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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/16/2011

File Folder MKD PERSONAL/FEDERAL BUREAU OF INVESTIGATION

FOIA

F97-0066/19

Box Number 42

COHEN, D

98

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	MEMO	FRED FIELDING TO M. DEAVER RE IRS FORM 1099 FROM BILL ADLER BOOKS, INC.	1	3/20/1984	B6
2	LETTER	BILL ADLER TO FIELDING	1	3/9/1984	B6
3	FORM	FORM 1099-MISC	1	ND	B6
4	MEMO	FIELDING TO ROY MILLER AND M. DEAVER RE PRESIDENT'S 1983 TAX RETURN	2	3/20/1984	C
5	TELEGRAM	TO M. DEAVER	1	12/16/1983	B6
6	FORMS	PHOTOCOPY OF FORM AND CHECK RE CAROLYN DEAVER INCOME TAX	1	12/30/1983	C
7	FORMS	PHOTOCOPY OF FORM AND CHECK RE CAROLYN DEAVER INCOME TAX	1	12/30/1983	C

Freedom of Information Act - [5 U.S.C. 552(b)]

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DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
8	NOTES	RE MEETING RE CARTER BRIEFING MATERIALS INVESTIGATION	1	9/22/1983	B6 B7(C) B7(D)
9	NOTES	RE MEETING RE INVESTIGATION OF LEAK	2	9/20/1983	B6 B7(C) B7(D)
10	TALKING POINTS	DRAFT TALKING POINTS RE SAFIRE	2	ND	B6
11	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	10/21/1981	B6
12	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	2/14/1982	B6
13	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	4/24/1982	B6
14	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	8/23/1982	B6

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DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
15	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	12/13/1982	B6
16	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	1/9/1983	B6
17	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	6/30/1983	B6
18	FORM	TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)	1	10/5/1983	B6
19	FORM	TRAVEL ADVANCE APPLICATION, VOUCHER, AND ACCOUNT (PARTIAL)	1	7/14/1983	B6

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1 MEMO

1 3/20/1984 B6

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2 LETTER

1 3/9/1984 B6

BILL ADLER TO FIELDING

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3 FORM

1

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FORM 1099-MISC

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4 MEMO

2 3/20/1984 C

FIELDING TO ROY MILLER AND M. DEAVER RE
PRESIDENT'S 1983 TAX RETURN

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THE WHITE HOUSE
WASHINGTON

Mr. Deaver:

I spoke with John McKean about the attached -- he said he made a partial payment and that you have nothing to worry about.

I sent him a copy of the telegram

*Will
will*

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TO M. DEAVER

1 12/16/1983 B6

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6 FORMS

1 12/30/1983 C

PHOTOCOPY OF FORM AND CHECK RE
CAROLYN DEAVER INCOME TAX

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8	NOTES	1	9/22/1983	B6
	RE MEETING RE CARTER BRIEFING MATERIALS			B7(C)
	INVESTIGATION			B7(D)

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9 NOTES

2 9/20/1983 B6

RE MEETING RE INVESTIGATION OF LEAK

B7(C)

B7(D)

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Saxe, Bacon & Bolan, P. C.

39 EAST 68TH STREET
NEW YORK, NEW YORK 11021
(212) 472-1400

CABLE: SAXUM

Bill Hill

JOHN GODFREY SAXE (1909 - 1953)
ROGERS H. BACON (1919 - 1962)

ROY M. COHN (1)
STANLEY M. FRIEDMAN (1)
MICHAEL ROSEN (1)
CARL R. AJELLO (2)
JOHN F. LANG (6)
LOUIS BIANCONE (4)
FILIP L. TIFFENBERG (4)
ANDREW M. LEVINE (5)
ROGER J. PEARSON (3)
KEVIN CONDON (2)
DANIEL J. DRISCOLL (1)
JOHN A. KISER (4)
FRED DUBITSKY (1)

THOMAS A. BOLAN, P.C.
COUNSEL

24 HOYT STREET
STAMFORD, CONNECTICUT 06905
(203) 327-2900

1819 H. STREET N.W.
SUITE 630
WASHINGTON, D.C. 20006
(202) 429-9700

December 8, 1983

PERSONAL AND CONFIDENTIAL

- (1) New York
- (2) Connecticut
- (3) Connecticut, Washington, D.C., and New York
- (4) New York and New Jersey
- (5) New York and Connecticut
- (6) New York and Florida

Hon. Michael A. McManus, Jr.
Deputy Assistant to the President
The White House
Washington, D.C. 20500

Dear Mike:

I wanted to recapitulate the Safire situation. First, everyone's reaction is the column was totally innocuous and if anything by far the most friendly he has ever on it. I am sure you noted that in the item everything discussed was viewed as being "benign" because Mike had responded over the telephone. Bill made a very special effort to keep it low key almost to the point of syndicate feeling it amounted to nothing.

