

Ronald Reagan Presidential Library
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Collection: Deaver, Michael
Folder Title: Travel-Deaver (4)
Box: 59

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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder TRAVEL - DEAVER (4)

FOIA

F97-0066/19

Box Number 61

COHEN, D

177

| DOC NO | Doc Type | Document Description | No of Pages | Doc Date | Restrictions |
|--------|----------|---|-------------|-----------|--------------|
| 1 | FORMS | FRONT OF TRAVEL VOUCHER (FORM SF1012) + COPY OF CHECK | 1 | 5/22/1984 | B6 |
| 2 | FORM | TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) | 1 | 5/16/1984 | B6 |
| 3 | FORMS | FRONT OF TRAVEL VOUCHER (FORM SF1012) + COPY OF CHECK | 1 | 5/1/1984 | B6 |
| 4 | FORM | TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) | 1 | 5/1/1984 | B6 |
| 5 | LIST | RE AUTHORIZED TRAVELERS | 1 | ND | B6 |
| 6 | FORM | TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY) | 1 | 3/7/1984 | B6 |
| 7 | FORM | DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY) | 1 | 2/14/1984 | B6 |

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]
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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]

with restrictions contained in donor's deed of gift.

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1 FORMS

1 5/22/1984 B6

FRONT OF TRAVEL VOUCHER (FORM SF1012) +
COPY OF CHECK

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

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2 FORM

1 5/16/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6788

April 18, 1984

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To accompany the President 4/19/84- 5/2/84

3. ITINERARY Wash, D.C. Seattle, Wash, Santa Barbara, CA, Honolulu, Hawaii
Guam to Beijing, China (List all cities where stopovers occur.) Shanghai To China, To Fairbanks,
Alaska, to Wash, D.C.

4. DEPARTURE:

RETURN:

Date: 4/19/84 Date: 5/2/84
Time: Approx. 9:00 AM Time: Approx. 10:15 PM
Mode: Gov. Transportation Mode: Gov. Transportation

5. NATURE: 100% Official 100% Political (official pays Seattle, SB. State Dept pays remainder.)

6. SIGNATURES:

X STATE

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

103 #540 P/16

VOUCHER WORKSHEET

Traveler's Name Mr. Deaver

Auth. No. 6188

| Date | Per Diem | Brkfst | Lunch | Dinner | Misc Sub | Billed Hotel | Daily Total | Notes | |
|------|----------|----------------------------|-------|--------|----------|--------------|-------------|-------|--|
| 4/19 | 74 | | | | | 435.00 | Baltimore | | |
| 4/20 | 1 | | | | | | | | |
| 4/21 | 1 | | | | | | | | |
| 4/22 | 14 | end per diem at 6.00 a.m. | | | | | | | |
| | | begin State Dept. per diem | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|-------|---------------------|-------------------------|-------|--------------|
| 3 | # days | less hotel if billed | | Object Codes |
| 30.00 | rate | grand total subsistence | | 23 or 24 |
| 90.00 | amount | | | |
| - | less incid-on hotel | | | |
| | | | 90.00 | 22 |

Other expenses

| | | |
|--|-------|----|
| Air/rail fare | | 21 |
| Local trans (list dates and amounts) | | 25 |
| Auto Rent - excludes insurance \$ | | 26 |
| Other travel (specify) | | 29 |
| Phone calls - Certified as official business () | | 52 |
| Other misc (specify) | | |
| TOTAL CHARGED TO APPROPRIATION | 90.00 | |

92 DEAVER: MICHAEL MR ① KHS 72 04/19/84 04/22/84 GTD/GTD/SP

WHITE HOUSE ADMINISTRATION
 COLLEEN WALPER
 WASHINGTON
 DC 20500

FOID: WH
 DOD: FEG

19
 ARV
 CLERK

MAFO: DEF: 0.00
 PH: 000-0000 E
 ME: LETTER

MOIP: J
 145.00

A: J
 C: 0

REMARKS:

| MEMO | REFERENCE | CHARGES | CREDITS | BALANCE | PREVIOUS BALANCE PICK-UP |
|--------|------------------|---------|---------|---------------|--------------------------|
| 039847 | | | | | **00.00 |
| | | 145.00 | | **156.60 / 84 | **156.60 |
| 1211 | 04/19/84 TAX 92 | 11.60 | | **313.20 / 47 | **313.20 |
| 1737 | 04/20/84 TAX 92 | 11.60 | | **469.80 / 82 | |
| | | 145.00 | | | |
| | 04/21/84 TAX 92 | 11.60 | | | |
| 8774 | | | 469.80 | **00.00 / 00 | **469.80 |
| | 04/22/84 TRCR 92 | | | | |

