copy of Travel form for me.
- ATTACH original receipts to form with original signatures.
- Take to Doug BATTLES – Room 145 OEOB

Thanks

Copy

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: WH/DPC

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): JENNINGS, CHRISTOPHER

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code): DPC
OEOB - Room 216

d. OFFICE TELEPHONE NUMBER: 456-5560

5. PAID BY

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 19 99 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/5		PHONE CALLS FROM BERMUDA	USA					34 42
7/7		PHONE CALLS FROM BERMUDA	USA					37 46
		PURPOSE: WORK-RELATED CALLS MADE WHILE ON VACATION						

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or C—Other Expenses (itemized). (Explain expenditures in specific detail.)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 71 88

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 71.88

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 9-3-99

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. statement	re: personal (2 pages)	07/20/1999	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

RESTRICTION CODES

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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.

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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]
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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. form	Standard form 1164 re: SSN (partial) (1 page)	05/02/1999	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: White House

2. VOUCHER NUMBER:

3. SCHEDULE NUMBER:

Read the Privacy Act Statement on the back of this form.

5. PAID BY: [006]

4. CLAIMANT

a. NAME (Last, first, middle initial): JENNINGS, CHRISTOPHER C.

b. SOCIAL SECURITY NO.: P6/(b)(6)

c. MAILING ADDRESS (Include ZIP Code): WH/DPC, ROOM 216 OEOB, WASHINGTON DC 20502

d. OFFICE TELEPHONE NUMBER: 202 456-5560

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied claimant.)

DATE 19 99 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AI MISCE LANEO (i)
4/28		CAPITOL HILL	WHITE HOUSE			6 00		
4/30		CAPITOL HILL	WHITE HOUSE			7 00		
5/4		CAPITOL HILL	WHITE HOUSE			8 00		
5/4		CAPITOL HILL	WHITE HOUSE			8 00		
5/6		CAPITOL HILL	WHITE HOUSE			7 00		
5/11		CAPITOL HILL	WHITE HOUSE			6 00		

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or; C—Other Expenses (itemized). (Explain expenditures in specific detail.)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 42 00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 42.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE

DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

10. I certify that this claim is true and correct to the best of my knowledge a belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE [signature] DATE 5/21

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Taxi Cab Receipts

Date 5-11-99 Time: _____

Trip Origin: Capitol

Destination White House

Fare: $6.00 Signature _____

Taxicab Receipt

Date 4/28 Time _____

Trip from _____

Trip to _____

Cab Company _____

Cab # _____

I.D. # _____

Signature _____

Total 6.00

SEQUOIA B. Smith's RESTAURANT ★ AMERICA

Delightful dining overlooking the Potomac River in Georgetown's premier Washington Harbour restaurant.	*Outstanding comtemporary southern cuisine beautifully located in the Presidential Suite of Historic Union Station.*	*Great American cooking in Capital Hill's favorite Union Station restaurant.*
For reservations call: 202-944-4200	For reservations call: 202-289-6188	For reservations c: 202-682-9555

TAXICAB RECEIPT

Date: 5-4-99

Origin of trip: _____

Destination: _____

Fare: 8.00

Sign: _____

Taxi Cab Receipts

Date 5-4-99 Time: 2:30

Trip Origin: _____

Destination _____

Fare: $ 8.00 Signature _____

TAXI FARE RECEIPT

DIAMOND CAB
1100 Q ST., N.W.
WASHINGTON,DC 20009

387-6200
24 HOUR RADIO DISPATCH

CAB NO. _____ I.D. NO. _____ TAG NO. _____

SIGNED _____ DATE 4/30 TIME _____

TRIP ORIGIN _____

DESTINATION _____

FARE 7.00 TIP _____ TOTAL _____

FOR ADVANCED RESERVATIONS TO NATIONAL, BWI AND DULLES AIRPORTS PLEASE CALL: 387-2221.

FOR CHARGE ACCOUNT INFORMATION, PLEASE CALL: 387-4011.

