FY 2009

Transaction Number	Fiscal Year	Dollar Amount	Userid	Vendor Name	Comments
910000077	2009	$ 305.00	NBCBAM0	ABBEY ROBERT V	
910000077	2009	$ 30.31	NBCBAM0	ABBEY ROBERT V	
910000219	2009	$ 215.37	NBCBAM0	ABBEY ROBERT V	
910000219	2009	$ 2,092.00	NBCBAM0	ABBEY ROBERT V	
910000193	2009	$ 65.89	NBCBAM0	ADELL AMOS	
910000193	2009	$ 339.25	NBCBAM0	ADELL AMOS	
910000192	2009	$ 203.25	NBCBAM0	ADELL AMOS	
910000192	2009	$ 42.61	NBCBAM0	ADELL AMOS	
910000192	2009	$ 38.00	NBCBAM0	ADELL AMOS	
910000192	2009	$ 102.78	NBCBAM0	ADELL AMOS	
910000222	2009	$ 261.00	NBCBAM0	ALLGOOD, TARA L.	
910000222	2009	$ 23.93	NBCBAM0	ALLGOOD, TARA L.	
910000222	2009	$ 29.00	NBCBAM0	ALLGOOD, TARA L.	
910000222	2009	$ 48.00	NBCBAM0	ALLGOOD, TARA L.	
910000052	2009	$ 31.35	NBCBAM0	ANNE CASTLE	
910000052	2009	$ 39.00	NBCBAM0	ANNE CASTLE	
910000052	2009	$ 305.00	NBCBAM0	ANNE CASTLE	
910000052	2009	$ 709.20	NBCBAM0	ANNE CASTLE	
910000087	2009	$ 1,124.00	NBCBAM0	ANNE CASTLE	
910000087	2009	$ 121.24	NBCBAM0	ANNE CASTLE	
910000130	2009	$ 1,670.00	NBCBAM0	ANNE CASTLE	
910000130	2009	$ 265.86	NBCBAM0	ANNE CASTLE	
910000130	2009	$ 148.50	NBCBAM0	ANNE CASTLE	
910000213	2009	$ 76.25	NBCBAM0	ANTHONY MARION BABAUTA	
910000213	2009	$ 1.50	NBCBAM0	ANTHONY MARION BABAUTA	
910000131	2009	$ 206.50	NBCBAM0	BELIN, ALLETTA D'ANDELOT	
910000131	2009	$ 76.00	NBCBAM0	BELIN, ALLETTA D'ANDELOT	
910000131	2009	$ 31.04	NBCBAM0	BELIN, ALLETTA D'ANDELOT	
910000005	2009	$ 47.00	SOSBAM0	BOGERT, MICHAEL LAURENCE	
BOGERT1W	2009	$ 140.62	FSDCMO0	BOGERT, MICHAEL LAURENCE	Req'd from PCS Dept 7/20/12
910000094	2009	$ 305.00	NBCBAM0	BRANDT, ALFRED	
910000094	2009	$ 48.31	NBCBAM0	BRANDT, ALFRED	
910000094	2009	$ 18.75	NBCBAM0	BRANDT, ALFRED	

910000143	2009	$	578.00	NBCBAM0	BROWN, MARY KAY
910000143	2009	$	51.50	NBCBAM0	BROWN, MARY KAY
910000143	2009	$	60.62	NBCBAM0	BROWN, MARY KAY
910000127	2009	$	305.00	NBCBAM0	BURKE, MARCILYNN A.
910000127	2009	$	30.31	NBCBAM0	BURKE, MARCILYNN A.
910000127	2009	$	50.00	NBCBAM0	BURKE, MARCILYNN A.
910000183	2009	$	44.50	NBCBAM0	BURKE, MARCILYNN A.
910000183	2009	$	261.00	NBCBAM0	BURKE, MARCILYNN A.
910000183	2009	$	53.93	NBCBAM0	BURKE, MARCILYNN A.
910000165	2009	$	30.31	NBCBAM0	CARD, JOAN
910000165	2009	$	305.00	NBCBAM0	CARD, JOAN
910000165	2009	$	18.04	NBCBAM0	CARD, JOAN
910000225	2009	$	270.00	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
910000225	2009	$	111.65	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
910000024	2009	$	220.33	SOSBAM0	CLIFFORD ROSENBERGER
910000015	2009	$	41.56	SOSBAM0	CONNALLY, PATRICIA
910000118	2009	$	48.00	NBCBAM0	CRAIG E FRANCIS
910000118	2009	$	45.10	NBCBAM0	CRAIG E FRANCIS
910000118	2009	$	52.00	NBCBAM0	CRAIG E FRANCIS
910000220	2009	$	261.00	NBCBAM0	CRAIG E FRANCIS
910000220	2009	$	67.93	NBCBAM0	CRAIG E FRANCIS
910000220	2009	$	29.00	NBCBAM0	CRAIG E FRANCIS
910000220	2009	$	45.10	NBCBAM0	CRAIG E FRANCIS
910000144	2009	$	48.00	NBCBAM0	DALE T. WHITE
910000144	2009	$	50.00	NBCBAM0	DALE T. WHITE
910000210	2009	$	182.60	NBCBAM0	DALE T. WHITE
910000210	2009	$	29.10	NBCBAM0	DALE T. WHITE
910000210	2009	$	119.00	NBCBAM0	DALE T. WHITE
910000084	2009	$	851.00	NBCBAM0	DEANNA ARCHULETTA
910000084	2009	$	90.93	NBCBAM0	DEANNA ARCHULETTA
910000116	2009	$	305.00	NBCBAM0	DEBORAH B JENSEN
910000116	2009	$	66.16	NBCBAM0	DEBORAH B JENSEN
910000116	2009	$	27.00	NBCBAM0	DEBORAH B JENSEN
910000032	2009	$	28.61	SOSBAM0	DIRK A KEMPTHORNE

9120308A01	2009	$	88.50	NBCRMM0	DIXON VICTORIA SANDS	
9120308A01	2009	$	33.50	NBCRMM0	DIXON VICTORIA SANDS	
910000103	2009	$	96.00	NBCBAM0	DRAPEAUX SR, BRIAN	
MARSTERSRE1	2009	$	-	FSDCMO0	ELIZABETH MARSTERS	Req'd from PCS Dept 7/20/12
910000148	2009	$	146.00	NBCBAM0	ELIZABETH MARSTERS	
910000148	2009	$	79.20	NBCBAM0	ELIZABETH MARSTERS	
910000218	2009	$	270.00	NBCBAM0	ELIZABETH MARSTERS	
910000169	2009	$	305.00	NBCBAM0	EZEKIEL J WILLIAMS	
910000169	2009	$	30.31	NBCBAM0	EZEKIEL J WILLIAMS	
910000169	2009	$	131.75	NBCBAM0	EZEKIEL J WILLIAMS	
910000221	2009	$	490.00	NBCBAM0	FEARN, MILTON L.	
910000221	2009	$	47.86	NBCBAM0	FEARN, MILTON L.	
910000221	2009	$	75.75	NBCBAM0	FEARN, MILTON L.	
910000191	2009	$	490.00	NBCBAM0	GARY E MARCHLIS	
910000191	2009	$	47.86	NBCBAM0	GARY E MARCHLIS	
910000191	2009	$	14.00	NBCBAM0	GARY E MARCHLIS	
910000117	2009	$	305.00	NBCBAM0	GERALD L DANFORTH SR	
910000117	2009	$	30.31	NBCBAM0	GERALD L DANFORTH SR	
910000117	2009	$	40.00	NBCBAM0	GERALD L DANFORTH SR	
910000215	2009	$	578.00	NBCBAM0	GERALD L DANFORTH SR	
910000215	2009	$	33.00	NBCBAM0	GERALD L DANFORTH SR	
910000215	2009	$	120.62	NBCBAM0	GERALD L DANFORTH SR	
910000040	2009	$	25.89	SOSBAM0	GRILES, STEVEN J	
910000041	2009	$	626.50	SOSBAM0	GRILES, STEVEN J	
910000041	2009	$	351.22	SOSBAM0	GRILES, STEVEN J	
910000041	2009	$	35.00	SOSBAM0	GRILES, STEVEN J	
910000047	2009	$	209.00	SOSBAM0	HENDERSON, CHRISTOPHER	
910000047	2009	$	30.31	SOSBAM0	HENDERSON, CHRISTOPHER	
910000043	2009	$	60.23	SOSBAM0	HILARY TOMPKINS	
910000043	2009	$	305.00	SOSBAM0	HILARY TOMPKINS	
910000044	2009	$	285.70	SOSBAM0	HILARY TOMPKINS	
910000097	2009	$	851.00	NBCBAM0	HILARY TOMPKINS	
910000097	2009	$	90.93	NBCBAM0	HILARY TOMPKINS	
910000096	2009	$	851.00	FSDDAB1	HILARY TOMPKINS	Req'd from PCS Dept 7/20/12

910000096	2009	$	90.93	FSDDAB1	HILARY TOMPKINS	Req'd from PCS Dept 7/20/12
910000099	2009	$	235.00	NBCBAM0	HOFFMAN, BARRY A.L.	
910000099	2009	$	20.16	NBCBAM0	HOFFMAN, BARRY A.L.	
910000099	2009	$	37.82	NBCBAM0	HOFFMAN, BARRY A.L.	
910000088	2009	$	305.00	NBCBAM0	ISEMAN, TOM	
910000088	2009	$	28.00	NBCBAM0	ISEMAN, TOM	
910000088	2009	$	30.31	NBCBAM0	ISEMAN, TOM	
910000164	2009	$	305.00	NBCBAM0	JAMES W SHAW	
910000164	2009	$	30.31	NBCBAM0	JAMES W SHAW	
910000059	2009	$	305.00	NBCBAM0	JANEA SCOTT	
910000059	2009	$	30.31	NBCBAM0	JANEA SCOTT	
910000059	2009	$	138.20	NBCBAM0	JANEA SCOTT	
910000082	2009	$	-	NBCBAM0	JANEA SCOTT	
910000142	2009	$	137.00	NBCBAM0	JANEA SCOTT	
910000142	2009	$	90.20	NBCBAM0	JANEA SCOTT	
910000060	2009	$	18.00	NBCBAM0	JOE CHILDERS	
910000064	2009	$	305.00	NBCBAM0	JOE CHILDERS	
910000064	2009	$	20.70	NBCBAM0	JOE CHILDERS	
910000064	2009	$	30.31	NBCBAM0	JOE CHILDERS	
910000147	2009	$	514.00	NBCBAM0	JOHN E. TUBBS	
910000147	2009	$	60.62	NBCBAM0	JOHN E. TUBBS	
910000156	2009	$	630.00	NBCBAM0	JOHN E. TUBBS	
910000156	2009	$	68.16	NBCBAM0	JOHN E. TUBBS	
910000170	2009	$	61.20	NBCBAM0	JOHN J REYNOLDS	
910000167	2009	$	305.00	NBCBAM0	JOSEPH ANDREW JACKSON	
910000167	2009	$	30.31	NBCBAM0	JOSEPH ANDREW JACKSON	
910000167	2009	$	23.50	NBCBAM0	JOSEPH ANDREW JACKSON	
910000179	2009	$	305.00	NBCBAM0	JOSEPH ANDREW JACKSON	
910000179	2009	$	33.41	NBCBAM0	JOSEPH ANDREW JACKSON	
910000179	2009	$	61.00	NBCBAM0	JOSEPH ANDREW JACKSON	
910000136	2009	$	191.28	NBCBAM0	JOSEPH G PIZARCHIK	
910000182	2009	$	719.00	NBCBAM0	JOSEPH G PIZARCHIK	
910000182	2009	$	191.79	NBCBAM0	JOSEPH G PIZARCHIK	
910000182	2009	$	151.25	NBCBAM0	JOSEPH G PIZARCHIK	