BILLING SIGNATURE

BILLING ADDRESS

STREET

CITY STATE ZIP

ATTENTION



1260 Channel Drive
 Santa Barbara, California 93108
 For reservations call 805-969-2261
 or toll-free 800-228-9290

DATE: 04/22/84 TIME: 11:00 AM

90 PARLOR 90

DA RATE 145 32

ARV 04/19/84

C/O 04/22/84

GTD/STP

WHITE HOUSE ADMINSTR
C/O LISA WALPER
WASHINGTON
DC 20500

FCI:WH
000:REG

19
ARV
ME
CLERK

MAR: DEF: O.O.
DE:
FH: 0000 000-0000 E:
ME: LETTER

MO: 1
145.00

A: 1
C: 0

REMARKS:

| MEMO | 039845 | REFERENCE | CHARGES | CREDITS | BALANCE | PREVIOUS BALANCE PICK-UP |
|------|--------|------------------|---------|---------|--------------|-----------------------------|
| | | | 145.00 | | | **145.00 |
| 1209 | | 04/19/84 TAX 90 | 11.60 | | **156.60 /20 | **156.60 |
| 1735 | | 04/20/84 TAX 90 | 11.60 | | **313.20 /04 | **313.20 |
| 8376 | | 04/21/84 TAX 90 | 11.60 | | **469.80 /08 | **469.80 |
| | | 04/22/84 TRCR 90 | | 469.80 | **00 /00 | |

BILLING SIGNATURE

BILLING ADDRESS

STREET

CITY STATE ZIP

ATTENTION



Marriott's
Santa Barbara Biltmore

1260 Channel Drive
Santa Barbara, California 93108
For reservations call 805-969-2261
or toll-free 800-228-9290

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3 FORMS

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FRONT OF TRAVEL VOUCHER (FORM SF1012) +
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Freedom of Information Act - [5 U.S.C. 552(b)]

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5/1/1984

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TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6783

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request April 10, 1984

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, April 11 and 12, 1984

3. ITINERARY Washington, D.C. Kansas City, Missouri to Dallas, Texas and
return to Washington, D.C. (List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: April 11, 1984

Date: April 12, 1984

Time: Approx. 9:25 AM

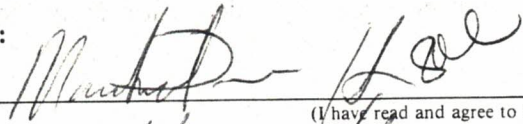
Time: Approx. 3:35 PM

Mode: Government Transportation.

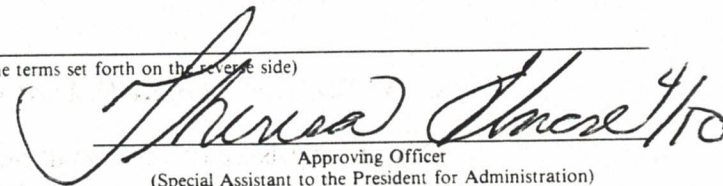
Mode: Government Transportation

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler:  (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 \$ _____

103 #148 P975
R10 A:26

ORIGINAL (Return with Voucher)

Amfac Hotel & Resort

INSIDE DALLAS/FT. WORTH AIRPORT

P.O. BOX 619025
DALLAS/FT. WORTH
REGIONAL AIRPORT
TEXAS, 75261
(214) 453-8400

Amfac Hotel & Resort

Albuquerque

Dallas/Fort Worth

Los Angeles

Minneapolis


San Francisco

Silverado

MICHAEL DEAVOR
WHITE HOUSE STAFF
WHITE HOUSE ADM OFFICE RM 1
WASHINGTON, D.C. 20500

| DATE | AMOUNT | REFERENCE | C/L | CASHIER | ROOM NUMBER | NIGHTS | AMOUNT |
|-------|--------|------------|------|---------|-------------|--------|--------|
| 4/12 | 1.00 | ROOM-GROUP | GOVT | 150 | 1120 | 2 | 1.00 |
| 4/10 | 320.00 | ROOM-GROUP | GOVT | | | 4 | 80.00 |
| TOTAL | 320.00 | | | | | | |

<160.00> Rate Adj.
160.00

PLEASE PAY LAST
AMOUNT IN THIS  COLUMN

CHARGE TO _____ APPROVAL _____

ATTENTION _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY, OR ASSOCIATION FAILS TO PAY ANY OR PART OF THE FULL AMOUNT OF THESE CHARGES



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 1023-400647, Dated March 7, 1984.

