

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Standard form 1164 re: SSN (partial) (1 page)	05/15/1997	P6/b(6)
002a. form	Standard form 1164 re: SSN (partial) (1 page)	04/01/1997	P6/b(6)
002b. form	Standard form 1164 re: SSN (partial) (1 page)	ca. 1997	P6/b(6)
003a. form	Standard form 1164 re: SSN (partial) (1 page)	02/12/1997	P6/b(6)
003b. form	Standard form 1164 re: SSN (partial) (1 page)	02/12/1997	P6/b(6)
004a. form	Standard form 1164 re: SSN (partial) (1 page)	03/05/1997	P6/b(6)
004b. check	re: personal reimbursement (1 page)	03/12/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Local Travel Authorization [Various Dates]

2011-0747-S

rc436

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]
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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]

Transportation

Month of March 1997

3/2

Flight to AR

3/3

Return to DC

3/7

To Patton Boggs 10:45

From Patton Boggs 11:30

3/10

To 1514 Longworth 1:00

From 1514 Longworth 1:30

3/12

To 2000 K Street #800 11:00

From 2000 K Street #800 11:45

3/12

To ~~W.B. H.~~ LOEWS L'Enfant Plaza Hotel 2:15

3/13

To Marriott (14th & Penn) 8:00 am

From Marriott (14th & Penn)

To 334 Cannon 11:30 am

From 334 Canon to Ritz Carlton 12:30

From Ritz Carlton to W Basement 1:30

3/14

To 562 Dirksen 1:30 From ⁵⁶²~~230~~ Dirksen 2:30

3/17

To ~~Am~~ Washington Renaissance Hotel 7 am

3/19

To 204 Cannon 8 am

Transportation

Feb 1997

Sat 2/1 Hotel Washington 3pm
The Ritz 5pm

To
2/6 259 Russell ~~to~~ 5pm

From
" 6pm

2/7 [Hill Car #76]

209 Dinksen 5:30pm

? 2/11 104 Cannon 11:30am

2/12 [1001 E Street Car #86]
10am

601 E Street 10:30am

2/14 216 Hart

From 216 Hart

[Arlington Hilton ^{Car #80}]

[From Arlington Hilton]

[1136 Cannon Car #81]

[1136 Cannon #82]

2/25 Park Hyatt Hotel 8:30am

NAMI Reception 6pm - 8pm

2/26 Hyatt Regency Capitol Hill 2:45

3:45

2/27 2359 Rayburn

5:45

6:15

4008
N20B

5-31-75

Receipts
to sort out

Withdrawal/Redaction Marker

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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 Am

DATE 3/12

TIME _____

TRIP ORIGIN White House

DESTINATION 2000 K Street

FARE _____

TIP _____

TOTAL \$5.00

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

Withdrawal/Redaction Marker

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002a. form	Standard form 1164 re: SSN (partial) (1 page)	04/01/1997	P6/b(6)

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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.			
CLAIMANT 4.	a. NAME (Last, first, middle initial) JENNINGS, CHRISTOPHER, C		b. SOCIAL SECURITY NO. P6(b)(6)
	c. MAILING ADDRESS (include ZIP Code) 40 White House Administration Office OE0B Room 1 17th and Penn NW Washington, DC 20050		d. OFFICE TELEPHONE NUMBER 456-5560
002a			

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	CODE	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		MILEAGE RATE ¢	AMOUNT CLAIMED			
		(Explain expenditures in specific detail.)			MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
		(c) FROM	(d) TO					
3/7 1997	A	Union Station	White House			5 00		
3/10 1997	A	Longworth Building	White House			7 00		
3/12 1997	A	White House	Canon			7 00		
3/12 1997	A	White House	Loew's Langham Plaza Hotel			6 00		
3/13 1997	A	White House	Holiday Inn			6 00		
3/13 1997	A	2000 K Street #B00	17th & G White House			5 00		
3/14 1997	A	Dirksen Bldg.	White House			7 00		
3/14 1997	A	White House	Dirksen Bldg			8 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).) \$	TOTALS	51 00
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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

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

APPROVING OFFICIAL SIGN HERE 9. This claim is certified correct and proper for payment. Sign Original Only AUTHORIZED CERTIFYING OFFICER SIGN HERE	DATE DATE	4-1-97 CLAIMANT SIGN HERE 11. CASH PAYMENT RECEIPT a. PAYEE (Signature) b. DATE RECEIVED c. AMOUNT \$ 12. PAYMENT MADE BY CHECK NO.
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ACCOUNTING CLASSIFICATION

Filed 4/1/97

Withdrawal/Redaction Marker

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002b. form	Standard form 1164 re: SSN (partial) (1 page)	ca. 1997	P6/b(6)

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OA/Box Number: 17044

FOLDER TITLE:

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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.