Naturally I would have preferred that nothing at all was said on the subject. But - let's look at the record. This matter was a closed case many weeks ago when the column which was scheduled did not run. Then someone from the White House leaked this to Evans and Novak, who made it the lead item in their column. Bill was then left in a position where he not only had been scooped, but felt like a fool because shortly after he had put this in the dead file it is given to a competitor who runs it as the lead item (although Bill is ideologically friendly with Evans and Novak). If it had not been for that intervening development I am confident there would have been nothing.

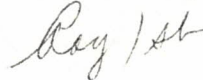
Saxe, Bacon & Bolan, P.C.

Hon. Michael A. McManus, Jr.
December 8, 1983
Page Two

I would like to (and so would Bill) have a private lunch with the four of us just to create some good will, at which there will be no questions about anything specific whatsoever. Would this be possible on Tuesday, December 13, when I will be in Washington, or could you give me a few alternate dates and we could pick a quiet location (any place but Hong Kong). I happen to have a high regard for Caroline and Mike and you know I do for you, and I want to continue doing everything I can for you three both on a personal basis and because of what you mean to the welfare and success of the President.

Please keep in touch and I would appreciate your showing this letter to Mike.

Sincerely,



Roy M. Cohn

sb

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10 TALKING POINTS

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DRAFT TALKING POINTS RE SAFIRE

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12 JAN 1984

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personal*

(UNCLASSIFIED WHEN REMOVED FROM ATTACHMENTS)

6/13/11 EOB

MEMORANDUM

TO: Ms. Brenda S. Reger
Director, FOI
National Security Council

FROM: Barbara Ennis *By BJA*
Director, Policy Development
and Coordination Staff
Classification/Declassification

SUBJECT: FOI: Request for Concurrence in Release
Case No.: FOI 8303151
EO Mandatory Review
Privacy Act

Requester: William Safire

The attached Department of State document(s), requested in the captioned case, appear to be of interest also to your agency.

The Department of State after reviewing this material finds no grounds under the applicable legislation, EO 12356, and regulations for denying its declassification and release to the requester. Some documents may have excision of material found to be exempt from release. These will be shown by brackets in the attached copies. *Note (b)(6) excisions.*

Please inform us whether you see any objection to release of the material on the basis indicated. If you recommend additional withholding, or denial, please specify the basis. In your reply, please cite the case number above, and return reply, with document(s), to A/CDC/PDC, Room 2811, Department of State.

Attachment:
Document(s) numbered One through Eight.

FOI reference

(UNCLASSIFIED WHEN REMOVED FROM ATTACHMENTS)

F
STB

The New York Times

WASHINGTON BUREAU
1000 CONNECTICUT AVE., N.W.
WASHINGTON, D.C. 20036
(202) 862-0330

83031

WILLIAM SAFIRE

4 October 1983

Sharon Kotok
Chief, Information Access Branch
Information and Privacy Staff
Room 1239
State Department
2201 C Street, Northwest
Washington, D.C. 20520

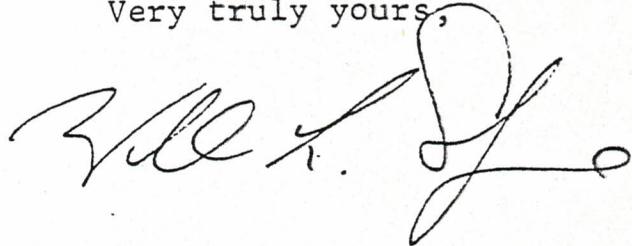
1983 OCT 14 AM 11:11

Dear Mrs. Kotok:

Invoking the provisions of the Freedom of Information Act, I request copies of all expense accounts submitted to the Department of State in connection with the foreign travel of Michael Deaver, an Assistant to the President who often arranges the trips of the President.

In addition, I request any memoranda or directives to State Department officials regarding any special requests by Mr. Deaver or a member of the White House staff in connection with protocol affecting his status, such as precedence in debarking from aircraft or place in motorcades.

Very truly yours,



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TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)			

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DEPARTMENT OF STATE

TRAVEL REIMBURSEMENT VOUCHER

35585

3. BU: VO. NO.

17021 SCH

6. D. O. PAID BY

E

Form indicated by
5. to be Com-
pleted by the Payee.

4. PAYEE'S COMPLETE NAME AND ADDRESS

Michael Deaver
c/o A/EX, Rm 3800
Department of State
Washington, D.C. 20520

5. TRAVEL AUTHORIZATION

A. Number: 1023-200548
B. Date: 10/19/81

7. EMPLOYEE NUMBER (State Only)

[Redacted] b6

9. OFFICIAL STATION (State Only)

8. TRAVEL ADVANCE STATUS

A. Old Balance \$
B. Applied This Voucher \$
C. New Balance \$

10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

E. Point to Point Travel

A. GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to
MAC					

11. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**

A. Date: 1/16/21/81
B. Signature: [Signature]

12. PAYMENT CALCULATION

A. Amount Claimed (See Item 18.) \$ 210.00

B. Differences, if any

C. Amount Allowed (Verified correct to Appropriation) \$ 210.00

3. ADMINISTRATIVE APPROVAL: Recommended for approval; long distance telephone calls are certified as necessary in the interest of the Government:***