The employees on the attached list are authorized to perform official travel in connection with the upcoming visit of the President to Europe.

ITINERARY: Travel from Washington, D.C. (unless specified) on or about March 8, 1984 to Shannon, Ireland; Dublin, Ireland; Ballyporeen, Ireland; London, England; Normandy; and other such places as necessary to complete the mission and return to Washington, D.C. (unless specified) on or about March 13, 1984.

PURPOSE: Support of proposed Presidential Visit.


AUTHORIZATIONS: Use of military aircraft. Business class air fare for direct travel with no intermediate overnight stops on commercial airlines when necessary.

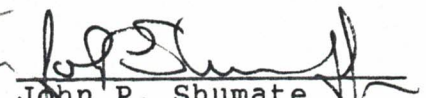
Applicable per diem. Per diem will be less 40% when lodging is provided at no cost to the traveller.

Use of taxicabs for official business when no other means of transportation are available.

Funds Available:

Authorizing Officer:


Robert E. Haukness
Budget Officer
A/EX/FMD


John P. Shumate
Executive Director
A/EX

| <u>Appropriation</u> | <u>Allotment</u> | <u>Oblig.</u> | <u>Org. Code</u> | <u>Object</u> | <u>Amount</u> |
|----------------------|------------------|---------------|------------------|---------------|---------------|
| 1940113 | 1023 | 400647 | 200000 | 2152 | \$2,800.00 |

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5 LIST

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RE AUTHORIZED TRAVELERS

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THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6783

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request April 10, 1984

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, April 11 and 12, 1984

3. ITINERARY Washington, D.C. Kansas City, Missouri to Dallas, Texas and return to Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: April 11, 1984 Date: April 13, 1984

Time: Approx. 9:25 AM Time: Approx. 3:35 PM

Mode: Government Transportation Mode: Government Transportation

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 \$ _____

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6783

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request April 10, 1984

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, April 11 and 12, 1984

3. ITINERARY Washington, D.C. Kansas City, Missouri to Dallas, Texas and return to Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: April 11, 1984 Date: April 13, 1984

Time: Approx. 9:25 AM Time: Approx. 3:35 PM

Mode: Government Transportation Mode: Government Transportation

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 \$ _____

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6782

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request April 4, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff

Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S): April 5, 1984 to accompany the President

3. ITINERARY Washington, D.C., New York, New York, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: April 5, 1984 Date: April 5, 1984

Time: 10:00 AM Time: 11:00 PM

Mode: Air Force One Mode: Air Force One

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: [Signature]

(I have read and agree to the terms set forth on the reverse side)

[Signature] Department Head

[Signature] 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 \$ _____

103 #22.50 P414

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6782

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request April 4, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S): April 5, 1984 to accompany the President

3. ITINERARY Washington, D.C., New York, New York, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: April 5, 1984 10:00 AM Mode: Air Force One
RETURN: April 5, 1984 11:00 PM Mode: Air Force One

5. NATURE: 100% Official 100% Political

6. SIGNATURES:
Traveler: [Signature]
(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): [Signature]

7. ESTIMATED COSTS: 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 \$ _____

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

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(TRAVELER TO COMPLETE SECTIONS 1-8.)

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1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S): April 5, 1984 to accompany the President

3. ITINERARY Washington, D.C., New York, New York, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:
Date: April 5, 1984 Date: April 5, 1984
Time: 10:00 AM Time: 11:00 PM
Mode: Air Force One Mode: Air Force One

5. NATURE: 100% Official 100% Political

6. SIGNATURES:
Traveler: [Signature]
(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: SPECIAL EXPENSES:
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Hotel Name _____ Commercial Car Rental
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Other _____ Other _____

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Signature of Recipient: _____ Date: _____
REPAID: Amount _____ Date _____ Schedule _____ Balance this trip _____

9. FOR TRANSPORTATION OFFICE USE ONLY:
GTR No. _____ Amount \$ _____

TREASURY
BUREAU OF GOVERNMENT
FINANCIAL OPERATIONS

WASHINGTON, D. C.

