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Collection: Deaver, Michael **Folder Title: Travel-Deaver [1983-1985] (5)** **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 (5)

FOIA

F97-0066/19

Box Number 61

COHEN, D

178

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	10/26/1981	B6
2	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	1/27/1982	B6
3	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/12/1982	B6
4	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	4/19/1982	B6
5	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	2/22/1982	B6
6	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	8/12/1982	B6
7	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	6/30/1982	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]

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.

WITHDRAWAL SHEET

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Collection Name DEEVER, MICHAEL: FILES

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DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
8	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	11/18/1982	B6
9	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	12/10/1982	B6
10	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	5/6/1983	B6
11	FORM	TRAVEL VOUCHER (FORM SF1012) FRONT ONLY)	1	4/26/1983	B6
12	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	6/6/1983	B6
13	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	11/28/1983	B6
14	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	3/17/1983	B6

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

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15	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	5/2/1983	B6
16	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	6/16/1983	B6
17	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	7/13/1983	B6
18	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT ONLY)	1	11/23/1983	B6
19	FORM	DEPT. OF STATE TRAVEL REIMBURSEMENT VOUCHER (OPTIONAL FORM 189A) (FRONT + CONTINUATION SHEET)	2	11/4/1983	B6

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

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

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 Kornegay

ADMINISTRATIVE OFFICE

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 5447

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request Feb. 2, 1984

1. TRAVELER

Name: Michael K. Deaver ☒ White House Staff

Extension: 6475 Room: WW ☐ Other

2. PURPOSE(S) and DATE(S): February 2, 1984 travel to New York for meetings

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

4. DEPARTURE:

RETURN:

Date: Feb. 2, 1984

Date: February 2, 1984

Time: 10:00 AM

Time: 6:30 PM

Mode: Commercial Airline

Mode: Commercial Airline

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 #0 M402

(8/13/81)

ORIGINAL (Return with Voucher)

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 5447

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request Feb. 2, 1984

1. TRAVELER

Name: Michael K. Deaver ☒ White House Staff

Extension: 6475 Room: WW ☐ Other

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

4. DEPARTURE:

RETURN:

Date: Feb. 2, 1984

Date: February 2, 1984

Time: 10:00 AM

Time: 6:30 PM

Mode: Commercial Airline

Mode: Commercial Airline

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 \$ _____

ORIGINATING OFFICE COPY

THE WHITE HOUSE OFFICE
OFFICIAL TRAVEL AUTHORIZATION

No. 5447

(TRAVELER TO COMPLETE SECTIONS 1-8.)

Date of Request Feb. 2, 1984

1. TRAVELER

Name: Michael K. Deaver ☒ White House Staff

Extension: 6475 Room: WW ☐ Other

2. PURPOSE(S) and DATE(S): February 2, 1984 travel to New York for meetings

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

4. DEPARTURE:

RETURN:

Date: Feb. 2, 1984

Date: February 2, 1984

Time: 10:00 AM

Time: 6:30 PM

Mode: Commercial Airline

Mode: Commercial Airline

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 \$

- Jan. 17, 1984

MEMORANDUM FOR: DARNELL STEWART
FROM: JEANNIE BULL - A/EX

Per the request for Mr. Deaver's demands of any kind of special treatment in connection with his trips overseas, there is absolutely nothing of the sort in writing from the White House, nor anything in my own memory of any requests of support out of the ordinary for a chief aide to the President of the United States.

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

DEAVER, MICHAEL: FILES

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File Folder

TRAVEL - DEAVER (5)

FOIA

F97-0066/19

COHEN, D

Box Number

61

178

DOC Document Type

NO Document Description

No of Doc Date Restriction
pages *tions*

1 FORM

1 10/26/1981 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]

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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.

weights, measures and attach all receipts.)

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

Dates 19 81 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
10/24	9:30a	Depart AAFB				
	11:00a	Arrive Cancun, Mexico	1/2	23.00	5.75	
10/24	12:00n	Depart Cancun				
	5:30p	Arrive AAFB	3 1/2	63.00	204.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					210.00	