A. Date: 10/26/81
B. Signature: [Signature]
Name: Joyce M. Scurlock
Title: Travel Assistant A/EX/ASD

D. Applied to Advance (See Item 8B.)

E. Net to Payee \$ 210.00

14. PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:

A. D.O. Vou. No.
B. Paid (mo. & yr.)
C. D.O. Name and Symbol

5. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:

A. Date: 10/14/81
B. Authorized Certifying Officer's Signature: [Signature]
Name:
Title:

E. Net to Payee

\$ - 0 -

6. METHOD OF PAYMENT (For Paying Office Use Only)

A. Cash or Dep. Check Amt.
B. Exchange Rate
C. U. S. S Equivalent

D. Date: 10-21-81

7. Treasury or Depository Check No. and Name of Depository

F. Payment Received: [Signature]
(Payee's Signature)

7. ACCOUNTING CLASSIFICATION

A. Fund	B. Allotment	C. Oblig.(T/A) No.	D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount
920113								\$

*Item 10C. If carrier was foreign ship registry, attach certificate of readiness.
** FRAUDULENT CLAIM: Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 257, i.d. 1001).
*** If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to incur them (21 U.S.C. 6802).

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12 FORM

1 2/14/1982 B6

TRAVEL REIMBURSEMENT VOUCHER (PAGE 1,
PARTIAL)

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Department of State
(Agency)
TRAVEL REIMBURSEMENT VOUCHER

2. U. S. VOUCHER NO.

140154

3. BU. VO. NO.

17034SCH

Items indicated by
star are to be Com-
puted by the Payer.

PAYEE'S COMPLETE NAME AND ADDRESS

Michael Deaver
A/EX, Rm 3800
Department of State
Washington, D.C. 20520

*5. TRAVEL AUTHORIZATION

A. Number	B. Dated
1023-200558	02/11/82

5. D. O. PAID BY

E

*7. SOCIAL SECURITY NUMBER

66 [REDACTED]

66

*8. TRAVEL ADVANCE STATUS

A. Old Balance	\$
B. Applied This Voucher	\$
C. New Balance	\$

*9. OFFICIAL STATION
(State Only)

*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

E. Point to Point Travel

GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to
All travel via	MAC Flights				

PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**

12. PAYMENT CALCULATION

Date: 1/14/82
Signature: [Signature]

*A. Amount Claimed
(See Item 1B.)
\$ 266.00

ADMINISTRATIVE APPROVAL: Recommended for approval: long distance telephone calls are certified as necessary in the interest of the Government:***

B. Differences, if any
\$

Date: 02/22/82
Signature: Joyce M. Scurlock
Name: Joyce M. Scurlock
Title:

C. Amount Allowed
(Verified correct to Appropriation)
\$ 266.00

PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:

A. Vou. No.	B. Paid (mo. & yr.)	C. D.O. Name and Symbol
-------------	---------------------	-------------------------

D. Applied to Advance
(See Item 8B.)
Sittman \$ 266.00

CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:

Date: 1/8/82
Signature: [Signature]
Name:
Title:

E. Net to Payee:
\$ - 0 - -

METHOD OF PAYMENT (For Paying Office Use Only)

A. Fed. or Dep. Check Amt.	B. Exchange Rate	C. U.S. \$ Equivalent
----------------------------	------------------	-----------------------

Date: 2/14/82

Treasury or Depository Check No. and Name of Depository

Payment Received: [Signature]
(Payee's Signature)

ACCOUNTING CLASSIFICATION

D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount
--------------------------------	-------------	---------------------------	-------------------------------	-----------------------------	-----------

A. Fund	B. Allotment	C. Oblig.(T/A) No.
---------	--------------	--------------------

720113					[Signature]
--------	--	--	--	--	-------------

Form 100 - If carrier was foreign ship registry, attach certificate of readiness.
FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).
If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to certify (31 U.S.C. 680a).

*1B. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)

REMARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1982 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
2/14	8:00a	depart AAFB via MAC	1/2	23.00	5.75	
	7:50p	arrive London, England	1/2	6.00	3.00	
2/15	5:10p	depart London via MAC	3/4	54.00	40.50	
	7:10p	arrive Paris, France				
2/16	6:15p	depart Paris via MAC	1	48.00	48.00	
	8:05p	arrive Rome, Italy				
2/18	9:00a	depart Rome via MAC	1 3/4	42.50	74.38	
	11:15a	arrive Brussels, Belgium				
2/20	10:30a	depart Brussels via MAC	2	46.50	93.00	
	11:10a	arrive Shannon				
	12:10p	depart Shannon				
	2:10p	arrive AAFB	1/2	6.00	1.50	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						266.13

PRIVACY ACT STATEMENT

Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705

Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.