Check No. 60,847,742
SYMBOL 3005

United States Treasury 15-51
000



PAY TO THE
ORDER OF

MICHAEL K DEEVER

| MONTH | DAY | YEAR |
|-------|-----|------|
| 03 | 29 | 84 |

11010001

| DOLLARS | CTS. |
|---------|------|
| *****28 | 58 |

WHITE HOUSE

0246WH



005211

⑆000000518⑆ 60847742⑈

SUBJECT: Attached bill

The attached bill for Room Service while we were in California.

A morning meeting was held in Mr. Deaver's room on February 8th at 8:30 AM.

Would you please reimburse Mr. Deaver for \$28.58 the amount taken out of his travel claim.

Thank you.

Participants per telecon with Gail Ledwig:

- Michael Deaver
- Bill Sittmann
- Admiral Pointdexter
- Larry Speakes
- Craig Fuller

THE WHITE HOUSE
ADMINISTRATIVE

'84 MAR 15

APPROVED FOR PAYMENT

Approved 3
151 *30 div 103*

THE WHITE HOUSE
WASHINGTON

March 15, 1984

MEMORANDUM TO THERESA ELMORE

FROM: MICHAEL K. DEEVER / Bill Sittmann ^{TS}

SUBJECT: Attached bill

The attached bill for Room Service while we were in California.

A morning meeting was held in Mr. Deaver's room on February 8th at 8:30 AM.

Would you please reimburse Mr. Deaver for \$28.58 the amount taken out of his travel claim.

Thank you.

Participants per telecon with Gail Ledwig:

Michael Deaver
Bill Sittmann
Admiral Pointdexter
Larry Speakes
Craig Fuller

THE WHITE HOUSE
ADMINISTRATIVE

'84 MAR 15

APPROVED FOR PAYMENT

151 Theresa Elmore 3/23
pb 30 div 103

ROOM SERVICE

DATE: 11/24/80 SERVER: 110 TABLE: 1 PERSONS: 733 014537

| | |
|----|-----------|
| 1 | |
| 2 | 5 coffees |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
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| 20 | |

SEP 25 GUEST #
107 124
S F E E 9.00
KIS MFD 3.00
RM GRAT 2.72
5 BEVERAGE 5.00
2 MUFFIN 4.00
2 DANISH 4.00
2 CROISSANT 4.00
TXB.FD 22.72
TX 1.36
TOTAL 24.08
24 9:14 CHR #6 24.08
29 CHR TIP 4 28.08

28.58

BEVERAGE
FOOD
STATE TAX
TOTAL AMOUNT

M.D.
mety 8:30am-2/3

SERVICES INCLUDED

733  Marriott Inns & Resorts Division BEST RECORD

014537 ROOM SERVICE 28.58

THE WINE HOUSE
DINING

THE WHITE HOUSE
WASHINGTON

TO: *Mr. Deaver / Gail*

Your signed travel authorization form is attached.

The original is to be attached *FVI* to your travel voucher when it is submitted for payment. In addition, there is a copy for you and your office respectively.

*Thank you,
Olivia*

ADMINISTRATIVE OFFICE

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6784

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request March 7, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S): Survey to Europe - pre-Summit and President's
trip to Normandy

3. ITINERARY Washington, D.C., Shannon, Ireland, London, England, Cherbourg
(List all cities where stopover occurs.)

France, London, England, Shannon, Ireland, Washington, D.C.

4. DEPARTURE: RETURN:
Date: March 8, 1984 Date: March 13, 1984
Time: 7:00 AM Time: N/A
Mode: Gov. Transportation Mode: Gov. Transportation

5. NATURE: 100% Official 100% Political State

6. SIGNATURES:

Traveler: [Signature]
(I have read and agree to the terms set forth on the reverse side)

[Signature] Department Head [Signature] 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 \$ _____

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6784

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request March 7, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff

Extension: 6475 Room: West Wing Other

2. PURPOSE(S) and DATE(S):

Survey to Europe - pre-Summit and President's trip to Normandy

3. ITINERARY

Washington, D.C., Shannon, Ireland, London, England, Cherbourg
(List all cities where stopover occurs.)

