Collection: Deaver, Michael
Folder Title: Travel Vouchers 1981-1983 (6)
Box: 59

RNC WEEKLY REPORT FOR POLITICAL EXPENSES

Wyoming, Nevada, Utah, N. MEXICO

Name: MICHAEL K. DEAVER

Permanent Address: The White House
Washington, D.C. 20050

Social Security No. 202-333-1548

Self Employed: YES ☐ NO ☐

NO. _____

DATE: _____

Week Ending October 29, 1982

Cash Expenses

Expense Item	Sunday	Monday	Tuesday	Wednesday	Oct. 28 Thursday	Oct.29 Friday	Saturday	TOTALS
1. Breakfast								
2. Lunch								
3. Dinner								
4. Hotel								
5. Tips								
6. Taxi & Rent Car								
7. Tel & Tel								
8. Transportation								
9. Entertainment								
10. Miscellaneous								
11. Per Diem					$17.25	$23.00		
12. Total Cash Expenses								

Paid 40.25

*Details of Transportation & Entertainment

8. Transportation	Date	From-To	Method Used	Purpose	COST
GOVERNMENT AIR	October 28 - 29, 1982	Time Departed Office/Residence: From Washington, DC to Wyoming, Montana, Nevada, Time Returned Office/Residence:	Utah and New Mexico		
9. Entertainment	**Date**	**Name of Person(s)**	**Where Entertained**	**Purpose**	**COST**

Requesting Signature

White House Political Affairs or VP's Office /Approved by

White House Department Head/Approved by

RNC/Approved by

Revised 9/1/82

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2540

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request October 25, 1982

1. **TRAVELER**

Name: Michael K. Deaver ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** To accompany the President, October 28th and 29th

3. **ITINERARY** Wyoming, Montana, Las Vegas, New Mexico
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: Thursday, October 28, 1982 Date: Friday, October 29, 1982

Time: 9:30 a.m. Time: 6:30 p.m.

Mode: Air Force I Mode: Air Force I

5. **NATURE:** ☐ 100% Official ☒ 100% Political

6. **SIGNATURES:**

Traveler: _____
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

_____ Department Head

_____ Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem _____ ☐ Registration Fee of $_____

Hotel Name _____ ☐ Commercial Car Rental

Hotel Daily Rate $_____ ☐ Excess Baggage

Other _____ ☐ Other _____

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $_____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. _____ Amount $_____

(8/13/81)

ORIGINATING OFFICE COPY

VENDOR NUMBER	VENDOR NAME	CHECK DATE	CHECK NO
22348	MICHAEL K. DEAVER	01/15/83	026341

INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT	EXPLANATION
MD1029	40.25		40.25	MEALS

Republican National Committee.

310 First Street Southeast, Washington, D.C. 20003.

CHECK NO. 53790

68-408
560

BANK OF VIRGINIA - POTOMAC
5205 LEESBURG PIKE
FALLS CHURCH, VA. 22041

DATE	CHECK NUMBER
01/15/83	026341

FORTY DOLLARS &25 CENTS **********

AMOUNT
$*********40.25

PAY TO THE ORDER OF:
MICHAEL K. DEAVER
WEST WING WHITE HOUSE
WASHINGTON, DC 20500

AUTHORIZED SIGNATURE

⑈053790⑈ ⑆056004089⑆ 651⑈7307499⑈

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2553

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 25, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other

2. **PURPOSE(S) and DATE(S):** October 26, 1982 Raleigh, North Carolina

Travel with President

3. **ITINERARY** Raleigh, North Carolina

(List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: October 26, 1982

Time: Approximately 10:50 a.m.

Mode: Government Air

RETURN:

Date: October 26, 1982

Time: Approximately 3:40 p.m.