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13 FORM

1 4/24/1982 B6

TRAVEL REIMBURSEMENT VOUCHER (PAGE 1,
PARTIAL)

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Indicated by Department of State (Agency) TRAVEL REIMBURSEMENT VOUCHER
 2. D. O. VOUCHER NO. 042399
 3. BU. VO. NO. 17045 SCH

EMPLOYEE'S COMPLETE NAME AND ADDRESS
 Michael Deaver
 227, Pm 3800
 Department of State
 Washington, D.C. 20520

*5. TRAVEL AUTHORIZATION
 A. Number 1023-200594
 B. Dated 4/5/82

6. D. O. PAID BY
 E

*3. TRAVEL ADVANCE STATUS
 A. Old Balance \$
 B. Applied This Voucher \$
 C. New Balance \$

*7. EMPLOYEE NUMBER (State Only)
 [REDACTED]
 *9. OFFICIAL STATION (State Only)

*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

A. GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class
1	travel via MAC flights		

E. Point to Point Travel

(1) from	(2) to

1. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**
 Date 7/7/82
 Signature [Signature]

12. PAYMENT CALCULATION
 *A. Amount Claimed: (See Item 18.) \$ 102.00

ADMINISTRATIVE APPROVAL: Recommended for approval; long distance telephone calls are certified as necessary in the interest of the Government:***
 Date 4/12/82
 Signature [Signature]
 Name: James P. Neill
 Title: A/EY

B. Differences, if any \$
 C. Amount Allowed (Verified correct to Appropriation) \$ 102.00

4. PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:
 D.O. Vou. No. B. Paid (mo. & yr.) C. D.O. Name and Symbol

D. Applied to Advance (See Item 8B.)
 Full [Signature] 102.00

CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:

Date 4/24/82
 B. Authorized Certifying Officer's Signature [Signature]
 Name: [Name]
 Title: [Title]

E. Net to Payee \$ 200.00

METHOD OF PAYMENT (For Paying Office Use Only)
 Cash or Dep. Check Amt. B. Exchange Rate C. U. S. S Equivalent

*D. Date

Treasury or Depository Check No. and Name of Depository

*F. Payment Received [Signature]
 (Payee's Signature)

ACCOUNTING CLASSIFICATION			D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount
A. Fund	B. Allotment	C. Oblig.(T/A) No.						
920113								200

*Item 10C. If carrier was foreign ship registry, attach certificate of readiness.
 *FRAUDULENT CLAIM: Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).
 *If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to certify (31 U.S.C. 630a).

CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)

MARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1982 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
4/7	10:10a	depart AAFB via MAC				
	2:00p	arrive Kingston, Jamaica	1/2	23.00	5.75	
4/8	8:55a	depart Kingston	1	53.00	53.00	
	12:20p	arrive Bridgetown, Barbados				
4/8	10:00p	depart Barbados via MAC	1/2	75.60	37.50	
4/9	12:40a	arrive AAFB	1/2	23.00	5.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER					102.00	
(Subtotals To Be Carried Forward)					222x25	

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14 FORM

1 8/23/1982 B6

TRAVEL REIMBURSEMENT VOUCHER (PAGE 1,
PARTIAL)

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

are to be Com-
ed By the Payee.

TRAVEL REIMBURSEMENT VOUCHER

3. BU. VO. NO.
17055 SCH

PAYEE'S COMPLETE NAME AND ADDRESS

Michael Deaver
4/EX, Rm 3800
Department of State
Washington, D.C. 20520

*5. TRAVEL AUTHORIZATION

A. Number: 1023-200705
B. Dated: 5/31/82

6. D. O. PAID BY
E

*7. SOCIAL SECURITY NUMBER
(b) [REDACTED]

*8. TRAVEL ADVANCE STATUS

A. Old Balance \$
B. Applied This Voucher \$
C. New Balance \$

*9. OFFICIAL STATION
(State Only)

*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

E. Point to Point Travel

GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from:	(2) to
All travel via MAC flights unless otherwise noted					

PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**

12. PAYMENT CALCULATION

Date: 7-80
B. Signature: *Michael Deaver*

A. Amount Claimed (See Item 18.) \$ 409.50

ADMINISTRATIVE APPROVAL: Recommended for approval: long distance telephone calls are certified as necessary in the interest of the Government:***

B. Differences, if any \$

Date: 6/30/82
B. Signature: *James P. Wall*
Name: *A/EA*
Title:

C. Amount Allowed (Verified correct to Appropriation) \$ 409.50

PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:

A. Vou. No. B. Paid (mo. & yr.) C. D.O. Name and Symbol

D. Applied to Advance (See Item 8B.) \$ 409.50

CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:

Wall \$ 409.50

Date: 8/23/82
B. Authorized Certifying Officer's Signature: *William L. ...*
Name:
Title:

E. Net to Payee \$ - 01 -

METHOD OF PAYMENT (For Paying Office Use Only)

A. Cash or Dep. Check Amt. B. Exchange Rate C. U.S. \$ Equivalent

D. Date

Treasury or Depository: Check No. and Name of Depository:

F. Payment Received: *Michael Deaver*
(Payee's Signature)

ACCOUNTING CLASSIFICATION			D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount
A. Fund	B. Allotment	C. Oblig.(T/A) No.						
120113							<i>8</i>	

Item 10C. - If carrier was foreign ship registry, attach certificate of readiness.
FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine if not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).
If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to certify (31 U.S.C. 680a).