4. DEPARTURE:

Date: March 8, 1984 RETURN: Date: March 13, 1984

Time: 7:00 AM Time: N/A

Mode: Gov. Transportation Mode: Gov. Transportation

5. NATURE: 100% Official 100% Political

6. SIGNATURES: State

Traveler: _____
(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:

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 \$ _____

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder

TRAVEL - DEAVER (4)

FOIA

F97-0066/19

COHEN, D

Box Number

61

177

DOC Document Type

No of

Doc Date

Restric-

NO Document Description

pages

tions

6 FORM

1 3/7/1984 B6

TRAVEL VOUCHER (FORM SF1012) (FRONT ONLY)

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.

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.)

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

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

Col. (f) Complete for per diem and actual expense travel.

Col. (g) Show total subsistence expense incurred for actual expense travel.

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

Col. (i) 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 PAGE information if this is a continuation OF TRAVEL AUTHORIZATION NO. 6776 TRAVELER'S LAST NAME Deaver

| DATE | TIME (Hour and am/pm) | DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) | ITEMIZED SUBSISTENCE EXPENSES | | | | MILEAGE RATE: NO. OF MILES (k) | AMOUNT CLAIMED | | | | | | | | | | |
|---------------|-----------------------|--|-------------------------------|-----------|------------|-----------|--------------------------------|-------------------------------|-------------|-------------------------------|-------------|-----------------|-----------|--|--|--|--|--|
| | | | BREAK-FAST (d) | LUNCH (e) | DINNER (f) | TOTAL (g) | | MISCELLANEOUS SUBSISTENCE (h) | LODGING (i) | TOTAL SUBSISTENCE EXPENSE (j) | MILEAGE (l) | SUBSISTENCE (m) | OTHER (n) | | | | | |
| 1984 | | | | | | | | | | | | | | | | | | |
| 2-6 | 9:15am | Dpt. Wash., D.C. | | | | | | | | | | | | | | | | |
| 2-6 | | Ar. Dixon, IL | | | | | | | | | | | | | | | | |
| 2-6 | 2:45pm | Dpt. Dixon, IL | | | | | | | | | | | | | | | | |
| 2-6 | | Ar. Eureka, IL | | | | | | | | | | | | | | | | |
| 2-6 | 5:05pm | Dpt. Eureka, IL | | | | | | | | | | | | | | | | |
| 2-6 | | Ar. Las Vegas, NV | | | | | | | | | | | | | | | | |
| 2-7 | 1:20pm | Dpt. Las Vegas, NV | | | | | | | | | | | | | | | | |
| 2-7 | 2:15pm | Ar. Santa Barbara | | | | | | | | | | | | | | | | |
| 2-12 | | Dpt. Santa " , CA | | | | | | | | | | | | | | | | |
| 2-12 | 5:10pm | Ar. Wash., D.C. | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

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

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.

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

TOTAL AMOUNT CLAIMED

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6776

February 3, 1984

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To travel and accompany the President 2-6-2-12/84

3. ITINERARY Wash, D.C. to Dixon, Ill to Eureka, Ill to Las Vegas, Nevada
(List all cities where stopover occurs.)
to Santa Barbara, CA and return to Wash. D.C.

4. DEPARTURE: 2-6-84 9:00 AM Mode: Gov. Transportation
RETURN: 2-12-84 approx. 5:00 PM Mode: Gov. transportation

5. NATURE: 100% Official 100% Political
Mixed - official/political

6. SIGNATURES:
Traveler: [Signature]
[Signature] 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 \$ _____

103 \$1,000 PY11 "R" 11

VOUCHER WORKSHEET

Traveler's Name M. Deaver

Auth. No. 0110

| Date | Per Diem | Brkfst | Lunch | Dinner | Misc Sub | (L) Billed Hotel | Daily Total | Notes |
|------|----------|--------|-------|--------|----------|------------------|-------------|-------------------|
| 2/6 | 3/4 | | | | | 63.67 | | Annas Hotel (35%) |
| 2/7 | 1 | | | | | 753.58 | | SB Biltmore |
| 2/8 | 1 | | | | | | | |
| 2/9 | 1 | | | | | | | |
| 2/10 | 1 | | | | | | | |
| 2/11 | 1 | | | | | | | |
| 2/12 | 3/4 | | | | | | | |

| | | | | |
|----------|---------------------|-------------------------|----------|--------------|
| 6 1/2 | # days | less hotel if billed | 817.25 | Object Codes |
| \$30.00 | rate | grand total subsistence | | 23 or 24 |
| \$195.00 | amount | | | |
| 28.58 | less incid-on hotel | | | |
| | | | \$166.42 | 22 |