FOR A DIRECT DELIVERY, PLEASE CALL: 387-2247

The St. Regis
WASHINGTON
Formerly The Carlton Hotel
923 16th and K Streets, NW · Washington, DC 20006

Date 5/6 Time _____

Origin of Trip _____

Destination _____

Fare 7.00

Cab # _____ Signature _____

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. form	Standard form 1164 re: SSN (partial) (1 page)	05/21/1999	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: White House

2. VOUCHER NUMBER: [illegible]

3. SCHEDULE NUMBER:

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): JENNINGS CHRISTOPHER C.

b. SOCIAL SECURITY NO.: P6/(b)(6)

c. MAILING ADDRESS (Include ZIP Code): WH/DPC, Room 216 OEOB, WASHINGTON DC 20502

d. OFFICE TELEPHONE NUMBER: 202 456-5560

5. PAID BY: [006]

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 1998 (a)	CODE (b)	(c) FROM (Explain expenditures in specific detail)	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
12/24		KINKO COPY CENTER						11 00
12/26		KINKO COPY CENTER						9 00
12/27		N.Y. TIMES & QTRLY						4 00

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or; C—Other Expenses (itemized)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 24 00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 24.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

ACCOUNTING CLASSIFICATION

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 1/21/9[illegible]

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

1164-210

STANDARD FORM 1164 (Rev.11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

Kinko's - the copy center (614) 433-0111
940 HIGH STREET
WORTHINGTON, OH 43085

QTY	PRICE	DISC	AMT
3	1.00	0.00	3.00
FAX RECEIVE .			
3	2.00	0.00	6.00
FAX DOMESTIC SEND .			

SUB 9.00 TX 0.00 TOT 9.00
CASH SALE 10.00
CHG 1.00

CW 166 TR 368472 RG 4 12/26/98 15:14
Visit us @ http://www.kinkos.com

My Tmrcl entry

BIG BEAR
"GOTTA BE THE BEAR"

268 12/27/98

GROCERY 4.00 F

TOTAL 4.00
CASH TENDERED 20.00
CHANGE 16.00

5660 09 29 12/27/98 11:44AM

THANK YOU FOR SHOPPING
BIG BEAR
SUN CENTER, COLUMBUS

Kinko's - the copy center (614) 433-0111
940 HIGH STREET
WORTHINGTON, OH 43085

QTY	PRICE	DISC	AMT
11	1.00	0.00	11.00
FAX RECEIVE .			

SUB 11.00 TX 0.00 TOT 11.00
CASH SALE 21.00
CHG 10.00

CW 161 TR 368381 RG 2A 12/24/98 19:17
Visit us @ http://www.kinkos.com

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME *(Last, first, middle initial)*: Jennings, Christopher

b. SOCIAL SECURITY NO.:

c. MAILING ADDRESS *(Include ZIP Code)*: OEOB - Room 212

d. OFFICE TELEPHONE NUMBER: 456-5560

5. PAID BY

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

DATE 19__ (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
12-19-95	A	White House	2141 K Street					4 00
1-22-96	A	White House	Capitol Hill					4 00
1-24-96	A	Capitol Hill	White House					6 00
2-8-96	A	Capitol Hill	White House					4 00
2-8-96	A	White House	Capitol Hill					4 00
1-22-96	A	Capitol Hill	White House					4 00
2-4-96	C	Parking for NGA Meeting						7 00
2-7-96	A	Capitol Hill	White House					4 00

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or; C—Other Expenses *(itemized)*

(Explain expenditures in specific detail.)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 37 00

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Christopher E. Jennings DATE 2/15/96

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Taxi Cab Receipts

Date 12/19/95 Time: _____

Trip Origin: Penn & 17

Destination 2141 K St

Fare: $ 4.00 Signature _____

TAXI CAB RECEIPT

Date: 1-22-96

Time: _____

Company: Capital Cab Company

Cab Number: 656 ID No 57022 Tag No H326444

Origin of Trip: White House

Destination: Hill

Fare: $ 4.00 Tip: $ _____ Total: $ _____

Signature: Bratcom D Watson

TAXI CAB RECEIPT

DATE: 1-24-96

CAB FARE FROM: Canon Bldg.

TO: White House

NO. OF PASSENGERS: _____ TOTAL FARE: $ 6.00

CAB CO. & NO.: _____ DRIVER: _____

—TAXICAB RECEIPT—

TIME _____ DATE 2-7-96 19___

REC'D FROM _____

FARE AMOUNT $ 4.00

TRIP FROM Capital Hill

TRIP TO White House

ASSN. _____ CAB NO. _____

I.D. NO. _____ TAG NO. _____

SIGNATURE _____

Taxi Cab Receipts

Date 2-8-96 Time: _____

Trip Origin: Mass & Capitol Ave.

Destination White House

Fare: $ 4.00 Signature _____

TAXICAB RECEIPT

Date: 2-8-96

Origin of trip: White House

Destination: Mass & Capitol Ave.

Fare: $ 4.00 Sign: _____

GENERAL OFFICE: 546 - 7900

YELLOW CAB COMPANY OF D.C., INC.