910000197	2009	$	190.89	NBCBAM0	JOSEPH G PIZARCHIK	
910000197	2009	$	151.25	NBCBAM0	JOSEPH G PIZARCHIK	
910000197	2009	$	719.00	NBCBAM0	JOSEPH G PIZARCHIK	
910000209	2009	$	96.00	NBCBAM0	JULIE CHAVEZ RODRIGUEZ	
910000209	2009	$	157.25	NBCBAM0	JULIE CHAVEZ RODRIGUEZ	
910000223	2009	$	270.00	NBCBAM0	JULIE CHAVEZ RODRIGUEZ	
910000223	2009	$	95.11	NBCBAM0	JULIE CHAVEZ RODRIGUEZ	
910000223	2009	$	47.40	NBCBAM0	JULIE CHAVEZ RODRIGUEZ	
910000128	2009	$	57.00	NBCBAM0	KATHERINE JACOBS	
910000128	2009	$	96.00	NBCBAM0	KATHERINE JACOBS	
910000128	2009	$	10.00	NBCBAM0	KATHERINE JACOBS	
910000104	2009	$	90.50	NBCBAM0	KATHERINE MARGARET BATTEN	
910000105	2009	$	45.18	NBCBAM0	KATHERINE MARGARET BATTEN	
910000140	2009	$	89.10	NBCBAM0	KATHERINE MARGARET BATTEN	
910000101	2009	$	160.00	NBCBAM0	KIEVE, LOREN	
910000101	2009	$	156.53	NBCBAM0	KIEVE, LOREN	
910000046	2009	$	220.00	SOSBAM0	LANE, KENNETH L	
910000046	2009	$	645.20	SOSBAM0	LANE, KENNETH L	
910000046	2009	$	345.50	SOSBAM0	LANE, KENNETH L	
LANRELA	2009	$	-	FSDCMO0	LANE, KENNETH L	Req'd from PCS Dept 7/20/12
910000074	2009	$	229.25	NBCBAM0	LANE, KENNETH L	
910000074	2009	$	12.00	NBCBAM0	LANE, KENNETH L	
910000072	2009	$	81.00	NBCBAM0	LANE, KENNETH L	
910000072	2009	$	24.00	NBCBAM0	LANE, KENNETH L	
910000073	2009	$	130.00	NBCBAM0	LANE, KENNETH L	
910000078	2009	$	42.00	NBCBAM0	LARRY J ECHO HAWK	
910000078	2009	$	578.00	NBCBAM0	LARRY J ECHO HAWK	
910000078	2009	$	62.00	NBCBAM0	LARRY J ECHO HAWK	
910000078	2009	$	60.62	NBCBAM0	LARRY J ECHO HAWK	
910000125	2009	$	1,580.00	NBCBAM0	LARRY J ECHO HAWK	
910000125	2009	$	261.86	NBCBAM0	LARRY J ECHO HAWK	
910000125	2009	$	46.20	NBCBAM0	LARRY J ECHO HAWK	
910000125	2009	$	122.00	NBCBAM0	LARRY J ECHO HAWK	
910000166	2009	$	45.10	NBCBAM0	LARRY J ECHO HAWK	

910000166	2009	$	305.00	NBCBAM0	LARRY J ECHO HAWK	
910000166	2009	$	30.00	NBCBAM0	LARRY J ECHO HAWK	
910000212	2009	$	96.00	NBCBAM0	LEONORE BLITZ	
910000212	2009	$	68.00	NBCBAM0	LEONORE BLITZ	
910000208	2009	$	137.20	NBCBAM0	LEWIS, COURTENAY C.	
910000129	2009	$	171.50	NBCBAM0	LINDSEY DUBIN	
910000181	2009	$	160.00	NBCBAM0	LORI L CARAMANIAN	
910000181	2009	$	105.00	NBCBAM0	LORI L CARAMANIAN	
910000181	2009	$	16.00	NBCBAM0	LORI L CARAMANIAN	
910000055	2009	$	96.00	SOSBAM0	LORRAINE V. FAETH	
910000055	2009	$	58.00	SOSBAM0	LORRAINE V. FAETH	
910000115	2009	$	112.00	NBCBAM0	LORRAINE V. FAETH	
FAETH2	2009	$	50.00	FSDCMO0	LORRAINE V. FAETH	Req'd from PCS Dept 7/20/12
910000163	2009	$	61.00	NBCBAM0	LORRAINE V. FAETH	
910000157	2009	$	40.00	NBCBAM0	MARCIA MCNUTT	
910000158	2009	$	305.00	NBCBAM0	MARCIA MCNUTT	
910000158	2009	$	50.31	NBCBAM0	MARCIA MCNUTT	
910000158	2009	$	30.25	NBCBAM0	MARCIA MCNUTT	
910000157	2009	$	305.00	NBCBAM0	MARCIA MCNUTT	
910000157	2009	$	50.31	NBCBAM0	MARCIA MCNUTT	
910000086	2009	$	305.00	NBCBAM0	MAXINE VELASQUEZ	
910000086	2009	$	30.31	NBCBAM0	MAXINE VELASQUEZ	
910000086	2009	$	7.00	NBCBAM0	MAXINE VELASQUEZ	
910000194	2009	$	213.00	NBCBAM0	MOHL, VALERIE RED-HORSE	
910000194	2009	$	155.00	NBCBAM0	MOHL, VALERIE RED-HORSE	
910000195	2009	$	305.00	NBCBAM0	MOHL, VALERIE RED-HORSE	
910000195	2009	$	82.00	NBCBAM0	MOHL, VALERIE RED-HORSE	
910000195	2009	$	30.31	NBCBAM0	MOHL, VALERIE RED-HORSE	
910000194	2009	$	53.77	NBCBAM0	MOHL, VALERIE RED-HORSE	
910000093	2009	$	67.50	NBCBAM0	MONTOYA, JORDAN	
910000095	2009	$	42.73	NBCBAM0	MULHALL, MARJORIE	
910000079	2009	$	-	NBCBAM0	NEAL KEMKAR	
KEMKARRELA	2009	$	928.00	FSDCMO0	NEAL KEMKAR	Req'd from PCS Dept 7/20/12
910000184	2009	$	28.00	NBCBAM0	NEAL KEMKAR	

910000184	2009	$	85.80	NBCBAM0	NEAL KEMKAR	
KEMKARRELB	2009	$	576.05	FSDCMO0	NEAL KEMKAR	Req'd from PCS Dept 7/20/12
910000153	2009	$	146.00	NBCBAM0	PADILLA, JOAN V.	
910000121	2009	$	46.20	NBCRMM0	PETERSON, SARAH	
910000152	2009	$	110.00	NBCBAM0	PETERSON, SARAH	
910000070	2009	$	382.75	NBCBAM0	PRUKOP,JOANNA	
910000070	2009	$	206.10	NBCBAM0	PRUKOP,JOANNA	
910000070	2009	$	43.66	NBCBAM0	PRUKOP,JOANNA	
910000070	2009	$	93.00	NBCBAM0	PRUKOP,JOANNA	
910000211	2009	$	48.00	NBCBAM0	RAMON J CRUZ	
910000211	2009	$	92.84	NBCBAM0	RAMON J CRUZ	
910000089	2009	$	106.00	NBCBAM0	RAYMOND RIVERA	
910000149	2009	$	2.00	NBCBAM0	RAYMOND RIVERA	
910000149	2009	$	85.50	NBCBAM0	RAYMOND RIVERA	
910000090	2009	$	305.00	NBCBAM0	REBECCA Q. CEDILLO	
910000090	2009	$	30.31	NBCBAM0	REBECCA Q. CEDILLO	
910000090	2009	$	49.75	NBCBAM0	REBECCA Q. CEDILLO	
910000124	2009	$	1,943.00	NBCRMM0	RHEA S SUH	
910000124	2009	$	296.70	NBCRMM0	RHEA S SUH	
910000124	2009	$	212.17	NBCRMM0	RHEA S SUH	
910000004	2009	$	60.00	SOSBAM0	RICHARD D. SCHULTZ	
LV882296	2009	$	19.00	FSDWEL0	RICHARD D. SCHULTZ	Req'd from PCS Dept 7/20/12
LV882293	2009	$	26.00	FSDWEL0	RICHARD D. SCHULTZ	Req'd from PCS Dept 7/20/12
LV882407	2009	$	59.00	FSDWEL0	RICHARD D. SCHULTZ	Req'd from PCS Dept 7/20/12
LV882545	2009	$	23.00	FSDWEL0	RICHARD D. SCHULTZ	Req'd from PCS Dept 7/20/12
910000081	2009	$	305.00	NBCBAM0	RICK RUDY	
910000081	2009	$	21.42	NBCBAM0	RICK RUDY	
910000081	2009	$	80.00	NBCBAM0	RICK RUDY	
910000081	2009	$	71.50	NBCBAM0	RICK RUDY	
910400145	2009	$	207.00	NBCBAM0	RYAN LEHMAN	
910400145	2009	$	96.00	NBCBAM0	RYAN LEHMAN	
910000062	2009	$	226.60	NBCBAM0	STEPHEN Y EKEMA-AGBAW	
910000062	2009	$	96.00	NBCBAM0	STEPHEN Y EKEMA-AGBAW	
910000071	2009	$	44.00	NBCBAM0	STEVE BLACK	

910000045	2009	$	54.40	SOSBAM0	STONE, RENEE	
910000045	2009	$	13.20	SOSBAM0	STONE, RENEE	
910000045	2009	$	60.91	SOSBAM0	STONE, RENEE	
910000045	2009	$	153.50	SOSBAM0	STONE, RENEE	
910000224	2009	$	28.00	NBCBAM0	STONE, RENEE	
910000051	2009	$	78.50	SOSBAM0	STRICKLAND, THOMAS	Req'd from PCS Dept 7/20/12
910000051	2009	$	308.61	SOSBAM0	STRICKLAND, THOMAS	Req'd from PCS Dept 7/20/12
910000051	2009	$	325.50	SOSBAM0	STRICKLAND, THOMAS	Req'd from PCS Dept 7/20/12
910000051	2009	$	84.00	SOSBAM0	STRICKLAND, THOMAS	Req'd from PCS Dept 7/20/12
910000076	2009	$	305.00	NBCBAM0	SYLVIA V BACA	
910000076	2009	$	182.00	NBCBAM0	SYLVIA V BACA	
910000076	2009	$	45.31	NBCBAM0	SYLVIA V BACA	
910000076	2009	$	40.00	NBCBAM0	SYLVIA V BACA	
910000075	2009	$	305.00	NBCBAM0	SYLVIA V BACA	
910000075	2009	$	60.31	NBCBAM0	SYLVIA V BACA	
910000075	2009	$	84.60	NBCBAM0	SYLVIA V BACA	
910000075	2009	$	182.00	NBCBAM0	SYLVIA V BACA	
JOHNSONPCSA	2009	$	775.00	FSDCMO0	TERESA L JOHNSON	Req'd from PCS Dept 7/20/12
910000189	2009	$	32.00	NBCBAM0	TERESA L JOHNSON	
910000189	2009	$	89.10	NBCBAM0	TERESA L JOHNSON	
910000168	2009	$	578.00	NBCBAM0	TODD TRUE	
910000168	2009	$	60.62	NBCBAM0	TODD TRUE	
910000168	2009	$	125.00	NBCBAM0	TODD TRUE	
910000123	2009	$	60.62	NBCRMM0	TRACIE STEVENS	
910000123	2009	$	17.00	NBCRMM0	TRACIE STEVENS	
910000123	2009	$	578.00	NBCRMM0	TRACIE STEVENS	
910000180	2009	$	85.70	NBCBAM0	TRACIE STEVENS	
910000180	2009	$	62.00	NBCBAM0	TRACIE STEVENS	
910000180	2009	$	578.00	NBCBAM0	TRACIE STEVENS	
910000122	2009	$	30.31	NBCRMM0	TRAHUNT, MARK N.	
910000122	2009	$	55.00	NBCRMM0	TRAHUNT, MARK N.	
910000122	2009	$	305.00	NBCRMM0	TRAHUNT, MARK N.	
910000050	2009	$	305.00	SOSBAM0	UDOAKU CAMILLA IHENETU	
910000050	2009	$	30.31	SOSBAM0	UDOAKU CAMILLA IHENETU	

910000050	2009	$	42.95	SOSBAM0	UDOAKU CAMILLA IHENETU
910000058	2009	$	305.00	NBCBAM0	UDOAKU CAMILLA IHENETU
910000058	2009	$	30.31	NBCBAM0	UDOAKU CAMILLA IHENETU
910000058	2009	$	7.00	NBCBAM0	UDOAKU CAMILLA IHENETU
910000080	2009	$	-	NBCBAM0	UDOAKU CAMILLA IHENETU
910000146	2009	$	160.00	NBCBAM0	VINCENT J. WARD
910000146	2009	$	160.00	NBCBAM0	VINCENT J. WARD
910000126	2009	$	305.00	NBCBAM0	VOGEL, KENNETH
910000126	2009	$	85.05	NBCBAM0	VOGEL, KENNETH
910000126	2009	$	30.31	NBCBAM0	VOGEL, KENNETH
9100000038	2009	$	77.40	SOSBAM0	WAIDMANN, BRIAN
910000196	2009	$	305.00	NBCBAM0	WATCHMAN, DERRICK
910000196	2009	$	306.90	NBCBAM0	WATCHMAN, DERRICK
910000196	2009	$	80.31	NBCBAM0	WATCHMAN, DERRICK
910000100	2009	$	67.01	NBCBAM0	WIGINTON, ROBERT
910000100	2009	$	345.00	NBCBAM0	WIGINTON, ROBERT
910000067	2009	$	257.00	NBCBAM0	WINKLEMAN, MARK
910000067	2009	$	30.31	NBCBAM0	WINKLEMAN, MARK
910000067	2009	$	31.00	NBCBAM0	WINKLEMAN, MARK
910000069	2009	$	30.31	NBCBAM0	WYNN, PATRICK
910000069	2009	$	305.00	NBCBAM0	WYNN, PATRICK
910000069	2009	$	63.00	NBCBAM0	WYNN, PATRICK

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name: (Last, first, middle initial) 910000077 Abbey, Robert

b. SOCIAL SECURITY NO. (b) (6)redacted

6. PERIOD OF TRAVEL: a. FROM 04-01-2009 b. TO 04-02-2009

c. MAILING ADDRESS (Include ZIP Code) (b) (6)redacted

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Abbey1 b. DATE(S) 03-31-2009

e. PRESENT DUTY STATION: Reno, NV

f. RESIDENCE (City and State): Reno, NV

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

10. CHECK NO.

11. PAID BY

TOT-D

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used submit 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) ▶

	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)
0067401702548	198.20	US	Economy	03-25-2009	Reno, NV	Washington, DC
0377401702547	393.20	DL	Economy	03-25-2009	Washington, DC	Reno, NV
8908170616979	28.25					ticket agent fee

Invitational travel. Corporate card used to purchase airline ticket.