Other expenses

Air/rail fare

Local trans (list dates and amounts) _____

Auto Rent - excludes insurance \$ _____

Other travel (specify) _____

Phone calls - Certified as official business ()

Other misc (specify) _____

TOTAL CHARGED TO APPROPRIATION

| | |
|----------|----|
| | 21 |
| | |
| | 25 |
| | 26 |
| | 29 |
| | 52 |
| \$166.42 | |

92 DEAVEN: MKK "A" 1/45 02
 ARV 02/07/84 CO 02/12/84 CT
 GTOB
 WHITE HOUSE / LISA
 HACKER'S ADMINISTRATN
 WASHINGTON
 DC 20540
 POD: WHITE
 COD: GRP
 7
 ART
 AB
 CLERK
 HARG:
 CL:
 PH: (930) 900-9000 EX:
 MAILING / JAN / 80
 REMARKS: 107 92
 145.00
 AC: 1
 01 6
 011111034192

| MEMO | REFERENCE | CHARGES | CREDITS | BALANCE | PREVIOUS BALANCE PICK-UP |
|-----------------|------------------|-----------------|---------|---------------|--------------------------|
| 028041 | | | | | |
| BILL TO ADDRESS | | | | | |
| 1333 | | ABOVE | | | **0.00 |
| 2020 | 02/07/84 TAX 92 | 145.00 11.60 | | **156.60 / 84 | **156.60 |
| 2706 | 02/08/84 TAX 92 | 145.00 11.60 | | **313.20 / 87 | **313.20 |
| 3369 | 02/09/84 TAX 92 | 145.00 11.60 | | **469.80 / 82 | **469.80 |
| 4063 | 02/10/84 TAX 92 | 145.00 11.60 | | **626.40 / 85 | **626.40 |
| 8433 | 02/11/84 TAX 92 | 145.00 11.60 | | **783.00 / 83 | **783.00 |
| | 02/12/84 TRCR 92 | | 783.00 | **0.00 / 00 | **783.00 |

MEMO AND TAX ONLY

BILLING SIGNATURE
 BILLING ADDRESS
 STREET
 CITY STATE ZIP
 ATTENTION




Marriott
Santa Barbara Biltmore
 1260 Channel Drive
 Santa Barbara, California 93108
 For reservations call 805-969-2261
 or toll-free 800-228-9290

DATE: 02/03/84 TRI 90666 EEL PAR SER

ROOM 90 Parlor RATE 17 BEG 17 REMARKS Incidentals

| MEMO | DATE | REFERENCE | CHARGES | CREDITS | BALANCE | PREVIOUS BALANCE PICK-UP |
|------|------|------------------|---------|---------|-------------|--------------------------|
| 1 | | | | | | |
| 2 | 1467 | | | | | |
| 3 | 2077 | 02/08/84 REST 90 | 28.58 | | **28.58 /68 | |
| 4 | 2705 | 02/08/84 TRDB 90 | .00 | | **28.58 /68 | |
| 5 | 3365 | 02/09/84 TRDB 90 | .00 | | **28.58 /68 | |
| 6 | | 02/10/84 TRDB 90 | .00 | | **28.58 /68 | |
| 7 | 4059 | 02/11/84 TRDB 90 | .00 | | **28.58 /68 | |
| 8 | | | | | **28.58 /68 | |
| 9 | 8155 | | | | | |
| 10 | | 02/12/84 TRCR 90 | | 28.58 | **0.00 /00 | |
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| | | |
|-----------------|--------------|---|
| BILLING ADDRESS | NAME OR FIRM | BILLING SIGNATURE |
| STREET | |  MARRIOTT'S SANTA BARBARA BILTMORE 1260 CHANNEL DRIVE SANTA BARBARA, CALIFORNIA 93108 (805) 969-2261 |
| CITY | STATE ZIP | |
| ATTENTION | | |

TOLL FREE RESERVATIONS CALL 800-228-9290

CC2377 RMAFDK PRC

ROOMS: 729 730

RATE: \$170.00 CSH

2/06/84 2/07/84 1 NIGHTS 2 ROOMS 1 PERSON

GROUP NAME: W.H.STAFF

ZJ7608

M K DEEVER



RM & TX TO M/A

#2
#T

| DATE | CASHIER | ENTRY CODE | DESCRIPTION | * | GUEST CHARGES AND CREDITS | GROUP CHARGES | BALANCE DUE |
|---------|---------|------------|---------------------------------|-------|---------------------------|---------------|-------------|
| 2/06/84 | - AUD | 447 | ROOM 729 | B | | 90.95 | 90.95 |
| 2/06/84 | - AUD | 448 | ROOM 730 | B | | 90.95 | 181.90 |
| 2/07/84 | MDUCSH | | DCO-CKOUT PER ELF | 20.25 | | | |
| 2/27/84 | TBUAUD | 387 | TRANSFER CR ZJ7608 W.H.STAFF | B | | 181.90- | 0.00 |
| 2/28/84 | | | BALANCE DUE | | | | 0.00 |