Mode: Government Air

5. **NATURE:** ☐ 100% Official ☒ 100% Political

6. **SIGNATURES:**

Traveler: [signature]
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

Department Head

[signature] 10/26
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:**

No. of Days Per Diem

Hotel Name

Hotel Daily Rate $

Other

SPECIAL EXPENSES:

☐ Registration Fee of $

☐ Commercial Car Rental

☐ Excess Baggage

☐ Other

NSC CLAIMS

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. Amount $

(8/13/81)

ORIGINAL (Return with Voucher)

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

November 3, 1982

MEMORANDUM FOR: PAT BYE

FROM: RICHARD WHITE

SUBJECT: TRAVEL VOUCHERS

In the matter of the North Carolina travel voucher, it is my understanding that Mr. Deaver personally arranged with Mr. Rogers to waive the requirement for submission of vouchers in his case when he has no claim to make. A phone call from you or Shirley to the Administrative Office will be sufficient to notify us that Mr. Deaver is making no claim for a particular trip.

Thank you.

ILLINOIS - NEBRASKA

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: MICHAEL K. DEAVER

b. SOCIAL SECURITY NO.: 202-333-1548

6. PERIOD OF TRAVEL
a. FROM: Oct. 20
b. TO: Oct. 21, 19

c. MAILING ADDRESS *(Include ZIP Code)*: The White House, Washington, D.C.

1982 OCT 26 AM 17

d. OFFICE TELEPHONE NO.: 456-6475

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 2551
b. DATE(S):

e. PRESENT DUTY STATION: The White House

f. RESIDENCE *(City and State)*: 4521 Dexter St. N.W. Washington, D.C. 20007

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GOVERNMENT AIR				Washington, DC	Illinois and Nebraska and return.

Paid

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ MICHAEL K. DEAVER

DATE: Oct. 25, 1982

AMOUNT CLAIMED ▶ $ 28 75

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone 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).)*

APPROVING OFFICIAL SIGN HERE ▶

DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*: none — $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: BM 11/82 — $ 28 75

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: — $

d. NET TO TRAVELER ▶ $ 28 75

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶

DATE 11/16

18. ACCOUNTING CLASSIFICATION

obj 24 # 28.75

u

1012-116

NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: DEAVER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
Oct.20	12:00 noon EDT	South Lawn White House											
Oct.20	12:15 p.m.	Arr Andrews AF Base											
Oct.20	12:20 p.m.	Dep Andrews AF Base											
Oct.20	1:05 pm CDT	Arr Peoria, Illinois											
Oct.20	9:10 p.m.	Dep Peoria, Illinois											
Oct.20	10:30 pm CDT	Arr Omaha, Nebraska											
Oct.21	1:20 pm CDT	Dep Omaha, Nebraska											
Oct.21	4:30 pm EDT	Arr Andrews AF Base											
Oct.21	4:35 pm	Dep Andrews AF Base											
Oct.21	4:50 pm	Arrive White House Per diem for 1¼ days										28.75	
		Red Lion Inn Omaha (RNC is paying for hotel											
		Continental Regency Peoria) no incidentals on either room											
									SUBTOTALS ▶				
									TOTALS ▶				

If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 28.75

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. Chap. 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 relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by 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 tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense 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.

☆ GPO : 1981 0 - 341-526 (7097)

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2551

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 18, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential trip - October 20 - 21, 1982

3. **ITINERARY** Peoria, Illinois and Omaha, Nebraska
(List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: October 20, 1982

Time: Approx. 12:00 p.m.

Mode: Government Air

RETURN:

Date: October 21, 1982

Time: Approx. 4:50 p.m.

Mode: Government Air

5. **NATURE:** ☐ 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: _____
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

_____
Department Head

_____ 10/19
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:**

No. of Days Per Diem _____

Hotel Name _____

Hotel Daily Rate $_____

Other _____

SPECIAL EXPENSES:

☐ Registration Fee of $_____

☐ Commercial Car Rental

☐ Excess Baggage

☐ Other _____

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $_____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. _____ Amount $_____

(8/13/81)

ORIGINAL (Return with Voucher)

ROOM: Deaver, Mike | RATE: 48 | C/O: 10/21

LAST NAME / INITIAL: White House Staff | AR: 10/20

F/G:

ADDRESS:

CITY / STATE: | CLERK: mh | No. C190951

SGL.	DBL.	TWIN	FLR.	SUITE	RMS.	PRS.	RATE PER DAY	T.A.	GTD.
1					1	1	48		gtd

SHARING WITH: LAST NAME / INITIAL:

MADE BY:

DEPOSIT REQUIRED: $

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES

ACCOUNT PAYABLE ON PRESENTATION OR DEPARTURE

CONTINENTAL REGENCY

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	51.84
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	

holding room

ROOM NO.	RATE	NO. GUESTS
	50	1

82209

1533 DEAVER michael 10/21
White house staff 10/30

1	B	ROOM	50.00
2	B	RTAX	4.00
3	T51DA10720	1533 78	54.00
4			
5			
6	I	PRBAL	54.00
7	I	DBILL 54.00-	
8	X963A10721	1533 45	54.00
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31			
32			

LAST AMOUNT IN THIS COLUMN IS BALANCE DUE

CHARGE TO

SIGNATURE

STREET

CITY - STATE - ZIP

RED LION INN/OMAHA
1616 Dodge Street
Omaha, Nebraska 68102
(402) 346-7600

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

WASHINGTON, D. C.

Check No. 97,954,793
SYMBOL 3004

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER . . REQUIRE IDENTIFICATION

United States Treasury 15-51/000

PAY TO THE
ORDER OF MICHAEL K DEAVER

DOLLARS	CTS.
$****28	75

MONTH	DAY	YEAR
11	24	82

11010001

WHITE HOUSE
V016WH

T/A 2551

Henry W. Eades
REGIONAL DISBURSING OFFICER

"3004" :000000518: 97954793 2"

Weekly Expense Report

Name: MICHAEL K. DEAVER RENO, LA - S.DIEGO

Permanent Address: The White House

Self Employed: YES _____ NO _____

Social Security No. 202-333-1548

Activity _____

Week Ending _____

No. _____

W.H. Dept. Head Approved by	W.H. Pol. Affairs or VP's Office Approved by	RNC Approved

Cash Expenses

Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday 10/7	Friday 10/8	Saturday 10/9	Total
Breakfast								
Lunch								
Dinner								
Hotel								
Tips								
Taxi & Rent Cars								
Tel & Tel								
Transportation								
Entertainment								
PER DIEM					17.25	23.00		
Total Cash Expenses								

Paid 40 25

***Details of Transportation & Entertainment**

Transportation	Date	From-To	Method Used	Purpose	Cost
GOVERNMENT	AIR				
	October	7 - 9, 1982 from Washington, DC to Reno, Las Vegas, Los Angeles and San Diego			
	Dep Oct	7th 9:20 a.m. Returned Oct. 9th 1:00 am			

Entertainment	Date	Name of Person(s)	Where Entertained	Purpose	

Michael K. Deaver

MICHAEL K. DEAVER

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2543

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 5, 1982

1. **TRAVELER**

Name: Michael K. Deaver ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential trip

3. **ITINERARY** Reno, Las Vegas, Los Angeles and San Diego
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: October 7, 1982 Date: October 9, 1982

Time: 9:20 a.m. Time: Approx. 1:00 a.m.

Mode: GOVERNMENT AIR Mode: GOVERNMENT AIR

5. **NATURE:** ☐ 100% Official ☒ 100% Political

6. **SIGNATURES:**

Traveler: _____
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

_____ _____
Department Head Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem _____ ☐ Registration Fee of $_____

Hotel Name _____ ☐ Commercial Car Rental

Hotel Daily Rate $_____ ☐ Excess Baggage

Other _____ ☐ Other _____

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $_____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. _____ Amount $_____

(8/13/81)

ORIGINATING OFFICE COPY

THE WHITE HOUSE

WASHINGTON

FOR: Fred Biebel

FROM: JOHN F. W. ROGERS
DEPUTY ASSISTANT TO THE PRESIDENT
FOR MANAGEMENT

SUBJECT: AUTHORIZATION FOR PAYMENT

COMPANY: Michael K. Deaver
The White House
Washington, D.C. 20500

CHECK PAYABLE TO: Michael K. Deaver

AMOUNT: $40.25

PURPOSE: per diems -- President's trip to Nevada/California

Date	*Invoice*	*Item*	*Quantity*	*Amount*

To be paid by/from: RNC

Authorized by: [signature]
(signature of approving official)

Date sent for payment: 10/21/82

COMMENTS:

VENDOR NUMBER	VENDOR NAME			CHECK DATE	CHECK NO
22348	MICHAEL K. DEAVER			10/28/82	024500
INVOICE NO.	INVOICE AMOUNT	ADJUSTMENT	NET AMOUNT	EXPLANATION	
MD1009	40.25		40.25	PER DIEM 2 DAYS	

Republican National Committee.