MAY 4 2009

2110 305-00
211I 3031

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 ▶ Robert Abbey DATE 4-27-09

AMOUNT CLAIMED ▶ $ 335.31

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; Id. 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 ▶ Renee Stone DATE 4/29/09

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 ▶ $ 335.31

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

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

5/9/09

1012-116

This form was electronically produced by Elite Federal Forms, Inc.

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, 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 2 PAGES

TRAVEL AUTHORIZATION NO. Abbey1

TRAVELER'S LAST NAME Abbey

2009 (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)	LUNCH (e)	DINNER (f)	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)
3/26	8:40 am	Depart Reno											
	7:26 p.m.	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel Tax											30.31
3/27	5:10 pm	Depart Washington, DC											
	9:53 p.m	Arrive Reno, NV					48.00		48.00			48.00	
		SUBTOTALS ▶										$305.00	$30.31
		TOTALS ▶											

209/04

94

209

305.00

Trv

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 ▶ 335.31

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. ... who have agreed for the ... The information will be used by ... be ... information in the performance ... disclosed to appropriate Feder... 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) ... the claim may result in delay or loss of reimbursement

STANDARD FORM 1012 BACK (10-77)

0
0
21.00 +
21.00 +
0
64. x
75. %
48.00 +
0
48.00 +
48.00 +
96.00 *
96.00 +
209.00 +
305.00 *
305.00 +
30.31 +
335.31 *
0

DOUBLETREE GUEST SUITES
WASHINGTON DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

ABBEY, ROBERT

Room 808/NK1K
Arrival Date 3/26/2009 7:48:00PM
Departure Date 3/27/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH#
AL
BONUS AL CAR

Confirmation: 80318396

3/27/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/26/2009	1352044	GUEST ROOM	$209.00
3/26/2009	1352044	SUITE TAX	$30.31
		WILL BE SETTLED TO VS (b) (6)	$239.31
		EFFECTIVE BALANCE OF	$0.00

Hilton HHonors

ESTIMATED CURRENCY TOTAL

EXPRESS CHECK-OUT

Good Morning! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase
  - charge purchases to your account, then stop by the Front Desk for an updated statement.
  - or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION T97982	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Abbey1
2. 03/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Bob Abbey
5. OFFICIAL STATION Reno, NV
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Reno, NV
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with Federal Travel Regulations as published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 03/25/09 Ending on or about 03/27/09

MODE OF TRAVEL

13. ☒ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ☒ Privately owned
    - (a) ☒ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ☒ Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST		
20. Transportation	$	625.00
21. Per Diem		100.00
22. Other		50.00
23. TOTAL	$	775.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. Renuka Soma (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

March 25, 2009

Carlson Wagonlit Travel SaidTravel

For: ROBERT ABBEY GDOIOS

To: NGMSDOI
ETKT 25MAR.

Sales Person: 77
Locator: NGPSRG
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday March 26, 2009

US Airways
Class of Service:Coach Class N
Depart: RENO, NV
Arrive: PHOENIX, AZ
Total Flight Time:
Equipment: CR9
Meal Service: None
Status: Confirmed
Reserved Seat: ABBEY/ROBERT 23A
ARR-TERMINAL 4
*RNO-PHX OPERATED BY US AIRWAYS EXPRESS-MESA AIRLINES

Flight Number: 2992

9:49 Am March 26, 2009
11:30 Am March 26, 2009
1 Hour 41 Minutes Non-Stop

Confirmation Number: GPVBMJ

Thursday March 26, 2009

US Airways
Class of Service:Coach Class W
Depart: PHOENIX, AZ
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL 4

Flight Number: 42

12:20 Pm March 26, 2009
7:26 Pm March 26, 2009
4 Hours 6 Minutes Non-Stop

Confirmation Number: GPVBMJ
ARR-TERMINAL C

Thursday March 26, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STES WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9485
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 26, 2009
Check Out: Mar 27, 2009
Confirmation Number: 80318396

Cancellation Policy: Cancel by 4PM

Friday March 27, 2009

Delta Airlines — Flight Number: 1185
Class of Service:Coach Class K
Depart: WASHINGTON/NATL,DC — 5:10 Pm March 27, 2009
Arrive: SALT LAKE CITY,UT — 8:04 Pm March 27, 2009
Total Flight Time: — 4 Hours 54 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: CEVBMJ
Reserved Seat: ABBEY/ROBERT 37E
DEP-TERMINAL E — ARR-TERMINAL UNIT 2

Friday March 27, 2009

Delta Airlines — Flight Number: 4787
Class of Service:Coach Class K
Depart: SALT LAKE CITY,UT — 9:16 Pm March 27, 2009
Arrive: RENO, NV — 9:53 Pm March 27, 2009
Total Flight Time: — 1 Hour 37 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed — Confirmation Number: CEVBMJ
Reserved Seat: ABBEY/ROBERT 7B
DEP-TERMINAL UNIT 2
*SLC-RNO OPERATED BY SKYWEST AIRLINES

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ABBEY ROBERT	4339/0067401702548	164.65	33.55			198.20
ABBEY ROBERT	4339/8908140618979	28.25				28.25
ABBEY ROBERT	4338/0377401702547	346.05USD	25.85US	7.20ZP	14.00XT	393.20
					Total Amount:	619.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2564
CAR DECLINED/A//24MAR

P.01

TRANSACTION REPORT

MAY-05-2009 TUE 12:38 PM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
MAY-05	12:34 PM	FAX	3'36"	16	FAX RX	OK		

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Abbey, Robert
91000021
b. SOCIAL SECURITY NO. (b) (6)
c. MAILING ADDRESS (Include ZIP Code) (b) (6)
d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 07-01-2009 b. TO 07-10-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Abbey3 b. DATE(S) 06-29-2009

e. PRESENT DUTY STATION: Reno, NV

f. RESIDENCE (City and State) (b) (6)

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

TOT-I
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
See attached eticket	734.70	NW	Economy	06-29-2009	Memphis, TN	Washington, DC and return
TMC	28.25					

Invitational travel. Traveler was in Washington to prepare for, and testify at, his confirmation hearing.

Air fare purchased with corporate card.

SEP 25 2009

21102092 0
21I 21537

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: Robert Abbey DATE 7-22-09

AMOUNT CLAIMED $ 2,307.37

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: Rennie Stone DATE 7-27-09

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

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 $ 2,307.37

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/25/9

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Abbey, Robert
b. SOCIAL SECURITY NO.:
c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 07-01-2009 b. TO 07-10-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Abbey3 b. DATE(S) 06-29-2009

e. PRESENT DUTY STATION: Reno, NV

f. RESIDENCE (City and State): Reno, NV

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

10. CHECK NO.

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 shown 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)
See attached eticket	734.70	NW	Economy	06-29-2009	Memphis, TN	Washington, DC and return
TMC	28.25					

Invitational travel. Traveler was in Washington to prepare for, and testify at, his confirmation hearing.

Air fare purchased with corporate card.

SEP 25 2009

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 ▶ Robert Abbey DATE 7-22-09 AMOUNT CLAIMED ▶ $ 2,307.37

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 ▶ Rennie Stone DATE 7-27-09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.C. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING 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 ▶ $ 2,307.37

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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), (h) Show amount incurred for each meal, including tax, tips, and daily total meal cost.
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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Abbey3

TRAVELER'S LAST NAME

Abbey

2009 (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)	LUNCH (e)	DINNER (f)	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)
07/01	8:26 am	Depart Memphis, TN											
	11:30 am	Arrive Washington, DC					48.00	165.00	213.00			213.00	
		Lodging tax											23.93
07/02		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93
07/03		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93
07/04		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93
07/05		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93
07/06		Washington, DC					64.00	165.00	229.00			229.00	
									SUBTOTALS ▶			$1,358.00	$119.65
									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 Regulation (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.

1,485.00 *

..0..

88.x
64.=
5,632.00+

48.00+
48.00+
..0..

..0..

8.x
64.=
512.00+

48.00+
48.00+
1,484.00+
2,092.00 *

..0..

0.00 *

..0..

9.x
23.93=
215.37+

2,092.00+
2,307.37 *

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, 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO. Abbey3

TRAVELER'S LAST NAME Abbey

2009 (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)	LUNCH (e)	DINNER (f)	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)
		Lodging tax											23.93
07/07		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93
07/08		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93
07/09		Washington, DC					64.00	164.00	228.00			228.00	
		Lodging tax											23.93
07/10	5:30 pm	Depart Washington, DC											
	6:47 pm	Arrive Memphis, TN					48.00	148	48.00			48.00	
							148						
										SUBTOTALS ▶		$734.00	$95.72
										TOTALS ▶		$2,092.00	$215.37

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 ▶ $2,307.37

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 Regulation (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.

2092

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Abbey3
2. 06/29/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Robert Abbey
5. OFFICIAL STATION Reno, NV
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Memphis, TN
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is coming to the Department of the Interior to prepare for confirmation hearing, and to testify at confirmation hearing on Capitol Hill.

Traveler is in travel status in Memphis, TN. Round trip travel will commence and terminate in Memphis.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/01/09 Ending on or about 07/10/09

MODE OF TRAVEL

13. ✗ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ✗ Privately owned
    - (a) ✗ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ✗ Other *(specify)*
    Baggage, taxis, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	775.00
21. Per Diem		2500.00
22. Other		250.00
23. TOTAL	$	3525.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0618
Folio # :
Cashier # : 31
Page # : 1 of 1

SATO
Robert Abbey

US

Arrival : 07-01-09
Departure : 07-10-09

Date	Description	Additional Information	Charges	Credits
			165.00	
07-01-09	Room Charge		23.93	
07-01-09	Room Tax		165.00	
07-02-09	Room Charge		23.93	
07-02-09	Room Tax		165.00	
07-03-09	Room Charge		23.93	
07-03-09	Room Tax		165.00	
07-04-09	Room Charge		23.93	
07-04-09	Room Tax		165.00	
07-05-09	Room Charge		23.93	
07-05-09	Room Tax		165.00	
07-06-09	Room Charge		23.93	
07-06-09	Room Tax		165.00	
07-07-09	Room Charge		23.93	
07-07-09	Room Tax		165.00	
07-08-09	Room Charge		23.93	
07-08-09	Room Tax		165.00	
07-09-09	Room Charge		23.93	
07-09-09	Room Tax			
		Total	**1,700.37**	**0.00**
		Balance Due	**1,700.37**	

Guest signature X Robert A. Abbey

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month. (19.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $.50 (Mon - Sat) and $2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

Carlson Wagonlit Travel SatoTravel.

June 29, 2009

For: ROBERT ABBEY GDOIOS

To: NGMSDOI
ETKT 29JUN.

Sales Person: 77
Locator: CWSGQQ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday July 1, 2009

Northwest Airlines — Flight Number: 1644
Class of Service:Coach Class Q
Depart: MEMPHIS, TN — 8:26 Am July 1, 2009
Arrive: WASHINGTON/NATL,DC — 11:30 Am July 1, 2009
Total Flight Time: — 2 Hours 4 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed — Confirmation Number: MOZO4E
Reserved Seat: ABBEY/ROBERT 10D
ARR-TERMINAL A

Wednesday July 1, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 165.00 USD Per Night
Check In: Jul 01, 2009
Check Out: Jul 10, 2009
Confirmation Number: 50423528
Cancellation Policy: Cancel 1 day prior

Friday July 10, 2009

Northwest Airlines — Flight Number: 1645
Class of Service:Coach Class Q
Depart: WASHINGTON/NATL,DC — 5:30 Pm July 10, 2009
Arrive: MEMPHIS, TN — 6:47 Pm July 10, 2009
Total Flight Time: — 2 Hours 17 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed — Confirmation Number: MOZO4E
DEP-TERMINAL A

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ABBEY ROBERT	4844/0127681380115	667.90USD	50.10US	7.20ZP	9.50XT	734.70
ABBEY ROBERT	4844/8900500823172	28.25				28.25
					Total Amount:	762.95

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//26JUN

September 14, 2009

To: Barbara Martin

From: Margaret Bradley MB

Attached is a travel voucher to reimburse Bob Abbey for expenses he incurred while on invitational travel in July. I have been holding this voucher until I received verbal approval from Renee Stone to send it to you. Renee gave me that approval today.