GUEST'S SIGNATURE

CHARGE TO:

ADDRESS:

CITY:

STATE

ZIP:

| | | | | | |
|---------------|-------------------|------------|------------|---------------------|-----------|
| VENDOR NUMBER | VENDOR NAME | | | CHECK DATE | CHECK NO. |
| 22348 | MICHAEL K. DEEVER | | | 04/10/84 | 037491 |
| INVOICE NO. | INVOICE AMOUNT | ADJUSTMENT | NET AMOUNT | EXPLANATION | |
| MD0307 | 9.00 | | 9.00 | TRANS PER DIEM LODG | |



Republican National Committee

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

CHECK NO. **68936**
68-408
560

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

| DATE | CHECK NUMBER |
|----------|--------------|
| 04/10/84 | 037491 |

NINE DOLLARS AND CENTS *****

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

AMOUNT
\$*******9.00**

⑈068936⑈ ⑆056004089⑆ 651⑈7307499⑈

AUTHORIZED SIGNATURE

THE WHITE HOUSE
WASHINGTON

TO: *Mr. Deaver/Gail*

Your signed travel authorization form is attached.

The original is to be attached to your travel voucher when it is submitted for payment. In addition, there is a copy for you and your office respectively.

Thank you
Olivia Korneguy

ADMINISTRATIVE OFFICE

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6780

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request March 13, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff

Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To attend meetings, March 14, 1984

Campaign related meetings

3. ITINERARY Washington, D.C., New York, New York, Washington, D.C.
(List all cities where stopover occurs.)

4. DEPARTURE: RETURN:

Date: March 14, 1984 Date: March 14, 1984

Time: 8:00 AM Time: 8:00 PM

Mode: Commercial Aircraft Mode: Commercial Aircraft

5. NATURE: 100% Official 100% Political *Maynard D. B. Tetter*

6. SIGNATURES: *RIB'SY*

Traveler: *Michael 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. issued directly by RIB'SY Amount \$ 130.00

103 #0 YH403

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6780

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request March 13, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff

Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To attend meetings, March 14, 1984

3. ITINERARY Washington, D.C., New York, New York, Washington, D.C.

(List all cities where stopover occurs.)

4. DEPARTURE:

RETURN:

Date: March 14, 1984 Date: March 14, 1984

Time: 8:00 AM Time: 8:00 PM

Mode: Commercial Aircraft Mode: Commercial Aircraft

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____

(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 \$ 1300

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

Withdrawer

KDB 8/29/2011

File Folder

TRAVEL - DEAVER (4)

FOIA

F97-0066/19

COHEN, D

Box Number

61

177

DOC Document Type

No of

Doc Date

Restric-

NO Document Description

pages

tions

7 FORM

1 2/14/1984 B6

DEPT. OF STATE TRAVEL REIMBURSEMENT
VOUCHER (OPTIONAL FORM 189A) (FRONT
ONLY)

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.

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 84 (A) | Local Time (B) | Itinerary and Description (C) | Per Diem Days (D) | Daily Rate (E) | Amount | |
|---|----------------------|-------------------------------------|-------------------------|----------------------|-----------------|--------------|
| | | | | | Per Diem (F) | Other (G) |
| FORWARDED | | | | | | |
| 1/12 | 0935 | Depart Andrews AFB via military air | | | | |
| | 1230 | Arrive San Francisco, CA | | | | |
| 1/14 | 0800 | Depart San Francisco | | | | |
| | 1610 | Arrive New York, NY | | | | |
| | 1730 | Depart New York via NY 29 | | | | |
| | 1830 | Arrive Washington, D.C. | 2-3/4 | 23.00 | 63.25 | |
| | 1900 | Arrive residence | | | | |
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| GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward) | | | | | | 63.25 |