WITHDRAWAL SHEET

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Withdrawer

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FOIA

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COHEN, D

Box Number

61

178

DOC Document Type

NO Document Description

No of Doc Date Restriction
pages *tions*

2 FORM

1 1/27/1982 B6

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

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

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

MEMORANDUM

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FOIA

F97-0066/19

COHEN, D

Box Number

61

178

DOC Document Type

No of Doc Date Restric-
pages tions

NO Document Description

3 FORM

1 4/12/1982 B6

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

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

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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 1982 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
4/7	10:10a	depart AAFB via MAC				
	2:00p	arrive Kingston, Jamaica	1/2	23.00	5.75	
4/8	8:55a	depart Kingston	1	53.00	53.00	
	12:20p	arrive Bridgetown, Barbados				
4/8	10:00p	depart Barbados via MAC	1/2	75.00	37.50	
4/9	12:40a	arrive AAFB	1/2	23.00	5.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					102.00 202x25	

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DOC Document Type

NO Document Description

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4 FORM

1 4/19/1982 B6

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VOUCHER (OPTIONAL FORM 189A) (FRONT
ONLY)

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

Dates 1982 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
4/13	8:00a	depart AAFB	1/2	23.00	5.75	
	9:00p	arrive London, England	1/2	6.00	3.00	
4/14	6:00p	depart London	3/4	52.00	39.00	
	7:55p	arrive Paris, France				
4/15	6:00p	depart Paris	1	90.00	90.00	
	7:55p	arrive Rome, Italy				
4/16	4:00p	depart Rome	1	46.50	46.50	
	6:15p	arrive Bonn, Germany				
4/17	1:00p	depart Bonn	1	43.00	43.00	
	2:05p	arrive Berlin				
	6:00p	depart Berlin				
	10:10p	arrive AAFB	1/2	23.00	5.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					233.00	

PRIVACY ACT STATEMENT

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

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

MEMORANDUM

*GPO : 1981 O - 341-526 (6653)

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NO Document Description

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1 2/22/1982 B6

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

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

PRIVACY ACT STATEMENT

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

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

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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 82 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
7/28						
	8:00a	depart AAFB				
	11:05a	arrive Jackson, Wyo.				
7/29	10:00a	depart Jackson				
	10:40a	arrive Merced, CA				
7/30	11:00a	depart Merced				
	9:00p	arrive AAFB	2 3/4	23.00	63.25	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					63.25	

MEMORANDUM

WITHDRAWAL SHEET

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TRAVEL - DEAVER (5)

FOIA

F97-0066/19

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7 FORM

1 6/30/1982 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.

Weights/measures and attach an receipt.

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

NOTAS/REMARKS

DATE OF TRIP

DATE OF RETURN

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

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

PRIVACY ACT STATEMENT

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

MEMORANDUM

GPO : 1981 O - 341-526 (6EES)

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8 FORM

1 11/18/1982 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.

11B. 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 62 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
11/5	10:00a	depart AAFB	1/2	23.00	5.75	
	8:30p	arrive Brasilia, Brazil	1/2	6.00	3.00	
11/6	1:00p	depart Brasilia	3/4	36.00	27.00	
	2:20p	arrive Sao Paulo, Brazil				
	6:30p	depart Sao Paulo				
	7:30p	arrive Rio de Janerio, Brazil	1/2	6.00	1.50	
11/7	10:00a	depart Rio de Janerio	1/2	51.00	25.50	
	1:30p	arrive Bogota, Colombia				
	5:00p	depart Bogota				
	6:15p	arrive Cartegena, Colombia	1/2	6.00	1.50	
11/8	11:00a	depart Cartegena	3/4	43.00	32.25	
	11:35a	arrive San Jose, Costa Rica				
	4:00p	depart San Jose				
	9:40p	arrive AAFB	1/2	6.00	3.00	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					99.50	

PRIVACY ACT STATEMENT

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

MEMORANDUM

FORM 100-1000 C - 3-1-50E (1000)

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9 FORM

1 12/10/1982 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 82 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
11/30	12:00n	depart AAFB	1/2	23.00	5.75	
	10:30p	arrive Brasilia, Brazil	1/2	6.00	1.50	
12/3	9:15a	depart Brasilia	2 1/2	36.00	90.00	
	7:45p	arrive San Jose, Costa Rica	1/2	6.00	3.00	
12/4	2:15p	depart San Jose	3/4	28.00	21.00	
	12:00m	arrive AAFB	1/2	6.00	1.50	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					122.75	

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

MEMORANDUM

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10 FORM	1	5/6/1983	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 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
4-18	9:00am	Depart White House enroute National Airport				
4-18	9:30am	Depart Wash., National Airport enroute New York, New York (New York Air #10)				
4-18	10:30am	Arrive La Guardia Airport, NYC, NY				
4-18	4:00pm	Depart La Guardia Airport, NYC, NY enroute Wash. National Airport (New York Air #27)				
4-18	5:00pm	Arrive Washington National Airport				
4-18	5:30pm	Arrive the White House.				
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					- 0 -	- 0 -

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

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11 FORM

1 4/26/1983 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.