Please note that since the time of this invitational travel, Mr. Abbey has become an employee. He is now the director of the Bureau of Land Management. You should have an ACH form on file for him.

Please let me know if you need anything else from me in order to process the voucher.

Thank you.

Attachment

9/14/09

Hi Barbara,
I've also enclosed a voucher for Craig Francis in this envelope.
Margaret

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 0100011 43 Amos, Adell

b. SOCIAL SECURITY NO. (b) (6)

c. MAILING ADDRESS (Include ZIP Code) (b) (6)

d. OFFICE TELEPHONE NO.

NO card

6. PERIOD OF TRAVEL: a. FROM 07-11-2009 b. TO 07-14-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Amos 2 b. DATE(S) 07-09-2009

e. PRESENT DUTY STATION: Eugene, OR

f. RESIDENCE (City and State) (b) (6)

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 RECEIVED SEP 01 2009 RECEIVED AUG 31 2009

10. CHECK NO.

11. PAID BY

D.O

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
See attached e-ticket	1560.40	UA	Economy	07-10-2009	Eugene, OR	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler interviewed for a job at the Department of the Interior. Air fare purchased with corporate card.

AUG 26 [illegible]

211D 339.25
211I 65.89

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 ▶ Adell Amos DATE 8/13/09 AMOUNT CLAIMED ▶ $ 405.14

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; id. 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 ▶ Renna Stone DATE 8-19-09

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 ▶ $ 405.14

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

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

9/2 09

339•25+
339•25 *

••0••

11•01+
11•88+
20•00+
24•00+
339•25+
406•14 *

••0••

339•25+
66•89+
••0••

10•01+
11•88+
20•00+
24•00+
65•89 *

65•89+
339•25+
405•14 *

••0••

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Amos2

TRAVELER'S LAST NAME

Amos

2009 (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)	LUNCH (e)	DINNER (f)	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)
07/11	10:21 am	Depart Eugene, OR											
	8:55 pm	Arrive Washington, DC					48.00		48.00			48.00	
		Lodging						111.20	111.20			111.20	
		Lodging tax											10.01
07/12		Personal time											
07/13		Official business at the Department of the Interior						132.05	132.05			132.05	
		Lodging tax											11.88
07/14	3:28 pm	Depart Washington, DC											
	7:47 pm	Arrive Eugene, OR					48.00		48.00			48.00	
		Checked baggage fees											26.00
		Airport Parking											24.00
										SUBTOTALS ▶		$339.25	$65.89
										TOTALS ▶		$339.25	$65.89

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 ▶ $405.14

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UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Amos2
2. 07/09/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Adell Amos 5. OFFICIAL STATION Eugene, OR

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Eugene, OR
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

Traveler will arrive in Washington, DC 2 days before her interview at no additional cost to the government.

11. **PER DIEM ALLOWANCE:**

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.
Per diem on travel dates and dates where official business is conducted only. Lodging provided only on dates of official business.

12. **PERIOD OF TRAVEL: Beginning on or about** 07/11/09 **Ending on or about** 07/14/09

MODE OF TRAVEL

13. ✗ **Common carrier**
14. **Extra fare**
15. **Government-owned conveyance**
16. ✗ **Privately owned** **at a mileage rate of** **cents, subject to:**
    - *(a)* ✗ **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. ✗ **Other** *(specify)*
    Baggage, taxi fare, airport parking
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	1450.00
21. Per Diem		550.00
22. Other		200.00
23. TOTAL	$	2200.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel

July 10, 2009

For: ADELL AMOS GDOIOS

To: NGMSDOI
ETKT 09JUL**INVITATIONAL**.

Sales Person: 77
Locator: JJDWYP
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Saturday July 11, 2009

United Airlines — Flight Number: 6404
Class of Service:Coach Class B
Depart: EUGENE, OR — 10:31 Am July 11, 2009
Arrive: SAN FRANCISCO/SFO — 11:54 Am July 11, 2009
Total Flight Time: — 1 Hour 33 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed — Confirmation Number: P7FCDA
Reserved Seat: AMOS/ADELL 12B
ARR-TERMINAL 3
*EUG-SFO OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
EUG-SFO CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Saturday July 11, 2009

United Airlines — Flight Number: 873
Class of Service:Coach Class B
Depart: SAN FRANCISCO/SFO — 12:45 Pm July 11, 2009
Arrive: WASHINGTON/DULLES — 8:55 Pm July 11, 2009
Total Flight Time: — 5 Hours 10 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: P7FCDA
Reserved Seat: AMOS/ADELL 34C
DEP-TERMINAL 3
STAR ALLIANCE

Tuesday July 14, 2009

United Airlines — Flight Number: 517
Class of Service:Coach Class B
Depart: WASHINGTON/DULLES — 3:28 Pm July 14, 2009
Arrive: DENVER, CO — 5:18 Pm July 14, 2009
Total Flight Time: — 3 Hours 50 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: P7FCDA
Reserved Seat: AMOS/ADELL 32E

STAR ALLIANCE

Tuesday July 14, 2009

United Airlines — Flight Number: 6565
Class of Service:Coach Class B
Depart: DENVER, CO — 6:09 Pm July 14, 2009
Arrive: EUGENE, OR — 7:47 Pm July 14, 2009
Total Flight Time: 2 Hours 38 Minutes Non-Stop
Equipment: CR7
Meal Service: None
Status: Confirmed — Confirmation Number: P7FCDA
*DEN-EUG OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
DEN-EUG CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
AMOS ADELL	4883/0167681380149	1412.10USD	105.90US	14.40ZP	28.00XT	1,560.40
AMOS ADELL	4883/8900500927524	28.25				28.25
					Total Amount:	1,588.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

baggage fee, I assume that you may only be able to pay for one.

Bag charges receipt

July 10, 2009

Eugene, OR (EUG) to Washington, DC (IAD)

Adult

Baggage fee summary:

ADELL AMOS Purchasing 2 bags 40.00 USD

Note: baggage fees are nonrefundable.

Total **40.00 USD***

Name	AMOS, ADELL
Ticket number	0167681380149
Form of payment	(b) (6) [redacted]
Receipt number	0164514865368 0

Baggage fee terms and conditions

Your credit card will be billed immediately for this transaction. Baggage fee purchases are nontransferable. Void if sold or bartered.

To request a refund, please visit www.united.com/refunds.

Please keep this receipt as a record of your ticket number and receipt number, which are required for processing a refund request.

If you need to pay fees for additional bags that are within the baggage allowance, please return to EasyCheck-in Online® after completing your check-in. You may also pay for additional bags at an EasyCheck-in® kiosk at the airport.

UNITED
It's time to fly.®

Printed from UNITED.COM®

Margaret - I assume you will be able to cover 2 of the three nights?

Adell

From: <ryan.mccarthy@hilton.com>
Subject: **Receipt A for guest AMOS ADELL**
Date: July 16, 2009 5:10:17 PM PDT
To: <AAMOS@uoregon.edu>
1 Attachment, 22.6 KB (Save)

This is an automatically generated message.
Please do not reply to this address.

EMBASSY SUITES HOTELS

3517 LEESBURG PIKE
FALLS CHURCH, VA 22041
RESERVATIONS
www.embassysuites.com or 1 800 EMBASSY

NAME & ADDRESS

AMOS, ADELL
(b) (6)

ROOM	808KCSN	
ARRIVAL DATE	7/11/2009	10:59:00PM
DEPARTURE DATE	7/14/2009	12:42:00PM
ADULT/CHILD	2/1	
ROOM RATE	** $111.20	
RATE PLAN	S-AAA	
Hhonors #		
AL		

CONFIRMATION NUMBER : 84759170

7/16/2009 PAGE 1

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
7/11/2009	GUEST ROOM	DAV	2419330	$111.20		
7/11/2009	ROOM TAX	DAV	2419330	$4.45		
7/11/2009	SALES TAX	DAV	2419330	$5.56		
7/12/2009	HIGH SPEED INTERNET ACCESS	LINTR	2419526	$9.95		
7/12/2009	GUEST ROOM	UAZ	2419787	$111.20		
7/12/2009	ROOM TAX	UAZ	2419787	$4.45		
7/12/2009	SALES TAX	UAZ	2419787	$5.56		
7/13/2009	ROOM SERVICE	LINTR	2419926	$36.08		
7/13/2009	HIGH SPEED INTERNET ACCESS	LINTR	2420042	$9.95		
7/13/2009	GUEST ROOM	UAZ	2420292	$132.00		
7/13/2009	ROOM TAX	UAZ	2420292	$5.28		
7/13/2009	SALES TAX	UAZ	2420292	$6.60		
7/14/2009	VS *9885	NINA	2420395		$441.31	
	BALANCE					$0.00

FOLIO

ACCOUNT NO
VS (b) (6)

CARD MEMBER NAME
AMOS, ADELL

ESTABLISHMENT NO & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR

DATE OF CHARGE: 07/11/09 10:59:00PM

FOLIO: 400837 A

AUTHORIZATION: 07500C

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED WITH THIS CARD SHALL NOT BE REFUNDED FOR A CASH REFUND. PAYMENT DUE UPON RECEIPT

Marquet - This is parking at the Eugene Airport. The cost is $8/day. I assume that you will be able to cove 3 days worth of parking to total $24.00.

Thanks—
Adell

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 91000192 Amos, Adell
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Eugene, OR
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 06-15-2009
b. TO: 06-16-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Amos1, Amos1Amend
b. DATE(S): 06-12-2009

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
RECEIVED ~~AUG 31 2009~~
RECEIVED SEP 01 2009

10. CHECK NO.

11. PAID BY

TQ1

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
See attached e-ticket	653.20	AA	Economy	06-12-2009	St. Louis, MO	Washington, DC and return
TMC fee	28.25				

Invitational travel. Traveler interviewed for a job at the Department of the Interior. Air fare purchased with corporate card.

Traveler was in travel status in Missouri when travel commenced.

AUG 25 ...

211D 20325
211I 42.61
211T 38.00
211R 10278

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 ▶ Adell Amos DATE 8/13/09 AMOUNT CLAIMED ▶ $ 386.64

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; id. 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 ▶ Renee Stone DATE 8-19-09

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

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 ▶	$ 386.64

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/2/09 RO

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

117.00+
111.00 *

111.00+
92.25+
..0..

44.25+
111.00+
48.00+
203.25 *

..0..

16.61+
9.00+
17.00+
42.61 *

..0..

18.00+
20.00+
..0..

81.78+
21.00+
..0..

203.25+
42.61+
38.00+
102.78+
386.64 *

386.64
.... *

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, 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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Amos1;Amos1Amend

TRAVELER'S LAST NAME

Amos

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/15	3:00 pm	Depart Jefferson City, MO											
	5:30 pm	Arrive St. Louis, MO					44.25		44.25			44.25	
		Lodging						111.00	111.00			111.00	
		Lodging Tax											18.61
		Hotel Parking											9.00
08/16	6:40 am	Depart St. Louis, MO											
	9:35 am	Arrive Washington, DC											
		Taxi DCA/DOI											18.00
		Taxi to DCA											20.00
	7:15 pm	Depart Washington, DC											
	8:19 pm	Arrive St. Louis, MO											
		Airport Parking											17.00
									SUBTOTALS ▶			$155.25	$80.61
									TOTALS ▶			$207.00	$128.39

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 15 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 Regulation (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.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) 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, 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Amos1; Amos1Amend

TRAVELER'S LAST NAME

Amos

2009 (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)
	9:00 pm	Depart St. Louis en route Jefferson City, MO											
		Rental Car											81.78
		Rental Car Fuel											21.00
	11:00 pm	Arrive Jefferson City, MO					48.00		48.00			48.00	

4225

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

SUBTOTALS ▶		$48.00	$102.78
TOTALS ▶		$205.25	$183.39

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

TOTAL AMOUNT CLAIMED ▶ $386.64

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 Regulation (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 [illegible] 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Amos1Amend
2. 08/10/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Adell Amos
5. OFFICIAL STATION Eugene, OR
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Jefferson City, MO
9. **TO:** St. Louis, MO and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler interviewed for a position at the Department of the Interior. The traveler was in travel status on vacation when asked to fly to Washington for a job interview. Traveler requested to fly from St. Louis, but did not inform the Department that she needed to travel to St. Louis from Jefferson City in order to catch the flight to Washington, DC. This authorization allows for expenses incurred in traveling from Jefferson City to St. Louis and return, including the expense of a rental car and hotel room.

11. **PER DIEM ALLOWANCE:**

Per diem according the the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 06/15/09 **Ending on or about** 06/16/09

MODE OF TRAVEL

13. ✗ **Common carrier**
14. **Extra fare** at a mileage rate of
15. **Government-owned conveyance** cents, subject to:
16. ✗ **Privately owned**
   - *(a)* ✗ **Administratively determined to be the advantage of the Government**
   - *(b)* **A showing of advantage to the Government**
   - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. ✗ **Other** *(specify)*
   Rental car, lodging, airport parking
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	
21. Per Diem		44.25
22. Other		260.00
23. TOTAL	$	304.25

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. Adell Amos (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. Ronnie Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Amos1
2. 06/12/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Adell Amos 5. OFFICIAL STATION ~~St. Louis, MO~~ Eugene, OR.