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	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.			
CLAIMANT 4.	a. NAME (Last, first, middle initial) JENNINGS, CHRISTOPHER, C.		b. SOCIAL SECURITY NO. P6/(b)(6)
	c. MAILING ADDRESS (Include ZIP Code) 40 White House Administration Office OEOB Room 1 17th and Penn NW Washington, DC 20050		d. OFFICE TELEPHONE NUMBER 456-5560
			5. PAID BY [0026]

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__	CODE C O D E	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized) (Explain expenditures in specific detail.)		MILEAGE RATE \$	AMOUNT CLAIMED			
					MILEAGE (f)	FARE OR TOLL (g)	ADD. PER- SONS (h)	TIPS AND MISCEL. LANEUS (i)
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
3/7 1997	A	Union Station	White House			5.00		
3/10 1997	A	Langworth Building	White House			7.00		
3/12 1997	A	White House	Canon			7.00		
3/12 1997	A	White House	Leewards' enfant Plaza Hotel			6.00		
3/13 1997	A	White House	Holiday Inn			6.00		
3/13 1997	A	2000 K Street #800	17th E.G White House			5.00		
3/14 1997	A	Dirksen Bldg.	White House			7.00		
3/14 1997	A	White House	Dirksen Bldg			8.00		
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).) \$					TOTALS			51.00

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		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	
APPROVING OFFICIAL SIGN HERE		CLAIMANT SIGN HERE	
9. This claim is certified correct and proper for payment. Sign Original Only		DATE	
AUTHORIZED CERTIFYING OFFICER SIGN HERE		DATE	
		11. CASH PAYMENT RECEIPT a. PAYEE (Signature) b. DATE RECEIVED c. AMOUNT \$	
		12. PAYMENT MADE BY CHECK NO.	

ACCOUNTING CLASSIFICATION

-TAXICAB RECEIPT-

TIME _____ DATE 3-13- 1997

REC'D
FROM _____

FARE AMOUNT \$ 5.00

TRIP
FROM _____

TRIP FROM: 2000 K Street #800
TO: 17th & G White House
ASSN: D15W101 CAB NO. 33

I.D. NO. 51508 TAG NO. _____

SIGNATURE [Signature]

9

TAXI CAB RECEIPT

DATE: 3/7/97

CAB FARE FROM: Union Station

TO: White House

NO. OF PASSENGERS: _____ TOTAL FARE: \$ 5.00

CAB CO. & NO.: _____ DRIVER: _____

Taxi Cab Receipts

Date: 3-10-97 Time: _____
Trip Origin: Longworth Bldg
Destination: 17th & G White House
Fare: \$ 7.00 Signature [Signature]

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. 3/12/97
 Time 07-12 1997
 Cab# 1781 ID# White House
 Origin of Trip 17th & G
 Destination Canon Fare \$ 7.00
 Signature [Signature]

TAXICAB RECEIPT Time: 11:30am Date: 3/13/97

HOLIDAY INN
WASHINGTON - DOWNTOWN
 1155 14th Street, N.W.
 at Massachusetts Ave./Thomas Circle
 Washington, DC 20005
 Tel: 202-737-1200 Fax: 202-783-5733

Trip Origin White House 17th & G
 Destination 17th & G
 Cab ID# 1781
 Fare: \$ 7.00
 Signature: [Signature]

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. _____
 Time _____ Date 3/12/97 19____
 Cab# _____ ID# _____
 Origin of Trip 17th & G White House
 Destination Loews L'Enfant Plaza Hotel Fare \$ 6.00
 Signature _____