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

DRIVER

TIME _____ DATE 1-22-96

FROM Capitol Hill

TO White House

FARE $ 4 00

CAB NO. _____ I.D.# _____

CASHIER SIGNATURE

THANK YOU

DATE 02-04-96 $ 7 00

PARKING RECEIPT

QUIKPARK

1331 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. check	re: personal reimbursement (1 page)	12/04/1996	P6/b(6)

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

FOLDER TITLE:
Chris Jennings Travel [Various Dates]

2011-0747-S
rc433

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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME *(Last, first, middle initial)*: JENNINGS, CHRISTOPHER, C.

b. SOCIAL SECURITY NO.:

c. MAILING ADDRESS *(Include ZIP Code)*: OEOB - Room 212

d. OFFICE TELEPHONE NUMBER: 6-5560

6. **EXPENDITURES** *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

DATE 1996 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/16	A	White House	Capitol Hill					4 00
7/17	A	White House	Capitol Hill					6 00
7/22	A	White House	Capitol Hill					6 00
7/23	A	White House	Capitol Hill					6 00
7/23	A	Capitol Hill	White House					5 00
9/19	A	White House	Hyatt Regency					5 00
9/19	A	Hyatt Regency	White House					5 00
9/25	A	White House	Capitol Hill					5 00
9/25	A	Capitol Hill	Mayflower Hotel					5 00
9/25	A	2101 Wisconsin Ave	White House					6 00
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					5 00
			TOTALS					58 00

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or; C—Other Expenses *(itemized)*

(Explain expenditures in specific detail.)

7. **AMOUNT CLAIMED** *(Total of cols. (f), (g) and (i).)* ▶ $

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

6. EXPENDITURES—*Continued*

DATE 19 96 (a)	CODE (b)	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses *(itemized)* *(Explain expenditures in specific detail.)* (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
10/4	A	HHH Building	White House					5.00
		Total each column and enter on the front, subtotal line ▶						5.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

TAXICAB RECEIPT

Date: 7/16/96

Time: _____

Company: _____

Origin of trip: White House

Destination: Capitol Hill

Fare: 6.00 Sign. _____

Hope you had a pleasant ride
Thank you for your business

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. _____

Time _____ Date 7/17/96 19__

Cab# _____ ID# _____

Origin of Trip White House

Destination Capitol Hill Fare $ 6.00

Signature _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. YOLK

Time _____ Date 7-23-96

Cab# 247 ID# _____

Origin of Trip White House

Destination Capitol House Fare $ 6

Signature _____

Taxi Cab Receipts

Date 7-22-96 **Time:** _____

Trip Origin: White House

Destination Capitol Hill

Fare: $ 6.00 **Signature** _____

—TAXICAB RECEIPT—

TIME _____ DATE 9/25 19__

REC'D FROM _____

FARE AMOUNT $ 5.00

TRIP FROM 17th P

TRIP TO Russell

ASSN. _____ CAB NO. _____

I.D. NO. _____ TAG NO. _____

SIGNATURE _____

26

Taxi Cab Receipts

DATE: 7/23/96 TIME: _____

TRIP ORIGIN: Capitol Hill

DESTINATION: White House

FARE: $ 5.00 SIGNATURE: _____

Taxi Cab Receipts

Date 9/19/96 Time: _____

Trip Origin: White House

Destination Hyatt Regency

Fare: $ 5 Signature _____

TAXI CAB RECEIPT

DATE: 9/19/96

CAB FARE FROM: Hyatt Regency

TO: White House

NO. OF PASSENGERS: ____ TOTAL FARE: $5.00

CAB CO. & NO.: _____ DRIVER: _____

Taxi Cab Receipt

Time 1:30 Date 9/25/96

Trip Origin 200 Wis

Trip Destination 15th & G

Fare 6.00 Signature

Next time stay at the Capitol's finest luxury hotel, Renaissance Mayflower Hotel

1127 Connecticut Avenue
Washington, D.C. 20036

For Reservations call
1-800-Hotels-1

TAXICAB RECEIPT

TIME _____ DATE 9/25 19 96

REC'D FROM _____

FARE AMOUNT $ 5

TRIP FROM Capetal

TRIP TO Mayflower

ASSN. Yellow CAB NO. 128

I.D. NO. _____ TAG NO. _____

SIGNATURE

23

TAXICAB RECEIPT

Date: 10-4-96

Time: _____

Company: Pr

Origin of trip: 3rd & Independence Ave

Destination: White House

Fare: $5 Sign.

Hope you had a pleasant ride
Thank you for your business