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** St. Louis, MO
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel.

Traveler is in travel status in St. Louis, MO. Travel will commence and end in St. Louis at no extra cost to the government.

11. **PER DIEM ALLOWANCE:**

Per diem allowance according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 06/16/09 **Ending on or about** 06/16/09

MODE OF TRAVEL

13. ✗ **Common carrier**
14. **Extra fare**
15. **Government-owned conveyance**
16. ✗ **Privately owned** **at a mileage rate of** **cents, subject to:**
    - *(a)* ✗ **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. ✗ **Other** *(specify)*
    Taxi fare
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	700.00
21. Per Diem		60.00
22. Other		50.00
23. TOTAL	$	800.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Marriott
ST. LOUIS AIRPORT

10700 Pear Tree Lane, St. Louis, MO 63134 • 314.423.9700 • Marriott.com/STLAP

GUEST FOLIO

4060 AMOS/ADELL 111.00 06/16/09 13:00 6827
Room Name Rate Depart Time ACCT#
NSK OREGON STATE UNIVERS 96 06/15/09 19:43
Type Arrive Time
83

Room Clerk Address Payment MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/15 ROOMSVC	91444060	9.68		
06/15 ONCOMMAN	MOVIE	14.99		
06/15 PARKING	HMR	9.00		
06/15 ROOM	4060, 1	111.00		
06/15 RMTAX	4060, 1	16.61		
06/16 VS CARD			$161.28	AB

250

SETTLED TO : VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

---------- SUMMARY OF TAXES ----------

	DESCRIPTION	TAXED AMOUNT	TAX
E	DATA_SVC TAX	.00	.00

NET CHARGES	TAX	CREDITS	FOLIO
161.28	.00	.00	161.28

---------- EXP. REPORT SUMMARY ----------

06/15 ROOMSVC	9.68
ONCOMMAN	14.99
PARKING	9.00
ROOM&TAX	127.61

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
ADELLAMOS@EARTHLINK.NET
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

[redacted]

④ Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com

Taxi- Receipt

Driver# _____ Cab# _____

To: 1849 C Street DOI

From: National Airport

Date: 6/16/09 Amount:$ 18.00

Signature: _____

visit www.visitbarbados.org/taxibdos to win a trip to BARBADOS

TAXICAB RECEIPT

Time: 6 pm

Date: 6/16/09

Origin of trip: 24th & M

Destination: National Airport

Fare: $20.00 Sign: _____

ENTERPRISE LEASING COMPANY - SOUTHWEST, 1419 MISSOURI BOULEVARD, JEFFERSON CITY, MO 651091727 (573) 635-9000

RENTAL AGREEMENT 687541 **REF#** 5FM8HJ

RENTER
AMOS, ADELL

DATE & TIME OUT
06/15/2009 11:35 AM
DATE & TIME IN
06/17/2009 09:23 AM

BILLING CYCLE
24-HOUR

VEH #1 2009 HYUN ACNT 4GLS
VIN# KMHCN46C79U367244
LIC# 307CDK
MILES DRIVEN 269

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	06/15 - 06/17	2	DAY	$36.99	$73.98
REFUELING CHARGE	06/15 - 06/17				$0.00
			Subtotal:		$73.98
Taxes & Surcharges					
SALES TAX	06/15 - 06/17			7.725%	$5.86
VEHICLE LICENSING FEE RECOVERY	06/15 - 06/17	2	DAY	$0.97	$1.94
			Total Charges:		$81.78

Total Amount Due **$0.00**

PAYMENT INFORMATION

AMOUNT PAID	TYPE	CREDIT CARD NUMBER
$81.78	Visa	(b) (6) [redacted]

KENIZ[illegible] [illegible] BP
1450 S [illegible] SERVICE
KENIZ[illegible] [illegible]
.6489132

TRAN # 11[illegible]0645
DATE 0[illegible] 16 09 [illegible]
PUMP # 12
PROD: [illegible] [illegible]NLD
GALLONS: [illegible]
PRICE G: [illegible]
FUEL SALE $ 21.00

VISA
(b) (6) [redacted]
Auth #: [illegible]
Ref: 1[illegible]652016
Resp Code: 000
Stan: 0377583072

SITE ID: 6489132

Earn a 5% rebate
with the BP Visa
Take application
and Apply Today

THANK YOU
HAVE A NICE DAY

RECEIPT

TRAN	IN TIME	OUT TIME	FEE	CC#
3573	06/15 19:45	06/16 20:37	$17.00	4385

Carlson Wagonlit Travel SatoTravel

June 12, 2009

For: ADELL AMOS GDOIOS

To: NGMSDOI
ETKT 12JUN.**INVITATIONAL**

Sales Person: 77
Locator: MOZMBV
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD -213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday June 16, 2009

American Airlines — Flight Number: 884
Class of Service:Coach Class G
Depart: ST LOUIS/LAMB,MO — 6:40 Am June 16, 2009
Arrive: WASHINGTON/NATL,DC — 9:35 Am June 16, 2009
Total Flight Time: — 1 Hour 55 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed — Confirmation Number: MOZMBV
Reserved Seat: AMOS/ADELL 25D
DEP-MAIN TERMINAL ARR-TERMINAL B
ONEWORLD

Tuesday June 16, 2009

American Airlines — Flight Number: 1993
Class of Service:Coach Class G
Depart: WASHINGTON/NATL,DC — 7:15 Pm June 16, 2009
Arrive: ST LOUIS/LAMB,MO — 8:19 Pm June 16, 2009
Total Flight Time: — 2 Hours 4 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: MOZMBV
Reserved Seat: AMOS/ADELL 25D
DEP-TERMINAL B ARR-MAIN TERMINAL
ONEWORLD

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
AMOS ADELL	4772/0017681380049	567.90USD	44.10US	7.20ZP	14.00XT	863.20
AMOS ADELL	4772/8900500374444	28.25				28.25
					Total Amount:	681.45

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Allgood, Tara 910000222 (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Denver, CO
f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL
a. FROM: 8-19-2009
b. TO: 08-24-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Allgood08/09
b. DATE(S): 08-13-2009

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

10. CHECK NO.

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 shown 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)
See attached eticket	FR	Economy	08-17-2009	Denver, CO	Washington, DC and return
389.20					
TMC fee 28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card. Traveler remained in Washington, DC two additional days at no cost to the government.

SEP 25 2009

SEP 25 2009

261
211D 266.00
211I 2392
211L -29-
211T [redacted]

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 ▶ Tara L. Allgood DATE 9/14/09

AMOUNT CLAIMED ▶ $ 361.93

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; Id. 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 ▶ Renea Stone DATE 9-16-09

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

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 ▶ $ 361.93

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/25/09 BJ

2009-09-25 10:08

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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): Allgood, Tara
b. SOCIAL SECURITY NO.:
c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL
a. FROM: 08-19-2009
b. TO: 08-24-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Allgood08/09
b. DATE(S): 08-13-2009

e. PRESENT DUTY STATION: Denver, CO

f. RESIDENCE (City and State): (b) (6) [redacted]

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:

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	AGENT'S VALUATION OF TICKET (e)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See attached eticket	389.20	FR	Economy	08-17-2009	Denver, CO	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card. Traveler remained in Washington, DC two additional days at no cost to the government.

SEP 25 2009

SEP 25 2009

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 ▶ Tara L. Allgood DATE 9/14/09

AMOUNT CLAIMED ▶ $ 361.93

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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ Pamela Stone DATE 9.16.09

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

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 ▶ $ 361.93

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

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, 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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO. Allgood08/09

TRAVELER'S LAST NAME Allgood

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

2009 (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)	LUNCH (e)	DINNER (f)	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)
08/19		Supershuttle to DEN											29.00 L
	11:41 am	Depart Denver, CO											
	4:59 pm						48.00	165.00	213.00			213.00	
													23.93 I
													16.00 T
													7.00 T
08/20													7.00 T
08/21													
08/22													
08/23													18.00 T
08/24													
	6:0												
									SUBTOTALS ▶			$213.00	$100.93
									TOTALS ▶			$213.00	$100.93

160.00 + 165.00 + 00.00 + 00.00 + 48.00 + 48.00 + 165.00 + 23.92 + 29.00 + 55.00 + 7.00 - 00.00 + 16.00 + 7.00 + 7.00 + 18.00 + 29.00 + 23.92 + 261.00 + 00.00 + 00.00 + 48.00 + 29.00 + 23.92 + 261.00 + 361.92 *

1012-A BACK, leaving the front blank.

If addition

In compliance Solicitation of implemented 22, 1971, E.O U.S.C. 6011(determine pa and/or reloca and to recar The informa information disclosed to

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 ▶

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, 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Allgood08/09

TRAVELER'S LAST NAME

Allgood

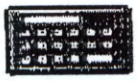
2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/24	7:56 pm	Arrive Denver, CO					48.00		48.00			48.00	
										SUBTOTALS ▶		$48.00	
										TOTALS ▶		$261.00	$100.93

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 ▶ $361.93

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 Regulation (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.



SuperShuttle. Need a lift?
supershuttle.com 1-800-Blue Van (258-3826)

TRIP RECORD

Pass. Name _____

Company _____

Address / Bldg. _____

City _____ St. ___ Zip _____

Conf. / Acct. No. _____

From _____ To _____

No. of Pass. ___

		METHOD OF PAYMENT
Fare $	25-	Credit Card ☐
Gratuity $		Direct Bill ☐
Total $	25-	Cash Receipt ☒
		Prepaid ☐

Franchise ID No. _____ Van No. 7151

Date 8,19,09

X _____

Customer signature here authorizes DIRECT BILL or CREDIT CARD charge

WHITE – SuperShuttle YELLOW – SuperShuttle PINK – Customer

+$4 +10

USD 342.33
US 25.67
ZP 7.20
XT 14.00
USD 389.20

FP CREDIT CARD (b)(6) [redacted]

4227696245817

****

NOT VALID FOR TRAVEL

4227696245817

FRONTIER AIRLINES

PASSENGER RECEIPT 1OF1

19AUG09

FRONTIER AIRLINE

ALLGOOD/TARA

NOT VALID FOR TRANSPORTATION *RETAIN THIS*
RECEIPT THROUGHOUT
YOUR JOURNEY

DENVER, CO
F9 724 Y 19AUG09
WASHINGTON DC

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0634
Folio # : 269104
Cashier # : 152
Page # : 1 of 1

SATO
Tara Allgood

US

Arrival : 08-19-09
Departure : 08-20-09

Date	Description	Additional Information	Charges	Credits
08-19-09	Room Charge		165.00	
08-19-09	Room Tax		23.93	
08-20-09	American Express	(b) (6) (b) (6)		188.93
	Total		**188.93**	**188.93**
	Balance Due		**0.00**	

Guest signature X_____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month, (19.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $.50 (Mon - Sat) and $2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

Taxi Cab Receipts

DATE: 8/19 TIME: 5:20 pm

TRIP ORIGIN: Reagan National

DESTINATION: Fairmont Hotel

FARE: $12.75 SIGNATURE _____
+3.25 tip

TAXICAB RECEIPT

Time: _____

Date: 8/20

Origin of trip: Fairmont Hotel

Destination: Interior

Fare: 6.00 Sign: _____
+ 1.00 tip = 7.00

Xchange
D.C's Oldest Sports Saloon

1719 G St., N.W.
Washington, D.C. 20006
202.393.4600
theexchangesaloon.com

Thu Elaine G

AP/1 Chk 05[illegible]
Aug19'09 07:43P

Gst 1

Dine In
Iced Tea 1.99
Souvlaki Sandwich 9.99
TO-GO

Subtotal 11.98
Tax 1.20
07:43 Total 13.18

Thanks for joining us today!

+$3 tip

GENERAL OFFICE:546 - 7900

YELLOW CAB COMPANY OF D.C. INC.

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

M. DIGGS
DRIVER

TIME 8/20 DATE

FROM Interior

TO Fairmont Hotel

FARE $ 6.00 + 1.00 tip

CAB NO. 108 I.D. # 56061

PLEASE NOTE:
DISCRIMINATION IN THE PROVISION OF TAXICAB SERVICE IS AGAINST THE LAW.

YELLOW CAB OF DC
CALL: (202)544-1212/(202)TAXICAB

DATE	08-24-2009
TIME	12:55
CAR	258
DRIVER	73346
PLATE #	H94172
JOB ID	0
METER	3
START	12:43
END	12:55
FARE	11.25
EXTRAS	3.00
TOTAL (USD):	14.25
TIP	3.75

TOTAL (USD): 18.00

VOUCHER #

VOUCHER AMT.