MEMORANDUM

ALIGN HERE

American Airlines

NYC LAGUARDIA

001:5407:814:29

WASHINGTON NATN

WHITEREDDBE TRANS

DEAVER/M

11 JAN 09

DATE AND PLACE OF ORIGINAL ISSUE

WASHINGTON FOR USE A

CONNECTION TICKETS

MARGENT'S COUPON

/TIHA

| NAME OF PASSENGER | NOT GOOD FOR PASSAGE | CARRIER | FLIGHT | CLASS | DATE | TIME | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER |
|-------------------|----------------------|---------|--------|-------|--------|------|--------|----------------------------|------------------|-----------------|
| NYC LAGUARDIA | | NY | 29 | Y | 14 JAN | 530P | OK | YCA | | |
| WASHINGTON NATN | | | | | | | | | | |
| --VOID-- | | | | | | | | | | |
| --VOID-- | | | | | | | | | | |
| --VOID-- | | | | | | | | | | |

| | | | | | | | |
|---------------|-------------|-------------------|-------|----|-------|-----|------------|
| FARE | 39.81 | 14 JAN NYC NY WAS | 39.81 | TL | 39.81 | GTR | KO-744-464 |
| TAX | 3.19 | | | | | | |
| TOTAL | 43.00 | | | | | | |
| TICKET NUMBER | 60763549000 | | | | | | |

DO NOT MARK OR STAMP IN WHITE AREA ABOVE

| | | | | | |
|---|--|--|--|--|--|
| BILL CHARGES TO (Department, agency, bureau, office, address including ZIP code) | | FISCAL DATA (Appropriation, authorization, etc.) | | K-0744464 | |
| Department of State Transportation Vouchers Office of Financial Services | | 1940113-1023-400604-2000-2151 | | PLACE AND DATE OF ISSUE | |
| R. O. Box 9487, Rosslyn Sta., Arl., Va. 22209 | | | | Washdc 1-11-84 | |
| ISSUING GOVERNMENT OFFICER (Signature and office) | | OTHERS (Number) | | DEPENDENT TRAVEL CHILDREN (Names and ages) | |
| <i>Phillip R. Dale</i> | | 1- | | <input type="checkbox"/> SPOUSE | |
| TRAVELER (Type or print) | | STOP-OVER AUTH. | | SPECIAL ACCOMMODATIONS AND REQUIREMENTS | |
| Michael Deaver | | FROM | | CARRIER AND CLASS OF SERVICE (First class, coach, charter, etc.) | |
| American Airlines, Inc. | | CITIES | | EXCISE TAXES | |
| TRANSPORTATION AMOUNT (Traveler MUST ascertain cost of transportation and accommodations, if applicable, and record here) | | TO | | WEIGHT | |
| 0015407814290 \$43.00 | | New York, N.Y. | | PIECES | |
| 0015407814291 43.00 | | Yes TO Washdc | | 0 | |
| \$ | | TO | | 0 | |
| Ticket agent WILL NOT accept this copy in lieu of original request | | TO | | | |
| \$86.00 | | TO | | | |
| Do NOT fold, spindle or mutilate | | (Continue service required on the reverse) | | | |
| 1169-226 | | U. S. GOVERNMENT TRANSPORTATION REQUEST | | STANDARD FORM 1169-A (REV. 3-77) | |
| | | MEMORANDUM COPY | | PRESCRIBED BY GSA, FPMR (41 CFR) 101-41.2 | |

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 6776

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request February 3, 1984

1. TRAVELER

Name: Michael K. Deaver White House Staff
Extension: 6475 Room: WW Other

2. PURPOSE(S) and DATE(S): To travel and accompany the President 2-6-2-12/84

3. ITINERARY Wash, D.C. to Dixon, Ill to Eureka, Ill to Las Vegas, Nevada
(List all cities where stopover occurs.)
to Santa Barbara, CA and return to Wash. D.C.

4. DEPARTURE:

RETURN:

Date: 2-6-84 Date: 2-12-84
Time: 9:00 AM Time: approx. 5:00 PM
Mode: Gov. Transportation Mode: Gov. transportation

5. NATURE: 100% Official 100% Political

6. SIGNATURES:

Traveler: _____
(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 \$ _____

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Mode: Gov. Transportation Mode: Gov. transportation

5. NATURE: 100% Official 100% Political

6. SIGNATURES: Mixed - official

Traveler: _____

(I have read and agree to the terms set forth on the reverse side)

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(Special Assistant to the President for Administration)

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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 \$ _____