310 First Street Southeast, Washington, D.C. 20003.

CHECK NO. 51219

68-408
560

BANK OF VIRGINIA - POTOMAC
5205 LEESBURG PIKE
FALLS CHURCH, VA. 22041

DATE	CHECK NUMBER
10/28/82	024500

FORTY DOLLARS &25 CENTS **********

AMOUNT
$*********40.25

PAY TO THE ORDER OF:
MICHAEL K. DEAVER
WEST WING WHITE HOUSE
WASHINGTON, DC 20500

"051219" :056004089: 651 730749"

AUTHORIZED SIGNATURE

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

November 18, 1982

TO: ADMIN OFFICE
TRAVEL

FROM: PAT BYE
Adm Asst to Mr. Deaver

SUBJECT: Food charge

The charge of $45.32 on the Century Plaza Bill was for an official meeting, chaired by Mr. Deaver, at the request of the President.

attendees:
M. Deaver
F. Fielding
Dennis Revell

COLUMBUS, OHIO

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: DEAVER, MICHAEL K.

b. SOCIAL SECURITY NO.: 202-333-1548

c. MAILING ADDRESS *(Include ZIP Code)*: The White House, Washington, D.C. 20500

d. OFFICE TELEPHONE NO.: 456-6475

e. PRESENT DUTY STATION: The White House

f. RESIDENCE *(City and State)*: 4521 Dexter St. NW, Washington, DC

6. PERIOD OF TRAVEL
a. FROM: Oct. 4
b. TO: Oct. 4, 1982

7. TRAVEL AUTHORIZATION
a. NUMBER(S):
b. DATE(S):

10. CHECK NO.

11. PAID BY

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
Government Air				Washington, DC and return	Ohio

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 10-12-82 AMOUNT CLAIMED ▶ $ 0.00

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone 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).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

d. NET TO TRAVELER ▶ $ 0.00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE 10/29/82

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DEAVER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
Oct.4	10:45 a.m.	Dep White House											
Oct.4.	12:20 pm	Arr Columbus, Ohio											
Oct.4	4:10 pm	Dep Columbus, Ohio											
Oct. 4	5:25 pm	Arr White House											
									SUBTOTALS ▶				
									TOTALS ▶				

If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶

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. Chap. 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 relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by 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 tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense 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.

☆ GPO : 1981 O - 341-526 (7097)

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2546

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request October 1, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: ☐ Other

2. **PURPOSE(S) and DATE(S):** Presidential Trip

Ocotber 4, 1982

3. **ITINERARY** Washington, DC to Ohio and return
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: October 4, 1982 Date: October 8, 1982

Time: 10:45 a.m. Time: 5:25 p.m.

Mode: Government Air Mode: Government Air

5. **NATURE:** ☐ 100% Official ☒ 100% Political

6. **SIGNATURES:**

Traveler: Michael K. Deaver
(I have read and agree to the terms set forth on the reverse side)

MICHAEL K. DEAVER

Department Head

John H. Rogers 11/4/82
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem ☐ Registration Fee of $

Hotel Name ☐ Commercial Car Rental

Hotel Daily Rate $ ☐ Excess Baggage

Other ☐ Other

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. Amount $

(8/13/81)

CODE 103 Ø

ORIGINATING OFFICE COPY

RICHMOND, VA

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: DEAVER, MICHAEL K.

b. SOCIAL SECURITY NO.: 202-333-1548

6. PERIOD OF TRAVEL
a. FROM: Sep.29
b. TO: Sep.29, 1982

c. MAILING ADDRESS *(Include ZIP Code)*:
The White House
Washington, D.C. 20050

d. OFFICE TELEPHONE NO.: 456-6475

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 2534
b. DATE(S):

e. PRESENT DUTY STATION: The White House

f. RESIDENCE *(City and State)*:
4521 Dexter Street, N.W.
Washington, D.C. 20007

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GOVERNMENT AIR				Washington, DC and return	Richmond, VA