Dates 82 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
5/2	10:30a	depart AAFB	1/2	23.00	5.75	
	11:50p	arrive Paris, France	1/2	6.00	3.00	
6/7	8:55a	depart Paris	4 1/2	45.50	204.75	
	11:00a	arrive Rome, Italy				
	4:40p	depart Rome				
	5:50p	arrive London, England	1/2	6.00	1.50	
6/9	11:00a	depart London	1 3/4	50.00	87.50	
	1:00p	arrive Bonn, Germany				
6/11	(8:35a - 2:50p travel Bonn/Berlin/Bonn)					
	4:10p	depart Bonn	2 1/2	45.00	101.25	
	6:40p	arrive AAFB	1/2	23.00	5.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					409.50	

PRIVACY ACT STATEMENT Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705
 Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.

MEMORANDUM

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<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
15 FORM	1	12/13/1982	B6
TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)			

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Form prescribed by Standard Form 64 Completed by the Payee.		Department of State (Agency) TRAVEL REIMBURSEMENT VOUCHER				2. D. O. VOUCHER NO. 51394		
*4. PAYEE'S COMPLETE NAME AND ADDRESS Michael Deaver A/EX, Rm 3800 Department of State Washington, D.C. 20520				*5. TRAVEL AUTHORIZATION		3. BU. VO. NO. 17064SCH		
				A. Number 1023-300544	B. Date 11/3/82	6. D. O. PAID BY E		
*8. TRAVEL ADVANCE STATUS				*7. SOCIAL SECURITY NUMBER ██████████		1-6		
A. Old Balance		S		*9. OFFICIAL STATION (State Only)				
B. Applied This Voucher		S						
C. New Balance		S						
*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION								
A. GTR or Vou. No.		B. Valuation		C. Carrier*	D. Class	E. Point to Point Travel		
						(1) from: (2) to:		
All travel via MAC flights								
*11. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**				12. PAYMENT CALCULATION				
A. Date 11/15/82		B. Signature <i>[Signature]</i>		A. Amount Claimed (See Item 18.)		S 99.50		
13. ADMINISTRATIVE APPROVAL. Recommended for approval; long distance telephone calls are certified as necessary in the interest of the Government:***				B. Differences, if any		S		
A. Date 11/15/82		B. Signature <i>[Signature]</i>		C. Amount Allowed (Verified correct to Appropriation)		S 99.50		
		Name: Title: James P. Neill A/EX		12/6/82 <i>(Bull)</i>				
*14. PREVIOUS PAYMENTS: The next previous Vou. paid under same travel auth. was:				D. Applied to Advance (See Item 8B.)		S 99.50		
A. D.O. Vou. No.		B. Paid (mo. & yr.)		C. D.O. Name and Symbol				
15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.						S 99.50		
A. Date 12/13/82		B. Authorized Certifying Officer's Signature <i>[Signature]</i>		E. Net to Payee		S -0-		
		Name: Title:						
16. METHOD OF PAYMENT (For Paying Office Use Only)								
A. Cash or Dep. Check Amt.		B. Exchange Rate		C. U.S. \$ Equivalent		*D. Date X Nov 5 1982		
E. Treasury or Depository Check No. and Name of Depository				*F. Payment Received <i>[Signature]</i> (Payee's Signature)				
17. ACCOUNTING CLASSIFICATION			D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount
A. Fund	B. Allotment	C. Oblig.(T/A) No.						

*Item 10C - If carrier was foreign ship registry, attach certificate of readiness.
 ** FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).
 *** If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).

18. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights, measures and attach all receipts.)

REMARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 02 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount		
					Per Diem (F)	Other (G)	
FORWARDED							
11/5	10:00a	depart AAFB	1/4	23.00	5.75		
	8:30p	arrive Brasilia, Brazil	1/2	6.00	3.00		
11/6	1:00p	depart Brasilia	3/4	36.00	27.00		
	2:20p	arrive Sao Paulo, Brazil					
	6:30p	depart Sao Paulo					
	7:30p	arrive Rio de Janerio, Brazil	1/4	6.00	1.50		
11/7	10:00a	depart Rio de Janerio	1/2	51.00	25.50		
	1:30p	arrive Bogota, Colombia					
	5:00p	depart Bogota					
	6:15p	arrive Cartegena, Colombia	1/4	6.00	1.50		
11/8	11:00a	depart Cartegena	3/4	43.00	32.25		
	11:35a	arrive San Jose, Costa Rica					
	4:00p	depart San Jose					
	9:40p	arrive AAFB	1/2	6.00	3.00		
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					99.50		

PRIVACY ACT STATEMENT

Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705

Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.