TAXI CAB RECEIPT

DATE: 3/14/97

CAB FARE FROM: Dirksen Bldg
 TO: 17th & G White House

NO. OF PASSENGERS: _____ TOTAL FARE: \$ 7.00

CAB CO. & NO.: _____ DRIVER: _____

Taxi Cab Receipts

Date: 3/14/97 Time: _____
 Trip Origin: 17th & G White House
 Destination: Dirksen Bldg
 Fare: \$ _____ Signature: [Signature]

—TAXICAB RECEIPT—

TIME _____ DATE 3-13 19 87

REC'D
FROM _____

FARE AMOUNT \$ 5.20

TRIP
FROM _____

TRIP From:
TO 2000 K Street #800
To: 17th & G White House
ASSN: D15W101 CAB NO. 33

I.D. NO. 51500 TAG NO. _____

SIGNATURE [Signature]
9

TAXI CAB RECEIPT

DATE: 3/17/87

CAB FARE FROM: Union Station

TO: White House

NO. OF PASSENGERS: _____ TOTAL FARE: \$ 5.20

CAB CO. & NO.: _____ DRIVER: _____

Taxi Cab Receipts

Date: 3-16-87 Time: _____
Trip Origin: Longworth Bldg
Destination: 17th & G White House
Fare: \$ 7.00 Signature [Signature]

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. 3/12/97
 Time 07-12 1997
 Cab# 1781 ID# White House
 Origin of Trip 17th & G
 Destination CARON Fare \$ 7.00
 Signature [Signature]

TAXICAB RECEIPT Time: 11:30am Date: 3/13/97

Trip Origin HOLIDAY INN
 Destination: White House 17th & G
 Cab ID# WASHINGTON - DOWNTOWN
1155 14th Street, N.W.
at Massachusetts Ave./Thomas Circle
Washington, DC 20005
 Fare: \$ 6.00 Tel: 202-737-1200 Fax: 202-783-5733
 Signature: _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. _____
 Time _____ Date 3/12/97 19____
 Cab# _____ ID# _____
 Origin of Trip 17th & G White House
 Destination Loews L'Enfant Plaza Hotel Fare \$ 6.00
 Signature _____

TAXI CAB RECEIPT

DATE: 3/14/97

CAB FARE FROM: Dirksen Bldg
 TO: 17th & G White House
 NO. OF PASSENGERS: _____ TOTAL FARE: \$ 7.00
 CAB CO. & NO.: _____ DRIVER: _____

Taxi Cab Receipts

Date: 3/14/97 Time: _____
 Trip Origin: 17th & G White House
 Destination: Dirksen Bldg
 Fare: \$ 8.00 Signature [Signature]

Withdrawal/Redaction Marker

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			3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			
4.	a. NAME Jennings, Christopher C.	b. SOCIAL SECURITY NO. P6/(b)(6)	5. PAID BY [003a]
	c. MAILING ADDRESS c/o White House Admin Ofc OE0B Room 1 17th & Penn NW Washington, DC 20500	d. OFFICE PHONE 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	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED				
		(Explain expenditures in specific detail.)			MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS	
		(c) FROM	(d) TO						NO OF MILES (e)
11/15									
1996	A	Ritz Carlton, VA	White House			9.00			
12/2									
1996	A	DHHS	White House			5.00			
12/11									
1996	A	White House	Washington Court Hotel			5.00			
12/12									
1996	A	Hill	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)) ▶ \$					TOTALS			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

DATE

APPROVING OFFICIAL SIGN HERE

9. This claim is certified correct and proper for payment.
Sign Original Only

DATE

AUTHORIZED CERTIFYING OFFICER SIGN HERE

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

2-12-97

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

FILED

CHECKER & YELLOW CAB CO.

Date 12/12 1996

From Hill

Charge
Acct. No.

To White House

I AGREE TO PAY
AMOUNT SHOWN HEREON

Pass.

Firm

Pkg
Cab No. 109

By

Amt. 5-



Arlington Blue Top Cab, 1008 North Randolph Street, Suite 103, Arlington, VA 22201

receipt

Date 11/15/96 Time

From Ritz in Crystal City

To White House

Fare \$ 9.00

Run #

129

Signature

703/243-TAXI 703/578-1111

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n.