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 10-13-82 AMOUNT CLAIMED ▶ $ 0

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone 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).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 0
Certifier's initials: BM

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE

d. NET TO TRAVELER ▶ $ 0.00

18. ACCOUNTING CLASSIFICATION

u

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. 2534

TRAVELER'S LAST NAME DEAVER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
Sep.29	11:40 am	Dep White House											
Sep.29	3:00 pm	Ret White House											
		within a ten hour period therefore no per diem											
									SUBTOTALS ▶				
									TOTALS ▶				

RECEIVED 1982 OCT 13 PM 6 35

If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ _____

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. Chap. 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 relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by 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 tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense 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.

☆ GPO : 1981 O - 341-526 (7097)

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2534

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request September 29, 1982'

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Presidential Trip to Richmond, VA

3. **ITINERARY** Washington to Richmond, VA
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: Sep. 29, 1982 Date: Sep. 29, 1982

Time: 11:40 a.m. Time: 3:00 p.m.

Mode: Government Helicopter Mode: Government Helicopter

5. **NATURE:** ☒ 100% Official ☒ 100% Political

6. **SIGNATURES:**

Traveler: _____
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

_____ Department Head

_____ Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem _____ ☐ Registration Fee of $_____

Hotel Name _____ ☐ Commercial Car Rental

Hotel Daily Rate $_____ ☐ Excess Baggage

Other _____ ☐ Other _____

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $_____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. _____ Amount $_____

code 103 B

(8/13/81)

ORIGINATING OFFICE COPY

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2545

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request October 1, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** BLANKET TRAVEL AUTHORIZATION TO AND FROM CAMP DAVID

Period covering: October 1, 1982 thru September 30,

3. **ITINERARY** _____
(List all cities where stopover occurs.)

4. **DEPARTURE:**

Date: _____

Time: _____

Mode: _____

RETURN:

Date: _____

Time: _____

Mode: _____

5. **NATURE:** ☒ 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: [signature]
MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

_____
Department Head

[signature]
Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:**

No. of Days Per Diem _____

Hotel Name _____

Hotel Daily Rate $_____

Other _____

SPECIAL EXPENSES:

☐ Registration Fee of $_____

☐ Commercial Car Rental

☐ Excess Baggage

☐ Other _____

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $_____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. _____ Amount $_____

Code 103 $300

(8/13/81)

ORIGINAL (Return with Voucher)

TRENTON, N.J.

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME *(Last, first, middle initial)*: DEAVER, MICHAEL K.
b. SOCIAL SECURITY NO.: 202-333-1548
c. MAILING ADDRESS *(Include ZIP Code)*: The White House, Washington, D.C. 20500
d. OFFICE TELEPHONE NO.: 456-6475
e. PRESENT DUTY STATION: The White House
f. RESIDENCE *(City and State)*: 4521 Dexter St. NW, Washington, DC 20007

6. PERIOD OF TRAVEL
a. FROM: Sep. 17
b. TO: Sep 17, 198

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 2547
b. DATE(S):

10. CHECK NO.

11. PAID BY

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
Government Air				Washington, DC and return.	Trenton, NJ

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ MICHAEL K. DEAVER DATE 9-20-82 AMOUNT CLAIMED ▶ $ 0-

NOTE: Falsification of an item in an expense account works a forfeiture of 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).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone 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).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE 9/24

18. ACCOUNTING CLASSIFICATION

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*: none — $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: KW — $ 0-

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: — $

d. NET TO TRAVELER ▶ $ 0-

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

- *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- *(h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- *(i)* Complete for per diem and actual expense travel.
- *(j)* Show total subsistence expense incurred for actual expense travel.
- *(m)* Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- *(n)* Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. 2547

TRAVELER'S LAST NAME DEAVER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
Sep.17	1:25 pm	Dep White House											
Sep.17	1:40	Arr Andrews AF Base											
Sep.17	1:45	Dep Andrews AF Base											
Sep.17	2:20	Arr Ronson Airport, New Jersey											
Sep.17	5:55 pm	Dep New Jersey											
Sep.17	6:30 pm	Arr Andews AF Base											
Sep.17	6:35	Dep Andrews AF Base											
Sep.17	6:50 pm	Arrive White House											
		No per diem/all travel when one working day											
									SUBTOTALS ▶				
									TOTALS ▶				

If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 0

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. Chap. 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 relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by 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 tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense 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.