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12 FORM

1 6/6/1983 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.

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

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

Dates 19 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
5/27	2:20p	depart AAFB via AF I				
	2:55p	arrive Langley AFB, VA				
5/31	11:50a	depart Langley AFB via AF I				
	12:25p	arrive AAFB				
	1:15p	arrive White House	4 1/2	23.00	97.75	
5/28		Dinner provided			- 9.20	
5/29		Breakfast, Lunch, Dinner provided			-16.10	
5/30		Breakfast, Lunch, Dinner provided			-16.10	
5/31		Breakfast provided			- 2.30	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					54.05	

PRIVACY ACT STATEMENT

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

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

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13 FORM

1 11/28/1983 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]

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B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]

B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]

B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]

B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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 83 (A)	Local Time (B)	Itinerary and Description *(C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
10/17	2000	Depart residence				
	2100	Depart Washington, D.C. via PA 106	1/4	23.00	5.75	
10/18	0905	Arrive London	1/2	6.00	3.00	
10/21	1025	Depart London via PA 107	3	(50%) 51.50	154.50	
	1340	Arrive Washington, D.C.				
	1430	Arrive office at the White House	1/4	23.00	5.75	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					169.00	

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

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14 FORM

1 3/17/1983 B6

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

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

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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.

B. 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 1983 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
2/25	11:00a	depart AAFB				
	2:00p	arrive San Diego, CA				
2/27	11:05a	depart San Diego				
	11:40a	arrive Palm Springs, CA				
	4:25p	depart Palm Springs				
	5:00p	arrive Long Beach, CA				
2/28	11:30p	depart Long Beach				
	12:00m	arrive Santa Barbara, CA				
3/2	11:00a	depart Santa Barbara				
	12:30p	arrive San Francisco, CA				
3/5	10:00a	depart San Francisco				
	10:35a	arrive Castle Air Force Base, CA				
3/7	12:05p	depart Castle Air Force Base				
	1:55p	arrive Seattle, WA				
3/8	12:00n	depart Seattle				
	5:00p	arrive AAFB	11½	23.00	264.50	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					264.50	

PRIVACY ACT STATEMENT

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

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

MEMORANDUM

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15 FORM

1 5/2/1983 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]

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B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]

B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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

*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 83 (A)	Local Time (B)	Itinerary and Description *(C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
2-25-83 thru 3-8-83			FORWARDED			
		See Attached invoices for telephone charges.				-
		Telephone (official business)				3.27
						2.27
						3.99
						4.66
						3.25
						9.72
						2.75
						302
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						31.93

PRIVACY ACT STATEMENT

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

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

MEMORANDUM

* GPO : 1981 O - 341-526 (5553)

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16 FORM

1 6/16/1983 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]

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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.

1. Complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed: on effects, show weights, measures and attach all receipts.)

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

Dates 19 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
6/8	4:00p	depart AAFB via MAC				
	6:25p	arrive El Paso, TX				
6/9	9:10a	depart El Paso				
	10:00a	arrive Chihuahua, Mexico				
	3:00p	depart Chihuahua				
	4:20p	arrive Los Angeles, CA				
6/10	1:05p	depart Los Angeles	2 1/2	23.00	57.75	
	4:00p	arrive Puerto Vallarta, Mexico				
6/11	7:30a	depart Puerto Vallarta	3/4	19.50	14.63	
	8:30a	arrive Manzanillo, Mexico				
	12:30p	depart Manzanillo				
	6:45p	arrive AAFB	1/2	6.00	3.00	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					69.38	

PRIVACY ACT STATEMENT

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

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17 FORM

1 7/13/1983 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]

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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.