RECEIPT FOR PAYMENT

CUSTOMER'S COPY

COMPLAINTS CALL 202-645 6018
THANKS FOR USING YELLOW CAB

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Allgood08/09
2. 08/13/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Tara Allgood
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

Traveler will extend her stay in Washington, DC through on or about August 24, at no additional cost to the government.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 08/19/09 Ending on or about 08/24/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. X Privately owned
    - (a) X Administratively determined to be the advantage of the Government
    - (b) X A showing of advantage to the Government
    - (c) X Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. X Other *(specify)*
    Baggage fees, taxi fare, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	415.00
21. Per Diem		300.00
22. Other		150.00
23. TOTAL	$	865.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renae Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

August 17, 2009

Sato Travel

For: TARA ALLGOOD GDOIOS

To: NGMSDOI
ETKT 17AUG**INVITATIONAL**.

Sales Person: 77
Locator: BQCQUN
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday August 19, 2009

Frontier Airlines — Flight Number: 724
Class of Service: Coach Class Y
Depart: DENVER, CO — 11:41 Am August 19, 2009
Arrive: WASHINGTON/NATL,DC — 4:59 Pm August 19, 2009
Total Flight Time: 3 Hours 18 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: CKCSJW
Reserved Seat: ALLGOOD/TARA 19D
ARR-TERMINAL C

Wednesday August 19, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 165.00 USD Per Night
Check In: Aug 19, 2009
Check Out: Aug 20, 2009
Confirmation Number: 51210762
Cancellation Policy: Cancel 1 day prior

Monday August 24, 2009

Frontier Airlines — Flight Number: 725
Class of Service: Coach Class Q
Depart: WASHINGTON/NATL,DC — 6:00 Pm August 24, 2009
Arrive: DENVER, CO — 7:56 Pm August 24, 2009
Total Flight Time: 3 Hours 56 Minutes Non-Stop
Equipment: Airbus Industrie 320

Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: CKCSJW
DEP-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ALLGOOD TARA	5043/4227696245817	342.33	25.67US	7.20ZP	5.00AY	389.20
ALLGOOD TARA	5043/8900501932995	28.25				28.25
					Total Amount:	417.45

MARGARET==BRADLEY@IOS.DOI.GOV‡

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

.....

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH
LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C.SECTION
114, AND THE INTELLIGENCE REFORM AND TERRORISM
PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION IS
VOLUNTARY, HOWEVER, IF IT IS NOT PROVIDED,YOU MAY BE
SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT
OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY
SHARE INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR
INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED
SYSTEM OF RECORDS NOTICE.FOR MORE ON TSA PRIVACY
POLICIES OR TO VIEW THE SYSTEM OR RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA/S
WEB SITE AT WWW.TSA.GOV

.....

CAR DECLINED/A//13AUG

FINANCIAL MANAGEMENT AND BUDGET DIRECTORATE FAX# 202-208-5627

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barb Smith **Fax:** 303-969-6631

From: Barb Martin **Date:** 9/25/2009

Re: Enclosed are travel vouchers for Meghan Conklin, Sarah Bittleman, Elizabeth Marster, Robert Abbey, Craig Francis, Milton Feam and Tara Allgood **Pages:**

cc: Adct Julia Ridriguez | Ranae Stone

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

2009-09-09 15:08 FAX 2022063621 P.05

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: U.S. Department of the Interior 91000213

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): Babauta, Anthony M.

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NUMBER: 202-208-6974

RECEIVED SEP 09 2009

6. EXPENDITURES (If time claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show applicable code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (Itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE (MI.) NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD'L PER DIEMS (h)	TIPS AND MISCELLANEOUS (i)
06/05/09	A	Department of the Interior	Union Station			11.00		
06/03/09	A	Union Station	Department of the Interior			11.00		
06/10/09	A	Health and Human Services	Department of Interior			16.00		
06/17/09	A	Department of the Interior	Capitol Hill			10.00		
07/28/09	A	Capitol Hill	EEOB SEP - 3 2009			10.00		
07/28/09	A	Department of the Interior	Capitol Hill			8.25		1.50
08/19/09	A	Capitol Hill	Department of the Interior			10.00		
			211T-7625					
			211I 1.50					
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK 9/10/09 BO			0.00		0.00
			TOTALS			76.25		1.50

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 77.75

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 9.4.09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: DATE:

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: [signature] DATE: 9/2/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

10000D001 G8

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (41 CFR 4)

11.00 +
11.00 +
16.00 +
10.00 +
10.00 +
 8.25 +
10.00 +
76.25 *

76.25 +
 1.50 +
77.75 *

..0..

 0.00 *

..0..

Taxi Cab Receipts

DATE: 06/03/09 TIME: 1:00 pm

TRIP ORIGIN: DOI

DESTINATION: Union Station

FARE: $ 11 SIGNATURE

YELLOW CAB COMPANY OF D.C. INC.

GENERAL OFFICE:546 - 7900

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

TAXICAB RECEIPT

Time: 6/10/09

Date: 3:20 pm

Origin of trip: HHS

Destination: DOI

Fare: 16 00 Sign:

DRIVER

TIME 3:40 pm DATE 06/05/09

FROM Union Station

TO DOI

FARE $ 11

CAB NO. I.D. #

PLEASE NOTE:
DISCRIMINATION IN THE PROVISION OF TAXICAB SERVICE IS AGAINST THE LAW.

Taxi Cab Receipts

DATE: 06/17/09 TIME: 12:45

TRIP ORIGIN: Department of the Interior

DESTINATION: Capitol Hill

FARE: $ 10 SIGNATURE

Taxi Cab Receipts

DATE: 27 TIME: July 28 2009

TRIP ORIGIN: Capitol Hill

DESTINATION: FEOB

FARE: $ 10 SIGNATURE

FOR ANY AND ALL KINDS OF AUTO PARTS CALL NATIONAL AT 202-269-3700

TAXI CAB RECEIPT

Date 06/19/09 Time 1:30PM

Origin of Trip Capitol Hill

Destination DOI

Fare 10 Cab#

Signature

DC TRIP / CAPPED PRESIDENTIAL
CAB # 133
07/28/09 TR 4943
START END MILES
14:39 14:52 2.6
FARE FOR LA RATE
RATE 1: $ 8.25
EXTRA: $ 1.50
TOTAL: $ 9.75
THANKS
DC TAXICAB COMM
TEL 202 645-6018

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: 91000005
U.S. Department of the Interior
Office of the Secretary

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT
a. NAME (Last, first, middle initial): (b) (6) BOGERT, L. MICHAEL
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): DIRECT DEPOSIT
d. OFFICE TELEPHONE NUMBER: (202)208-4123

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 2008 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADDITIONAL PERSONS (h)	TIPS AND MISCELLANEOUS (i)
05/20		Taxi from DOI 1849 C St., NW	Van ness Feldman, 1050 Thomas Jefferson St., NW			10.00		
07/15		Parking at Dulles Airport (missed flight to Boise on 7/15)				17.00		
10/30		Taxi from DOI 1849 C St., NW	Van Ness Feldman 1050 Thomas Jefferson St., NW			10.00		
10/30		Taxi from Van Ness Feldman 1050 Thomas Jefferson St., NW	DOI 1849 C St., NW			10.00		

10.00 +
17.00 +
10.00 +
10.00 +
47.00 *
47.00

RECEIVED NOV 17 2008

If additional space is required * SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 47.00

TOTALS: 47.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶

DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶

DATE

11 CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1000 DD D01 68

TAXICAB RECEIPT

Time: 5/12

Date: [illegible]

Origin of trip: [illegible]

Destination: DICS

Fare: 0 Sign: [illegible]

Washington Dulles Int'l Airport

[illegible]
Dulles, VA 20166
Customer Service Number:
(703) 572-4590

Shift/Seq. #: 040/1162
Entry Time 24: 07/14/08 04:01 pm
Payment Time 16: 07/14/08 05:39 pm

PURCHASE

Amount: $17.00

Card: $17.00 Approved
Master Card (b) (6)
Expiration:
Authorization:
LPA: 0
Sequence: 0

Exit Before 07/15/08 04:31 pm
Or Additional Charges May Apply

Thank You And Have A Nice Day

TAXICAB RECEI

Time: [illegible]

Date: [illegible]

Origin of trip: DCA

Destination: [illegible]

Fare: 40 Sign: [illegible]

TAXICAB RECEI

Time: [illegible]

Date: [illegible]

Origin of trip: [illegible]

Destination: [illegible]

Fare: 10 Sign: [illegible]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI-SIO
910000015

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

8. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): Connally, Patricia

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C St., NW, MS 7229 Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: 202 208-7773

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD'L TERMINALS (h)	TIPS AND MISCELLANEOUS (i)
12/8/07		Boiling Commissary	Food Purch for Idaho Delegation					41.56

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (Itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

351BS2

DEC 10 2007

2110-4150

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 41.56

TOTALS 41.56

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Pat Connally DATE 11/24/08

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2005 1000 DD0168

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

Bolling Commissary

BOLLING AFB COMMISSARY DC
(202) 767-4044
SUN 10-5 MON, TUES, WED, FRI 9:30-7
THUR 9:30-8 SAT 8-5
Store:2506

Cashier: Jeannette Diggs

12/18/07 13:09:12

BREAD NINE GRAIN	2.65 SF
TARRAGON	1.79 SF
PIE CHOC CREME W	1.84 SF
DRESSING ITALIAN	1.09 SF
ORANGES MANDARIN	.65 SF
2.84 lb @ .59 / lb	
POTATOES RED	1.68 SF
SALAD RIVIERA	1.95 SF
BLACKBERRIES	2.69 SF
OIL CANOLA PURE	1.69 SF
RICE LONG AND WI	.99 SF
RICE LONG AND WI	.99 SF
CHICKEN BRST BNL	5.99 SF
DAIRY CRM COFE U	.65 SF
CHEESE SWIS DELI	1.69 SF
JUICE ORANGE COU	.99 SF
CHEESE NAT SHRD	1.69 SF
LNCHNT HAM HONEY	1.88 SF
1.18 lb @ .69 / lb	
ONIONS YELL/BRWN	.81 SF
0.56 lb @ .79 / lb	
ONIONS RED	.44 SF
MARGARINE QUARTE	.49 SF
MACARONI RIDGED	.76 SF
COFFEE REGULAR	4.99 SF
PRODUCE	1.18 SF
SUBTOTAL	39.58
TOTAL SCB	1.98
TOTAL	41.56
CASH TENDER	45.00
CASH CHANGE	3.44
NUMBER OF ITEMS	23

Trx:286 Term:1 Store:2506

1970 01 1422 5 25 FAX 2022085627 >> 3039696631 P 2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
91000094
Brandt, Alf

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 04-16-2009
b. TO 04-17-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) ABRANDT1
b. DATE(S) 04-15-2009

Acft TO Team 5/21

e. PRESENT DUTY STATION
Davis, CA

f. RESIDENCE (City and State)
Davis, CA

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

TDT
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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) ▶

	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)
See attached ticket	622.80	UA	Economy	04-15-2009	Sacramento, CA	Washington, DC and return
Ticket agent fee	28.25					

Invitational travel. Air fare purchased with corporate card.

2110 30500
211 I 4831
211 T LP75

5/19/9 Acft

MAY 1 8 2009

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 5/8/09

AMOUNT CLAIMED ▶ $ 372.08

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; id. 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. 68e).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 5/12/09

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
Certifier's Initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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

NET TO TRAVELER ▶ $ 372.08

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/24/9

B

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Col. (c) If the voucher includes per diem allowances for members of employee's ... Complete only

Col. (d) thru (g) } Show amount incurred for each meal including tax, 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).
...cts for per diem and actual expense travel.
...total subsistence expense incurred for actual expense travel.
...per diem amount, limited to maximum rate, or if travel on actual ...se, show the lesser of the amount from col. (j) or maximum rate
...expenses, such as: taxi/limousine fares, air fare (if purchased with ... local or long distance telephone calls for Government business, ...ral relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

ABRANDT1

TRAVELER'S LAST NAME

Brandt

DATE 2009 (a)	TIME (Hour and a.m./p.m.) (b)		TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/16	2:03 pm	Dep								
	11:43 pm	Arr		48.00	209.00	257.00			257.00	
		Hot								30.31
		Tax								14.00
		Tra								4.75
4/17	6:41 pm	Dep								
	9:25 pm	Arr		48.00		48.00			48.00	
		Air								8.00

MILEAGE RATE: ¢

D SUBSISTENCE EXPENSES | AMOUNT CLAIMED

qu

If additional space ...CK, leaving the front blank.

		MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS ▶			$305.00	$37.06
TOTALS ▶			$305.00	$37.06

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

In compliance with the Privacy Act ... Solicitation of the information ... implemented by the Federal ... 22, 1971, E.O. 11012 of Ma... U.S.C. 6011(b) and 6109 ... determine payment or reim... and/or relocation expenses ... and to record and maintain ... The information will be use... information in the perform... disclosed to appropriate Fe...