☆ GPO : 1981 O - 341-526 (7097)

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2547

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request September 14, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other _____

2. **PURPOSE(S) and DATE(S):** Travel with the President - September 17, 1982

3. **ITINERARY** Trenton, New Jersey
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: September 17, 1982 Date: September 17, 1982

Time: Approx. 1 pm Time: Approx. 7:30 pm

Mode: Government Air Mode: Government Air

5. **NATURE:** ☐ 100% Official ☐ 100% Political mixed

6. **SIGNATURES:**

Traveler: MICHAEL K. DEAVER (I have read and agree to the terms set forth on the reverse side)

Department Head

Approving Officer
(Special Assistant to the President for Administration) 9/15

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem _____ ☐ Registration Fee of $_____

Hotel Name _____ ☐ Commercial Car Rental

Hotel Daily Rate $_____ ☐ Excess Baggage

Other _____ ☐ Other _____

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $_____

Signature of Recipient: _____ Date: _____

REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. _____ Amount $_____

(8/13/81)

ORIGINATING OFFICE COPY

RNC WEEKLY REPORT FOR POLITICAL EXPENSES

Name: MICHAEL K. DEAVER

Permanent Address: The White House
Washington, DC 20500

Social Security No. 202-333-1548

Self Employed: YES ☐ NO ☐

NO.

DATE: 17 Sept. 1982

Week Ending Sept. 11, 1982

Cash Expenses

Expense Item	Sunday	Monday	Tuesday	Wednesday	Sep. 9 Thursday	Sep.10 Friday	Saturday	TOTALS
1. Breakfast								
2. Lunch								
3. Dinner								
4. Hotel								
5. Tips								
6. Taxi & Rent Car								
7. Tel & Tel								
8. Transportation								
9. Entertainment								
10.Miscellaneous								
11. Total Cash Expenses								
12. Per Diem					$17.25	$23.00		$40.25

*Details of Transportation & Entertainment

8. Transportation	Date	From–To	Method Used	Purpose	COST

9. Entertainment	Date	Name of Person(s)	Where Entertained	Purpose	COST

Requesting Signature MICHAEL K. DEAVER

White House Political Affairs or VP's Office /Approved by

White House Department Head/Approved by

RNC/Approved by

BLUE

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 2550

(TRAVELER TO COMPLETE SECTIONS 1-8.) Date of Request Sep. 9, 1982

1. **TRAVELER**

Name: MICHAEL K. DEAVER ☒ White House Staff

Extension: 6475 Room: West Wing ☐ Other

2. **PURPOSE(S) and DATE(S):** Accompany the President to Kansas and Utah Sep. 9th and 10th, 1982

3. **ITINERARY** Topeka, Kansas and Ogden, Utah
(List all cities where stopover occurs.)

4. **DEPARTURE:** **RETURN:**

Date: September 9, 1982 Date: September 10, 1982

Time: 8:30 am Time: 6:30 pm

Mode: Government Air Mode: Government Air

5. **NATURE:** ☒ 100% Official ☐ 100% Political

6. **SIGNATURES:**

Traveler: MICHAEL K. DEAVER
(I have read and agree to the terms set forth on the reverse side)

Department Head

Approving Officer
(Special Assistant to the President for Administration)

7. **ESTIMATED COSTS:** **SPECIAL EXPENSES:**

No. of Days Per Diem ☐ Registration Fee of $

Hotel Name ☐ Commercial Car Rental

Hotel Daily Rate $ ☐ Excess Baggage

Other ☐ Other

8. **TRAVEL ADVANCE REQUESTED:** ☐ YES ☐ No Amount: $

Signature of Recipient: Date:

REPAID: Amount Date Schedule Balance this trip

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

GTR No. Amount $

(8/13/81)

ORIGINATING OFFICE COPY