B. 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 1983 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
7/17	10:15a 2:00p	depart AAFB arrive Honolulu, Hawaii	1/2	23.00	5.75	
7/18	9:00a	depart Honolulu CROSS INTERNATIONAL DATE LINE	1	42.00	42.00 -6.00	
7/19	12:45p	arrive Guam	1 1/2	6.00	7.50	
7/20	12:00n	depart Guam	3/4	33.50	25.13	
7/22	1:30p 8:00a	arrive Manila, Philippines depart Manila	2	36.00	72.00	
7/23	10:40a 2:00p	arrive Jakarta, Indonesia depart Jakarta	1 1/2	44.00	55.00	
7/24	5:05p 2:30p	arrive Bangkok depart Bangkok	1	39.00	39.00	
7/25	5:20p 5:00p	arrive Hong Kong depart Hong Kong	1	44.00	44.00	
7/27	10:15p 4:00p	arrive Tokyo, Japan depart Tokyo	2	58.50	117.00	
7/28	5:00p 4:00p	arrive Osaka, Japan depart Osaka	1	63.50	63.50	
7/31	5:20p 9:00a	arrive Seoul, Korea depart Seoul	2 3/4	48.50	133.38	
7/30		CROSS INTERNATIONAL DATE LINE			6.00	
7/30	11:55p	arrive Hilo, Hawaii				
8/1	10:00a	depart Hilo	1	32.50	32.50	
8/2	1:00a	arrive AAFB	3/4	6.00	4.50	

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18 FORM

1 11/23/1983 B6

DEPT. OF STATE TRAVEL REIMBURSEMENT
VOUCHER (OPTIONAL FORM 189A) (FRONT
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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. CEAIM (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 1983 (A)	Local Time (B)	Itinerary and Description *(C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
9/30	2000	Depart Andrews AFB via MAC	1/4	23.00	5.75	
10/1	0015	Arrive Hickam AFB, Hawaii				
	0115	Depart Hickam AFB				
		Cross International Date Line - West			- 6.00	
10/2	0855	Arrive Guam				
	0900	Depart Guam				
	..0855	Arrive Jakarta	1-1/2	6.00	9.00	
10/3	0900	Depart Jakarta	1	(50%) 56.00	56.00	
	1340	Arrive Manila				
	1740	Depart Manila				
	2025	Arrive Bangkok	1/2	6.00	3.00	
10/4	1200	Depart Bangkok	1/2	(50%) 39.00	19.50	
	1650	Arrive Hong Kong				
10/6	0800	Depart Hong Kong	2	(50%) 49.00	98.00	
	1315	Arrive Tokyo				
	1715	Depart Tokyo				
	1920	Arrive Seoul	1/2	6.00	3.00	
10/7	1100	Depart Seoul	1/2	(50%) 48.50	24.25	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					212.50	

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MEMORANDUM

*GPO : 1981 O - 341-526 (6653)

TRAVEL REIMBURSEMENT VOUCHER
(Continuation Sheet)
Schedule of Expenses and Amounts Claimed

PAYEE'S NAME Michael K. Deaver 565-50-1548			TA NUMBER 1023-300816			
Dates 19 83 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					- Per Diem (F)	Other (G)
FORWARDED					212.50	
10/7	0100	Arrive Anchorage, Alaska				
	0200	Depart Anchorage				
	1230	Arrive Andrews AFB	1-1/4	6.00	7.50	
	1330	Arrive residence				
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					220.00	

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DEPT. OF STATE TRAVEL REIMBURSEMENT
VOUCHER (OPTIONAL FORM 189A) (FRONT +
CONTINUATION SHEET)

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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.)

Per diem for all locations in China reduced to 30% since lodging and all dinners were provided at no cost to the traveler.

Dates 19 83 (A)	Local Time (B)	Itinerary and Description *(C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
11/8	0730	Depart Andrews AFB	1/4	23.00	5.75	
	1100	Arrive Anchorage, AK				
	1200	Depart Anchorage				
		Cross International Date Line - West			(6.00)	
11/9	1350	Arrive Tokyo	1-1/4	6.00	7.50	
				(50%)		
11/12	0750	Depart Tokyo	2-3/4	58.50	160.88	
	0955	Arrive Seoul				
				(50%)		
11/14	1100	Depart Seoul	2	48.50		
	1710	Arrive Beijing	1/4	6.00	1.50	
				(30%)		
11/17	0900	Depart Beijing	2-3/4	15.60	42.90	
	1110	Arrive Xi'an				
				(30%)		
11/18	0835	Depart Xi'an	1	12.30	12.30	
	1035	Arrive Yichang				
	1230	Depart Yichang via boat for river trip				
11/19	1900	Arrive Yichang	1-1/2	6.00	9.00	
				(30%)		
11/20	0935	Depart Yichang	1/2	7.20	3.60	
	1130	Arrive Suzhou				
				(30%)		
11/21	1035	Depart Suzhou	1	7.20	7.20	
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)					341.63	

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MEMORANDUM

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