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16 FORM

1 1/9/1983 B6

TRAVEL REIMBURSEMENT VOUCHER (PAGE 1,
PARTIAL)

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Items indicated by * are to be completed by the Payee.		Department of State (Agency) TRAVEL REIMBURSEMENT VOUCHER			2. D. O. VOUCHER NO. 054221	
4. PAYEE'S COMPLETE NAME AND ADDRESS Michael Deaver A/EX, Rm 3800 Department of State Washington, D.C. 20520				*5. TRAVEL AUTHORIZATION		
				A. Number 1023-300599	B. Dated 11/26/82	3. D. O. NO. SCH 17074
*8. TRAVEL ADVANCE STATUS				*7. SOCIAL SECURITY NUMBER b(6) [REDACTED]		
				*9. OFFICIAL STATION (State Only)		5. D. O. PAID BY E
A. Old Balance		C. New Balance		6. b6		
B. Applied This Voucher						
*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION				E. Point to Point Travel		
A. GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to	
All travel via MAC flights unless indicated.						
*11. PAYEE CERTIFICATE: <i>Verified Correct. Payment or credit has not been received.**</i>				*12. PAYMENT CALCULATION		
A. Date Sept 30 1982		B. Signature <i>Michael Deaver</i>		A. Amount Claimed (See Item 7B.) \$ 122.75		
*13. ADMINISTRATIVE APPROVAL: Recommended for approval: long distance telephone calls are certified as necessary in the interest of the Government:***				B. Differences, if any \$		
A. Date 11/26/82		B. Signature <i>James P. Neill</i> Name: James P. Neill A/EX Title:		C. Amount Allowed (Verified correct to Appropriation) (BILL) \$ 122.75		
*14. PREVIOUS PAYMENTS: The next previous Vou. paid under same travel auth. was:				D. Applied to Advance (See Item 8E.)		
A. D.O. Vou. No.	E. Paid (mo. & yr.)	C. D.O. Name and Symbol		E. Net to Payee \$ -0-		
*15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.						
A. Date 1/9/83		B. Authorized Certifying Officer's Signature <i>James P. Neill</i> Name: Title:				
*16. METHOD OF PAYMENT (For Paying Office Use Only)				*D. Date <i>Michael Deaver</i>		
A. Cash or Dep. Check Amt.		B. Exchange Rate		*E. Payment Received <i>Michael Deaver</i> (Payee's Signature)		
E. Treasury or Depository Check No. and Name of Depository						
*17. ACCOUNTING CLASSIFICATION:			D. Organization, Subcost, etc.	F. Object, Resource, etc.	I. Amount	
A. Fund	B. Allotment	C. Oblig.(T/A) No.	E. Function	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	

* Item 10C: - If carrier was foreign ship registry, attach certificate of readiness.
 ** FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).
 *** If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 650a).

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17 FORM

1 6/30/1983 B6

TRAVEL REIMBURSEMENT VOUCHER (PAGE 1,
PARTIAL)

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]

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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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

*Items indicated by *Star are to be Completed by the Payee.		Department of State (Agency) TRAVEL REIMBURSEMENT VOUCHER			2. D. O. VOUCHER NO. 61029	
4. PAYEE'S COMPLETE NAME AND ADDRESS A/EX; Rm 3800 Department of State Washington, D.C. 20520				5. TRAVEL AUTHORIZATION		3. BU. VO. NO. SC4 17123
				A. Number 1023-100707	B. Dated 6/7/63	6. D. O. PAID BY E
8. TRAVEL ADVANCE STATUS				7. SOCIAL SECURITY NUMBER [REDACTED]		16
A. Old Balance		S		9. OFFICIAL STATION (State Only)		
B. Applied This Voucher		S				
C. New Balance		S				
10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION					E. Point to Point Travel	
A. GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to	
all travel via MAC						
11. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.***					12. PAYMENT CALCULATION	
A. Date X 5-8-63		B. Signature X [Signature]			A. Amount Claimed (See Item 18.) \$ 69.38	
13. ADMINISTRATIVE APPROVAL: Recommended for approval; long distance telephone calls are certified as necessary in the interest of the Government:***					B. Differences, if any \$	
A. Date 6/11/63		B. Signature [Signature] Name: James P. Neill A/EX Title:			C. Amount Allowed (Verified correct to Appropriation) \$ 69.38	
14. PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:					D. Applied to Advance (See Item 8E.)	
A. D.O. Vou. No.	B. Paid (mo. & yr.)	C. D.O. Name and Symbol			E. Net to Payee \$ 11.88	
15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:					A. Amount Claimed	
A. Date 6/30/63		B. Authorized Certifying Officer's Signature [Signature] Name: Title:			E. Net to Payee \$ 11.88	
16. METHOD OF PAYMENT (For Paying Office Use Only):						
A. Cash or Dep. Check Amt.		B. Exchange Rate	C. U.S. \$ Equivalent		D. Date X	
E. Treasury or Depository Check No. and Name of Depository					F. Payment Received X [Signature] (Payee's Signature)	
17. ACCOUNTING CLASSIFICATION			D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)
A. Fund	B. Allotment	C. Oblig.(T/A) No.				H. Paying Date (State/USIA)
						I. Amount 11.88
<small>*Item 19C. - If carrier was foreign ship registry, attach certificate of readiness. ** FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim. (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001). *** If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).</small>						

1. Complete itinerary and transportation expenses for persons and things for which reimbursement is claimed: on effects, show weight of baggage and attach all receipts.