...ations or prosecutions, or when pursuant to a requirement by this agency ...nection with the hiring or firing of an employee, the issuance of a security ...nce, or investigations of the performance of official duty while in ...ment service. Your Social Security Account Number (SSN) is solicited ...the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) ...O. 9397, November 22, 1943 for use as a tax payer and/or employee ...cation number; disclosure is MANDATORY on vouchers claiming travel ...relocation allowance expense reimbursement which is or may be, taxable ... Disclosure of your SSN and other requested information is voluntary in ...er instances; however, failure to provide the information (other than SSN) ...ed to support the claim may result in delay or loss of reimbursement.

TOTAL AMOUNT CLAIMED ▶ $372.06

...lectronically produced by Elite Federal Forms, Inc

STANDARD FORM 1012 BACK (10-77)

```
• • 0 • •
• • 0 • •
64 • x
75 • %
48 • 00 +
• • 0 • •
48 • 00 +
48 • 00 +
209 • 00 +
305 • 00 *
• • 0 • •
30 • 31 +
8 • 00 +
38 • 31 *
• • 0 • •
30 • 31 +
14 • 00 +
4 • 75 +
8 • 00 +
305 • 00 +
372 • 06 -
• • 0 • •
• • 0 • •
30 • 31 +
18 • 00 +
48 • 31 *
• • 0 • •
14 • 00 +
4 • 75 +
48 • 31 +
305 • 00 +
372 • 06 *
• • 0 • •
```

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1038
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. ABRANDT1
2. 04/15/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Alf W. Brandt 5. OFFICIAL STATION Sacramento, CA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Sacramento, CA
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

Per diem allowance in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 04/16/09 **Ending on or about** 04/17/09

MODE OF TRAVEL

13. [X] **Common carrier** 14. **Extra fare** 15. **Government-owned conveyance**
16. [X] **Privately owned** **at a mileage rate of** **cents, subject to:**
- *(a)* [X] **Administratively determined to be the advantage of the Government**
- *(b)* **A showing of advantage to the Government**
- *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. [X] **Other** *(specify)*
Taxi fare
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	850.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1300.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

(b) (6)

Room 902/NK1K
Arrival Date 4/16/2009 12:16:00AM
Departure Date 4/17/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN SGV
HH# (b) (6)
AL
BONUS AL CAR

Confirmation: 85239079

4/17/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/16/2009	1357464	HIGH SPEED INTERNET	$9.95
4/16/2009	1357563	GUEST ROOM	$209.00
4/16/2009	1357563	SUITE TAX	$30.31
		WILL BE SETTLED TO VS (b) (6)	$249.26
		EFFECTIVE BALANCE DUE	$0.00

Hilton HHonors
Hotels & Resorts

You have earned approximately 2090 HHonors points and approximately 500 miles with United Airlines for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilto

ESTIMATED CURRENCY TOTAL

Thank you for choosing Doubletree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase.
  - charge purchases to your account, then stop by the Front Desk for an updated statement.
  - or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION 198870	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

Alf W. Brandt
3605 Miwok Place
Davis, California 95618
(530) 792-1898
ALFIII@sbcglobal.net

April 20, 2009

Margaret Bradley
Department of the Interior
1849 C Street, N.W.
Washington, D.C. 20240

Subject: Travel Reimbursement

Dear Ms. Bradley,

As you suggested, I have enclosed copies of the receipts for my hotel, taxi from the airport to the hotel, and airport parking. In addition, I spent $4.75 on Metro/bus fare to Dulles Airport. If you pay per diem as well, I will include that cost (and the cost of my Internet access at the hotel) in the per diem. Otherwise, I would request reimbursement of those costs as well. Here's how my costs break out:

Hotel	239.31
Internet Access	9.95
Taxi	14.00
Transit Fare to Airport	4.75
Airport Parking	18.00
TOTAL	286.01

Please let me know what other documents I need to complete to process this reimbursement request.

Sincerely,

Alf W. Brandt

TAXICAB RECEIPT

Time: 4/17/09
Date: 12:15 am

Origin of trip: DCA

Destination: Doubletree Hotel

Fare: 14 — Sign: _____

[redacted]

April 15, 2009

Carlson Wagonlit Travel SatoTravel.

For: ALF W BRANDT GDOIOS

To: NGMSDOI
ETKT 15APR**INVITATIONAL**.
ETKT 15APR.

Sales Person: 77
Locator: MEXKYM
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 215788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday April 16, 2009

United Airlines Flight Number: 332
Class of Service:Coach Class V
Depart: SACRAMENTO, CA 2:03 Pm April 16, 2009
Arrive: CHICAGO/OHARE 8:05 Pm April 16, 2009
Total Flight Time: 4 Hours 2 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: V8QVB0
Reserved Seat: BRANDT/ALF W 25D
DEP-TERMINAL B ARR-TERMINAL 1
STAR ALLIANCE

Thursday April 16, 2009

United Airlines Flight Number: 628
Class of Service:Coach Class V
Depart: CHICAGO/OHARE 9:00 Pm April 16, 2009
Arrive: WASHINGTON/NATL,DC 11:43 Pm April 16, 2009
Total Flight Time: 1 Hour 43 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed Confirmation Number: V8QVB0
Reserved Seat: BRANDT/ALF W 19B
DEP-TERMINAL 1 ARR-TERMINAL C
STAR ALLIANCE

Thursday April 16, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STKS WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9485
Number of Rooms: 1
Rate: 209.00 USD Per Night

2009-07-02 17:25 FAX 2022085617 >> 303 969 7251 P 11/18

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5a. Name (Last, first, middle initial): Brown, Mary K.

5b. SOCIAL SECURITY NO.: 91000043 (b) (6) [redacted]

6. PERIOD OF TRAVEL: FROM 08-04-2009 TO 08-08-2009

5c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]

5d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S): Brown1; b. DATE(S): 08-02-2009

5e. PRESENT DUTY STATION: Anchorage, AK

5f. RESIDENCE (City and State): Anchorage, AK

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

NO Card

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

TOT -0

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 nonreimbursable 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)
See attached eticket	NW	Economy	08-03-2009	Anchorage, AK	Washington, DC and return
1036.90					
TMC 26.25					

Invitational travel. Traveler interviewed for a position at DOI. Air fare purchased with corporate card.

2110.57800
211T 51.50
211I 6062

JUL - 2 2009

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: Mary K. Brown DATE: 6/25/09 AMOUNT CLAIMED: $ 690 12

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; Ed. 1951).

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: Renee Stone DATE: 6-30-09

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 $ 690 12

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: DATE:

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

7/7/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

2009-07-06 13:26 FAX 2022085617 303 969 7281 P.12/18

0•00 *
0•00
*
••0••
48•00+
48•00+
64•00+
160•00 *
••0••
209•00+
209•00+
160•00+
578•00 *
••0••
30•31+
30•31+
60•62 *
••0••
15•00+
8•50+
10•00+
18•00+
60•62+
578•00+
690•12 *
690•12
*

SCHEDULE OF

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.

Complete only for actual expense

Col. (d) thru (g) Show amount incurred for each meal, including tax, 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: transportation fares, (unless 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Brown

TRAVELER'S LAST NAME

Brown

ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	AMOUNT CLAIMED		
MEALS				MISCEL-LANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE					
BREAKFAST (c)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)		NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
				48.00	209.00	257.00				257.00	
											30.31
											15.00
				64.00	209.00	273.00				273.00	
											30.31
											8.50
											10.00
											18.00
				40.00		48.00				48.00	
						SUBTOTALS ▶				$578.00	$112.12
						TOTALS ▶				$578.00	$112.12

209/64 418 160 578.00

...other SF 1012-A, BACK, leaving its front blank.

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

...is provided: ...Chap. 57 as ...1636 of July 1945, and 28 ...rmation is to ...vable travel ...authorization ...investment ...ment for the ...ation may be ...then relevant 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(c) 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.

TOTAL AMOUNT CLAIMED ▶ $690.12

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

211J-6062
5150

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 6010

Room : 0534
Folio # :
Cashier # : 31
Page # : 1 of 1

SATO
Mary K Brown

US

Arrival : 06-04-09
Departure : 06-06-09

Date	Description	Additional Information	Charges	Credits
06-04-09	Room Charge		209.00	
06-04-09	Room Tax		30.31	
~~06-05-09~~	~~Fitness Center Access~~	~~1324~~	~~15.00~~	
06-05-09	Room Charge		209.00	
06-05-09	Room Tax		30.31	
	Total		493.62	0.00
	Balance Due		493.62	

Guest signature X_____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a service charge of 1.5% per month (18.00% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Accounts payable on presentation of departure.

I have accepted delivery of The New York Times. If not received, I would have been eligible for a $5.00 (Mon - Sat) and $2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

Receipts for (Mary) Kay Brown

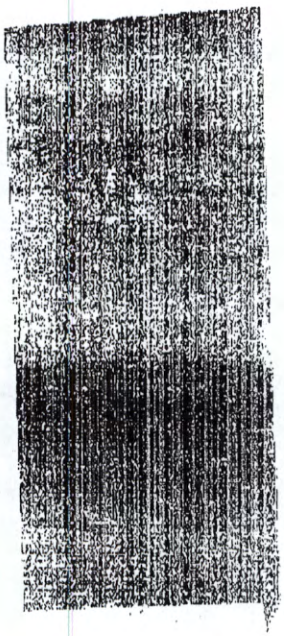
TAXICAB RECEIPT

Time: _____
Date: 6/4/09

Origin of trip: D.C.

Destination: Fairmont

Fare: 15/2 Sign: [redacted]



Taxi Cab Receipts

DATE: 6/5 TIME: 6:10 pm

TRIP ORIGIN: Interim Dept.

DESTINATION: Fairmont Hotel

FARE: $ 10 SIGNATURE _____

TAXICAB RECEIPT

Time: 5:15 am
Date: 6/6/09

Origin of trip: Fairmont Hotel

Destination: Natl Airport

Fare: 18.00 Sign: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. 04-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. Brown1
2. 06/02/09 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Kay Brown
5. OFFICIAL STATION Anchorage, AK
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Anchorage, AK
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler interviewed for a position at DOI. Late flights out of DC are not late enough to accommodate the meetings scheduled for the traveler at DOI in Washington, DC. Therefore the hotel stay has been extended to a second night and the traveler will return to Anchorage on June 6.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 06/04/09 Ending on or about 06/06/09

MODE OF TRAVEL

13. ☒ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ☒ Privately owned
    - (a) ☒ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ☒ Other *(specify)* Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1060.90
21. Per Diem		500.00
22. Other		200.00
23. TOTAL	$	1760.90

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REGISTERED SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

June 3, 2009

Carlson Wagonlit Travel SatoTravel.

For: KAY BROWN GDOIOS

To: NGMSDOI
ETKT 03JUN**INVITATIONAL**.

Sales Person: 77
Locator: NONMXH
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday June 4, 2009

Northwest Airlines — Flight Number: 384
Class of Service: Coach Class Y
Depart: ANCHORAGE, AK — 7:55 Am June 4, 2009
Arrive: MINNEAPOLIS, MN — 4:20 Pm June 4, 2009
Total Flight Time: 5 Hours 25 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: MDWPPP
Reserved Seat: BROWN/KAY 27A
DEP-SOUTH TERMINAL DOMESTIC ARR-LINDBERGH TERMINAL

Thursday June 4, 2009

Northwest Airlines — Flight Number: 356
Class of Service: Coach Class Y
Depart: MINNEAPOLIS, MN — 5:05 Pm June 4, 2009
Arrive: WASHINGTON/NATL, DC — 8:30 Pm June 4, 2009
Total Flight Time: 2 Hours 25 Minutes Non-Stop
Equipment: Airbus Industrie 330
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: MDWPPP
Reserved Seat: BROWN/KAY 12C
DEP-LINDBERGH TERMINAL ARR-TERMINAL A

Thursday June 4, 2009

WASHINGTON/NATL, DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 04, 2009
Check Out: Jun 06, 2009
Confirmation Number: 50024014
Cancellation Policy: Cancel 1 day prior

Saturday June 6, 2009

Northwest Airlines — Flight Number: 1709
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:40 Am June 6, 2009
Arrive: MINNEAPOLIS,MN — 8:16 Am June 6, 2009
Total Flight Time: — 2 Hours 36 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: MDWPPP
Reserved Seat: BROWN/KAY 6C
DEP-TERMINAL A — ARR-LINDBERGH TERMINAL

Saturday June 6, 2009

Northwest Airlines — Flight Number: 391
Class of Service:Coach Class Y
Depart: MINNEAPOLIS,MN — 9:20 Am June 6, 2009
Arrive: ANCHORAGE, AK — 12:07 Pm June 6, 2009
Total Flight Time: — 5 Hours 47 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: MDWPPP
Reserved Seat: BROWN/KAY 21C
DEP-LINDBERGH TERMINAL — ARR-SOUTH TERMINAL DOMESTIC

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BROWN KAY	4705/0127239018639	948.24USD	47.76US	14.40ZP	26.50XT	1,036.90
BROWN KAY	4705/8900500108204	28.25				28.25
					Total Amount:	1,065.15