Time Date 12/11 1996

Cab# ID#

Origin of Trip White House

Destination Wood Ct Hall Fare \$ 5.00

Signature

TAXICAB RECEIPT

U-S-A Cab 128 Date: 12-2-96

Origin of trip: HHS

Destination: White House

Fare: \$ 5.00 Sign: Muf

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.					
CLAIMANT 4.	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.		5. PAID BY
	Jennings, Christopher, C.				
	c. MAILING ADDRESS (include ZIP Code)		d. OFFICE TELEPHONE NUMBER		
		Room 212 - OEOB		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.)

DATE 96 19__	C O D E	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		MILEAGE RATE ¢	AMOUNT CLAIMED				
		(Explain expenditures in specific detail.)			MILEAGE (f)	FARE OR TOLL (g)	ADD. PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)	
		(a)	(b)						
7/16	A	(c) FROM	(d) TO						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 <i>Dept of Medicine</i>	White House						6 00
SUBTOTALS CARRIED FORWARD FROM THE BACK									58 00

If additional space is required continue on the back.

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

TOTALS

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).)

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

Sign Original Only

APPROVING
OFFICIAL
SIGN HERE

[Signature]

DATE

11/18/96

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

Sign Original Only

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

DATE

ACCOUNTING CLASSIFICATION

CLAIMANT
SIGN HERE

[Signature]

DATE

11.

a. PAYEE (Signature)

CASH PAYMENT RECEIPT

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE
BY CHECK NO.

PROCESS of being filed 5/5/97

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 9:25 DATE 9/19/96

REC'D FROM

FARE AMOUNT 5.00

TRIP FROM Hyatt Regency

TRIP TO White House

ASSN. CAB NO.

I.D. NO. TAG NO.

SIGNATURE [Signature] **26**

TIME 9/25 DATE 9/25/96

REC'D FROM

FARE AMOUNT \$ 5

TRIP FROM Capitol

TRIP TO White House

ASSN. CAB NO. 128

I.D. TAG NO.

SIGNATURE [Signature] **23**

Taxi Cab Receipt

Time 1:30 Date 9/25/96

Trip Origin 2001 W. 3

Trip Destination 149 &

Fare 6.00 Sign. [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

Date: 10-4-96

Time:

Company: Pt

Origin of trip: 3rd & Independence

Destination: White House

Fare: 1.50

Sign. [Signature]

Hope you had a pleasant ride
Thank you for your business

Taxi Cab Receipts

Date 9/19/96 Time: _____
 Trip Origin: White House
 Destination: Hyatt Regency
 Fare: \$ 5 Signature: _____

Taxi Cab Receipts

DATE: 7/23/96 TIME: _____
 TRIP ORIGIN: Capitol Hill
 DESTINATION: White House
 FARE: \$ 5.00 SIGNATURE: _____

TAXICAB RECEIPT

Date: 7/16/96
 Time: _____

Company: _____
 Origin of trip: White House
 Destination: Capitol Hill
 Fare: 4.00 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 Cab Receipts

Date 7-22-96 Time: _____
 Trip Origin: White House
 Destination: Capitol Hill
 Fare: \$ 6.00 Signature: _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. YOLK
 Time _____ Date 7-23-96 19____
 Cab# 47 ID# _____
 Origin of Trip White House
 Destination Capitol Hill Fare \$ 6.00
 Signature: _____

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. form	Standard form 1164 re: SSN (partial) (1 page)	02/12/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Local Travel Authorization [Various Dates]

2011-0747-S

rc436

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(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. a. NAME Jennings, Christopher C.	b. SOCIAL SECURITY NO. P6/(b)(6)		[0036]
	c. MAILING ADDRESS c/o White House Admin Ofc OE0B Room 1 17th & Penn NW Washington, DC 20500		
		d. OFFICE PHONE NUMBER 6-5560	

DATE		C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)		MILEAGE RATE	AMOUNT CLAIMED			
			(Explain expenditures in specific detail.)		NO OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)
(a)	(b)		(c) FROM	(d) TO					
11/15							9 00		
1996	A		Ritz Carlton, VA	White House					
12/2							5 00		
1996	A		DHHS	White House					
12/11							5 00		
1996	A		White House	Washington Court Hotel					
12/12							5 00		
1996	A		Hill	White House					
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).) ▶ \$					TOTALS			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	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 2-6-97								
9. This claim is certified correct and proper for payment. Sign Original Only AUTHORIZED CERTIFYING OFFICER SIGN HERE  DATE	11. CASH PAYMENT RECEIPT <table border="1"><tr><td>a. PAYEE(Signature)</td><td>b. DATE RECEIVED</td></tr><tr><td></td><td></td></tr><tr><td></td><td>c. AMOUNT</td></tr><tr><td></td><td>\$</td></tr></table>	a. PAYEE(Signature)	b. DATE RECEIVED				c. AMOUNT		\$
a. PAYEE(Signature)	b. DATE RECEIVED								
	c. AMOUNT								
	\$								
ACCOUNTING CLASSIFICATION	12. PAYMENT MADE BY CHECK NO.								