2. List dependents including date of birth (D.O.B.) of dependent children (explanation for use of foreign registry ship rates of exchange, etc.)

Dates 19 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
6/8	4:00p	depart AAFB via MAC				
	6:25p	arrive El Paso, TX				
6/9	9:10a	depart El Paso				
	10:00a	arrive Chihuahua, Mexico				
	3:00p	depart Chihuahua				
	4:20p	arrive Los Angeles, CA				
6/10	1:05p	depart Los Angeles	1 1/2	23.00	51.75	
	4:00p	arrive Puerto Vallarta, Mexico				
6/11	7:30a	depart Puerto Vallarta	3/4	19.50	14.63	
	8:30a	arrive Manzanillo, Mexico				
	12:30p	depart Manzanillo				
	6:45p	arrive AAFB	1/2	6.00	3.00	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						69.38

PRIVACY ACT STATEMENT Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705
 Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.

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<i>NO Document Description</i>	<i>pages</i>		<i>tions</i>
18 FORM	1	10/5/1983	B6
TRAVEL REIMBURSEMENT VOUCHER (PAGE 1, PARTIAL)			

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Indicated by
are to be Com-
ted by the Payee.

Department of State
(Agency)
TRAVEL REIMBURSEMENT VOUCHER

2. D. O. VOUCHER NO.

65761

3. BU. VO. NO.

SCIA 17004

6. D. O. PAID BY

E

PAYEE'S COMPLETE NAME AND ADDRESS

Michael Deaver
A/EX, Rm 3800
Department of State
Washington, D.C. 20520

*5. TRAVEL AUTHORIZATION

A. Number

1023-300753

B. Dated

7/13/83

*7. SOCIAL SECURITY NUMBER

(b) [REDACTED]

*8. TRAVEL ADVANCE STATUS

A. Old Balance

\$

B. Applied This Voucher

\$

C. New Balance

\$

*9. OFFICIAL STATION
(State Only)

*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

E. Point to Point Travel

GTR or Vou. No.	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to
All travel via	MAC flights:				

PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**

Date: _____
B. Signature: *X Michael Deaver*

12. PAYMENT CALCULATION

*A. Amount Claimed
(See Item 18.)
\$ 641.25

ADMINISTRATIVE APPROVAL: Recommended for approval; long distance telephone calls are certified as necessary in the interest of the Government:***

Date: _____
B. Signature: *Keith Wind*
Name: Keith Wind A/EX
Title: _____

B. Differences, if any
\$

C. Amount Allowed
(Verified correct to Appropriation)
\$ 641.25

PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:

D. Vou. No. B. Paid (mo. & yr.) C. D.O. Name and Symbol

D. Applied to Advance
(See Item 8B.)

CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:

Date: 10/5/83
B. Authorized Certifying Officer's Signature: *Michael Deaver*
Name: Michael Deaver
Title: _____

\$ 641.25

E. Net to Payee
\$ 0

METHOD OF PAYMENT (For Paying Office Use Only)

A. Cash or Dep. Check Amt. B. Exchange Rate C. U.S. \$ Equivalent

*D. Date: 1

Treasury or Depository Check No. and Name of Depository

*F. Payment Received
X Michael Deaver
(Payee's Signature)

ACCOUNTING CLASSIFICATION

A. Fund	B. Allotment	C. Oblig.(T/A) No.	D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc.	G. Paying Office (State/USIA)	H. Paying Date (State/USIA)	I. Amount

Item 10C. - If carrier was foreign ship registry, attach certificate of readiness.
FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).
If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to certify (31 U.S.C. 680a).

13. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)

REMARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
7/17	10:15a 2:00p	depart AAFB arrive Honolulu, Hawaii	1/2	23.00	5.75	
7/18	9:00a	depart Honolulu CROSS INTERNATIONAL DATE LINE	1	42.00	42.00 -6.00	
7/19	12:45p	arrive Guam	1 1/2	6.00	7.50	
7/20	12:00n	depart Guam	3/4	33.50	25.13	
7/22	1:30p 8:00a	arrive Manila, Philippines depart Manila	2	36.00	72.00	
7/23	10:40a 2:00p	arrive Jakarta, Indonesia depart Jakarta	1 1/2	44.00	55.00	
7/24	5:05p 2:30p	arrive Bangkok depart Bangkok	1	39.00	39.00	
7/25	5:20p 5:00p	arrive Hong Kong depart Hong Kong	1	44.00	44.00	
7/27	10:15p 4:00p	arrive Tokyo, Japan depart Tokyo	2	58.50	117.00	
7/28	5:00p 4:00p	arrive Osaka, Japan depart Osaka	1	63.50	63.50	
7/29	5:20p 9:00a	arrive Seoul, Korea depart Seoul	2 3/4	48.50	133.38	
7/30	11:55p	CROSS INTERNATIONAL DATE LINE arrive Hilo, Hawaii			6.00	
8/1	10:00a	depart Hilo	1	32.50	32.50	
8/2	1:00a	arrive AAFB	3/4	6.00	4.50	
					(641.26)	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					641.25	

PRIVACY ACT STATEMENT

Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705

Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the Department of State and General Accounting Office.



BUREAU OF ADMINISTRATION
AUTHORIZATION OF OFFICIAL TRAVEL

Applicable Regulations: 6 FAM 100 and 1800
Foreign Service Regulation, Standardized Government
and Joint Travel Regulations

TRAVEL AUTHORIZATION Number 1023-300753, Dated July 13, 1983.

The employees on the attached list are authorized to perform official
travel in conjunction with President Reagan's upcoming visit to the Far East.

ITINERARY:

Travel from Washington, D.C. on or about 17 July 1983 to
Honolulu, Hawaii; Guam; Manila, Philippines; Jakarta,
Indonesia; Bangkok, Thailand; Hong Kong; Tokyo and Osaka,
Japan; Seoul, Korea; Hilo, Hawaii; and other such places
necessary to complete the mission and return to
Washington, D.C. on or about 2 August 1983.

PURPOSE:

Preparation for President Reagan's visit to the Far East.

AUTHORIZATIONS:

Use of military aircraft when applicable.

Less than first class travel on commercial airlines.

50% of the applicable per diem when lodging is provided at
no cost to the traveller.

Use of taxicabs for official business.

Rental of vehicles for ground transportation and moving of
baggage and equipment.

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization</u>	<u>Object</u>	<u>Amount</u>
1930113	1023	300753	200000	2152	\$23,000.00

Travel Requested by:

Funds Available:

Authorizing Officer:

John P. Shumate
Executive Director
A/EX

Robert Haukness
Budget Officer
A/EX/FMD

Thomas M. Tracy
Asst. Sec. for
Administration

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1 7/14/1983 B6

TRAVEL ADVANCE APPLICATION, VOUCHER,
AND ACCOUNT (PARTIAL)

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]

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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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Department of State
AGENCY

TRAVEL ADVANCE APPLICATION, VOUCHER, AND ACCOUNT

3. D. O. VOUCHER NO.

4. BU. VO. NO.

5. D. O. PAID BY

* Items indicated by a Star are to be Completed by the Payee

★ 1. EMPLOYEE SOC. SEC. NO.

★ 2. EMPLOYEE NAME (Last, First, M.I.)

★ 6. MAILING ADDRESS

A/EL, Rm 3800
Department of State
Washington, D.C. 20520

★ 7. TRAVELER'S APPLICATION

An advance of funds in the amount of \$5,130.00 is hereby requested for travel and other expenses to be incurred under authorization number 1023-300753 dated 7/13/83 (Mo./Day/Yr). My expected date of completion (EDC) is 8/2/83 (Mo./Day/Yr). In accordance with the provisions of 4 FAM 303, I will submit a travel reimbursement voucher and/or remit a refund to the Department of State within 30 days following completion of travel or postponement or cancellation of the travel.

Signature

Date

★ 8. TRAVEL ADVANCE STATUS

9. ADMINISTRATIVE APPROVAL SIGNATURE

DATE

a. Old Balance

\$

TITLE: James P. Neill A/EL/ASD

7/13/83

b. This Voucher

\$

5,130.00

10. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.

AUTHORIZED CERTIFYING OFFICER'S SIGNATURE

DATE

c. New Balance

\$

TITLE: GRAHAM B. HAMILTON

7-14-83

★ 11. EMPLOYEE'S AGENCY IF OTHER THAN STATE

★ 12. STATE ORGANIZATION APPROVING TRAVEL

★ 13. EMPLOYEE'S NEW POST OR OFFICE IF BEING REASSIGNED

14. METHOD OF PAYMENT

a. Cash or Dep. Check Amt.

b. Exchange Rate

c. U.S. \$ Equivalent

★ d. Date

cash

e. Treasury or Depository Check No. and Name of Depository

★ f. Payment Received: (Payee's Signature)

15. ACCOUNT OF ADVANCES (Receivables) RECORD

TRANSACTIONS

ADVANCE ACCOUNT

a. Post	b. USDO	c. Date	d. Voucher No.	e. Advanced	f. Decreases	g. Balance
<u>Deaver</u>	<u>66</u>		<u>8 0 641.25</u>	<u>= 5,130.00</u>		
	<u>66</u>					

16. TRAVEL ADVANCE ACCOUNTING CLASSIFICATION

a. Fund Symbol	b. Adv. Acct. No.	c. Obig (T/A) No.	d. ELC	e. Paying Office	f. Date Paid	g. Amount
<u>1930113</u>	<u>9035</u>	<u>300753</u>	<u>063 1023</u>	<u>579</u>	<u>7-14-83</u>	<u>\$5,130.00</u>

COPY 3-FOR TRAVELER

5026 (1-82)

Form Approved by Comptroller General, U.S. March 14, 1974

Optional Form 261 (Rev. 1-78)

DEPT. OF STATE

(See Reverse for Privacy Act Statement)