TAXICAB RECEIPT

Date: 2/11/97
Time: _____

Company: Elite Cab Co.

Origin of trip: 1774 E

Destination: Cannon Building

Fare: 5.00 Sign: [Signature]

*Hope you had a pleasant ride
Thank you for your business*

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. _____

Time _____ Date _____ 19 _____

Cab# _____ ID# _____

Origin of Trip _____

Destination _____ Fare \$ _____

Signature _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. _____

Time _____ Date _____ 19 _____

Cab# _____ ID# _____

Origin of Trip _____

Destination 1714 E Fare \$ 6

Signature [Signature]

TOTAL

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. form	Standard form 1164 re: SSN (partial) (1 page)	03/05/1997	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Local Travel Authorization [Various Dates]

2011-0747-S

rc436

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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*85.00 Taxi Receipt
2/7/97 Jim Hoz*

TAXICAB RECEIPT

Date: 2/11/97
 Time: _____
 Company: Elite Cab Co.
 Origin of trip: 177K & R
 Destination: Cannon Building
 Fare: 5.00 Sign. [Signature]

*Hope you had a pleasant ride
Thank you for your business*



RECEIPT

DATE 1/27 1997
 PARKING Marriott Hotel
 CASH 12.00
 TOTAL

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. Nat'l
 Time _____ Date 02/06 1997
 Cab# 38 ID# _____
 Origin of Trip WH
 Destination CAPITOL Hill Fare \$ 6.00
 Signature [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

Taxi Cab Receipt
 Time _____ Date 2/11
 Trip Origin CAPITOL
 Trip Destination WH
 Fare 5.00
 Signature [Signature]

-TAXICAB RECEIPT-

TIME _____ DATE 1/22/1997

REC'D
FROM _____

FARE AMOUNT \$ 5.00

TRIP
FROM _____

TRIP
TO HHS building

ASSN. CONS CAB
NO. 60

I.D. 59681 TAG
NO. _____

SIGNATURE _____

16

RECEIPT

TOWNE PARK LTD.

Congressional
Staff Retreat

FROM: PARKING DEPARTMENT

AMOUNT: \$4.00

DATE: 1-17-97

LOCATION: LOEWS HOTEL

85.00 Taxi Recd
2/7/97 Jim Hoz

TAXICAB RECEIPT

Date: 2/11/97
Time:

Company: Elite Cab Co.
Origin of trip: 17th & R
Destination: Cannon Building
Fare: 5.00 Sign. [Signature]

Hope you had a pleasant ride
Thank you for your business



RECEIPT

DATE 1/22 1997

PARKING Marriott Hotel

CSHR 12.00

TOTAL

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. New-64
Time 02/06 1997
Cab# 38 ID#
Origin of Trip W/H
Destination Capitol Hill Fare \$6.00
Signature [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

Taxi Cab Receipt

Time 2/11/97
Trip Origin Cannon
Trip Destination W/H
Fare 5.00 Signature [Signature]

-TAXICAB RECEIPT-

TIME _____ DATE 1/22/1997

REC'D
FROM _____

FARE AMOUNT \$ 5.00

TRIP
FROM _____

TRIP
TO HHS Building

ASSN. COMS CAB
NO. 60

I.D.
NO. 59681 TAG
NO. _____

SIGNATURE _____

16

RECEIPT

TOWNE PARK LTD.

CONGRESSIONAL
STAFF RETREAT

FROM: PARKING DEPARTMENT
AMOUNT: \$4.00
DATE: 1-17-97
LOCATION: LOEWS HOTEL

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004b. check	re: personal reimbursement (1 page)	03/12/1997	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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rc436

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