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-0554
CAR DECLINEDIA/02JUN

9100000127

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Department of the Interior

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

3. VOUCHER NO.

4. SCHEDULE NO.

PART I

5. a. NAME (Last, first, middle initial): Burke, Marilyn

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 3/16/09 b. TO 4/10/09

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.: 202 208 5627 24529 9582

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA BANK b. DATE(S) 04-09-09

e. PRESENT DUTY STATION

f. RESIDENCE (City and State)

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

10. CHECK NO.

11. PAID BY TOTO

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 person in connection with refund unsable traveler's initials transportation charges described below, purchased under cash payment procedures (FPMR 101-7)

AGENT'S VALUATION OF TICKET (e)	ISSUING CARRIER (name) (f)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (g)	DATE ISSUED (h)	POINTS OF TRAVEL FROM (i)	POINTS OF TRAVEL TO (j)
4426095740170263 8 4426690814478280 5 is 28.25 4424005740170263 4 (void)	1,117.70	CA	coach	4-10-09 Houston, TX	Washington, DC Houston, TX

Invitational travel. Air fare charged to Corporate card.
ACH- 4/14/09
2110 305.00
211I 30.85
211T 50.00
VOCard JUN 16 2009

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: Marilyn A Burke DATE 10/9/09

AMOUNT CLAIMED $385.31

NOTE: False claims or statements may result in forfeiture of claim (31 U.S.C. 3729) 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, 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: Renate Stone DATE 6/12/09

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY (Explain on reverse side)
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Auditor's Initials)
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)
d. NET TO TRAVELER $ 385 31

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

18. ACCOUNTING CLASSIFICATION
2009-1000-DOD01-09

6/23/09

1012-114 STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA FPMR (41 CFR) 101-7

2009-06-19 12:52 FAX 2022085627 >> 303 969 7281 P 3

SCHEDULE OF EX AI AI CI — DJ 1

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

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. (i) 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Burke

305/64

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: .5

	MEALS							NO. OF MILES	AMOUNT CLAIMED		
	BREAK-FAST	LUNCH	DINNER	TOTAL	MISCEL-LANEOUS SUBSIS-TENCE	LODGING	TOTAL SUBSISTENCE		MILEAGE	SUBSISTENCE	OTHER
	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
							48.00			48.00	
48.00 +											16.00
48.00 +						209.00				209.00	30.31
209.00 +											18.00
305.00 *											18.00
							48.00			48.00	
.00											
16.00 +											
16.00 +											
18.00 +											
305.00 +							305				
30.31 +							SUBTOTALS			$305.00	$90.31
385.31 *							TOTALS				

Circle H — Mont

.00

.00

another SF-1012-A BACK, leaving the front blank.

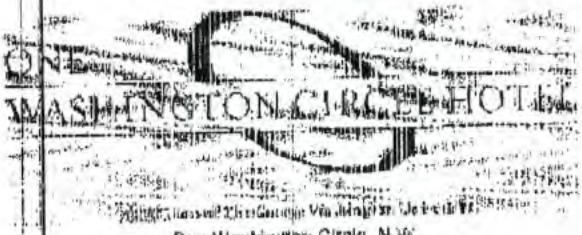
...llowing information is pro- ...s authorized by 5 U.S.C. ... Regulations (FPMR 101-7), ...ch 27, 1962, E.O. 9397 of ...6109. The primary purpose ...ment or reimbursement to ...location expenses incurred ...and to record and maintain ...basis of such reimbursements to the Government. The information 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 (25 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.

eligible ...als ... under appropriate administ... ...

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

TOTAL AMOUNT CLAIMED	385.31

STANDARD FORM 1012 BACK (10-77)



One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 8721680
Fax: (202) 887-4999
Member Potomac Hotel Group

Marcilylynn Burke

US

Room No	:	603
Arrival	:	04-13-09
Departure	:	04-14-09
Page No.	:	1 of 1
Invoice No.	:	
Conf. No.	:	449459
Crs. No	:	114104240

A/R Number	:	
Group Code	:	
Company Name	:	Utell

Date	Text	Charges USD	Credits USD
04-13-09	Room Charge	209.00	
04-13-09	Room Tax (14.5%)	30.31	
04-14-09	Room Service	15.68	
	#603 · CHECK # (b) (6)		
04-14-09	Master Card		254.99
	Total	254.99	254.99
	Balance	0.00 USD	

REMARKS:
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 for any or the full amount of these charges. I further agree that all charges contained in this account are correct and any complaints or requests for copies of charges must be made within five days after my departure.
SIGNATURE

TAXICAB RECEIPT

Time: 7:28p
Date: 4/13/09

Origin of trip: DCA

Destination: Wash Circle Hotel

Fare: 16.00 Sign:

Taxi Cab Receipts

DATE: 4/14/09 TIME: 11:45a

RIP ORIGIN: One Wash Circle

ESTINATION: DCA

ARE: $16.00 SIGNATURE

New South Parking
P. O. Box 60751
Houston, TX 77205
(281) 233-1730

CUSTOMER RECEIPT

Tran	In Time	Out Time	Fee	CC#
947	04/13 14:52	04/14 17:03	$18.00	5897

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. 61-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TA[illegible]09

2. 04-08-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Marcilynn Burke

5. OFFICIAL STATION Washington, D.C.

6. TITLE

7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Houston, Texas
9. TO: Washington, D.C. and return to Houston, Tx

10. PURPOSE AND REMARKS:
Official business as may be required.. Candidate for position in DOI.

11. PER DIEM ALLOWANCE:
Actial lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds ---
~~Thereof~~

12. PERIOD OF TRAVEL: Beginning on or about 04-13-2009 Ending on or about 04-14-2009

MODE OF TRAVEL

13. ☐ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☐ Privately owned at a mileage rate of cents, subject to:
   (a) ☐ Administratively determined to be the advantage of the Government
   (b) ☐ A showing of advantage to the Government
   (c) ☑ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. Other *(specify)*
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation		$ 1,012.70
21. Per Diem		162.00
22. Other		50.00
23. TOTAL		$ 1,229.70

24. CHARGED TO:
2009-1000-DDD01-09

25. [illegible] (TRAVELER'S SIGNATURE)

26. [illegible] (REQUESTER'S SIGNATURE)

27. [illegible] (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Associate Deputy Secretary for Interior (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

April 10, 2009

Carlson Wagonlit Travel SabreTravel

For: MS MARCILYNN BURKE GDCIOS

To: NGMSDOI

Sales Person: 408
Locator: KKQBU
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday April 13, 2009

Continental Airlines — Flight Number: 558
Class of Service:Coach Class Y
Depart: HOUSTON/INTERCONT,TX — 6:00 Pm April 13, 2009
Arrive: WASHINGTON/NATL,DC — 8:09 Pm April 13, 2009
Total Flight Time: — 3 Hours 9 Minutes Non-Stop
Equipment: 73G
Meal Service: Snack
Status: Confirmed — Confirmation Number: D9HHCD
Reserved Seat: BURKE/MARCILYNN 6F
DEP-TERMINAL C — ARR-TERMINAL E

Monday April 13, 2009

WASHINGTON/NATL,DC
OTEL INTERNATIONAL ONE WASHINGTON CIRCLE HOTEL
ONE WASHINGTON CIRCLE NW
WASHINGTON DC 20037
Phone Number: 202-872-1680
Fax Number: 202-887-4989
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 13, 2009
Check Out: Apr 14, 2009
Confirmation Number: 114104240
Cancellation Policy: Cancel by 10PM

Monday April 13, 2009

Other Service
Apr 13, 2009 - Apr 13, 2009
Departure City: WASHINGTON/ANX ARPT
HOTEL GUARANTEED CANCEL BY 6PM TO AVOID BILLING

Tuesday April 14, 2009

Continental Airlines — Flight Number: 1059
Class of Service:Coach Class M
Depart: WASHINGTON/NATL,DC — 2:00 Pm April 14, 2009
Arrive: HOUSTON/INTERCONT,TX — 4:18 Pm April 14, 2009
Total Flight Time: — 3 Hours 18 Minutes Non-Stop

Equipment: 738
Meal Service: None
Status: Confirmed
Confirmation Number: D8BECQ
Reserved Seat: BURKE/MARCILYNN 25E
DEP-TERMINAL B ARR-TERMINAL C
MIDDLE SEAT ONLY AVAILABLE AT TIME OF BOOKING

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
BURKE MARCILYNN MS	4425A057401702838	1021.40USD	75.60US	7.20ZP	12.50XT	1,117.70
BURKE MARCILYNN MS	4425/8908144782805	28.25				28.25
BURKE MARCILYNN MS	4424A057401702834	1021.40USD	75.60US	7.20ZP	12.50XT	1,117.70
BURKE MARCILYNN MS	4424/8908144782801	28.25				28.25
					Total Amount:	2,291.90

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2854
CAR DECLINED/KS/09APR

Thank You for Choosing Continental Airlines

Continental Confirmation Number: D9BECC

Houston, TX (IAH - Intercontinental) to Washington, DC (DCA - National)

Depart:	Arrive:	OnePass Miles/Elite Qualification:	Flight: CO558
4:00 p.m.	**8:05 p.m.**	1,208 /150%	Aircraft: Boeing 737-700
Mon., Apr. 13, 2009	**Mon., Apr. 13, 2009**		Fare Class: First (CU)
Houston, TX (IAH - Intercontinental)	Washington, DC (DCA - National)		Travel Time: 3 hr 5 min
			Meal: Dinner
			No Special Meal Offered.

Washington, DC (DCA - National) to Houston, TX (IAH - Intercontinental)

Depart:	Arrive:	OnePass Miles/Elite Qualification:	Flight: CO1059
2:00 p.m.	**4:18 p.m.**	1,208 /100%	Aircraft: Boeing 737-700
Tue., Apr. 14, 2009	**Tue., Apr. 14, 2009**		Fare Class: Economy (M)
Washington, DC (DCA - National)	Houston, TX (IAH - Intercontinental)		Travel Time: 2 hr 18 min
			Meal: None

Complimentary Elite Upgrade setting for this flight: On | Off Need Help?

Price

1 Adults (age 18 to 64)	$1,021.40
Taxes/Fees	$96.30
Total Price	$1,117.70

Payment Information
Card Type: MasterCard

OnePass Members:
Upon completion of this itinerary, you will earn up to **2,416 OnePass miles.***

Passengers

Ms. MARCILYNN BURKE

Seat Assignments:	IAH - DCA: 3E DCA - IAH: 9C
Trip Alert:	Active
Frequent Flyer:	(b) (6) [redacted]
E-mail Address:	(b) (6) [redacted]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/OS/OCL 91040013 9
2. VOUCHER NUMBER
3. SCHEDULE NUMBER
4. PAID BY

Read the Privacy Act Statement on the back of this form.

5. CLAIMANT
a. NAME (Last, first, middle initial): MANSOUR, Christopher J.
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240
d. OFFICE TELEPHONE NUMBER: 202-208-7693

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Enter appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (Itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE .55 ¢ NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
5/8/2009	A	Rayburn House Office Building	DOI			8.00		
6/17/2009	A	Home	Shepherdstown, West Virginia	72	39.60			
6/17/2009	A	Shepherdstown, West Virginia	Home	72				--0--
								39.60 +
		Purpose: To participate in the						39.60 +
		Eagle Horizon COOP Training						79.20 *
		on June 17, 2009.						79.20 +
								8.00 +
		JUN 26 2009						87.20 *
								--0--

If additional space is required continue on the back. SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS	144	79.20	8.00		

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 87.20

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone, Deputy CoS — DATE 6-22-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ — DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Christopher Mansour — DATE 6/18/09

11. CASH PAYMENT RECEIPT
a. PAYEE (Signature) — b. DATE RECEIVED
c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

OCL - 2009.1040DDD01 .....68..... $87.20

Taxi Cab Receipts

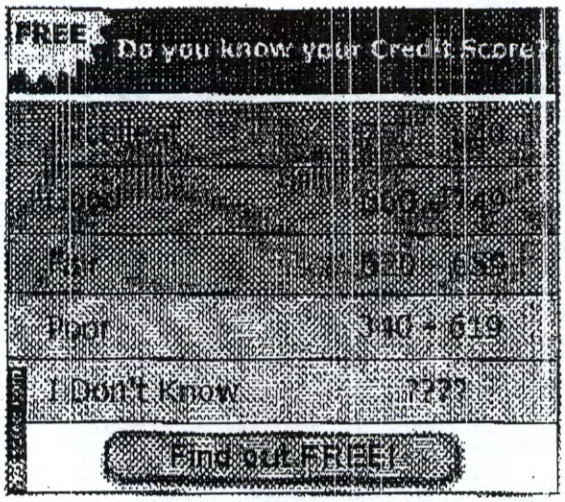
DATE: 5/8/09 TIME: 2:30pm

TRIP ORIGIN: Rayburn HOB

DESTINATION: DOI

FARE: $ 8.00 SIGNATURE

MAPQUEST.



Total Time: 1 hour 31 minutes Total Distance: 71.91 miles X 2 =

A: 3507 Woodbine St, Chevy Chase, MD 20815-4047

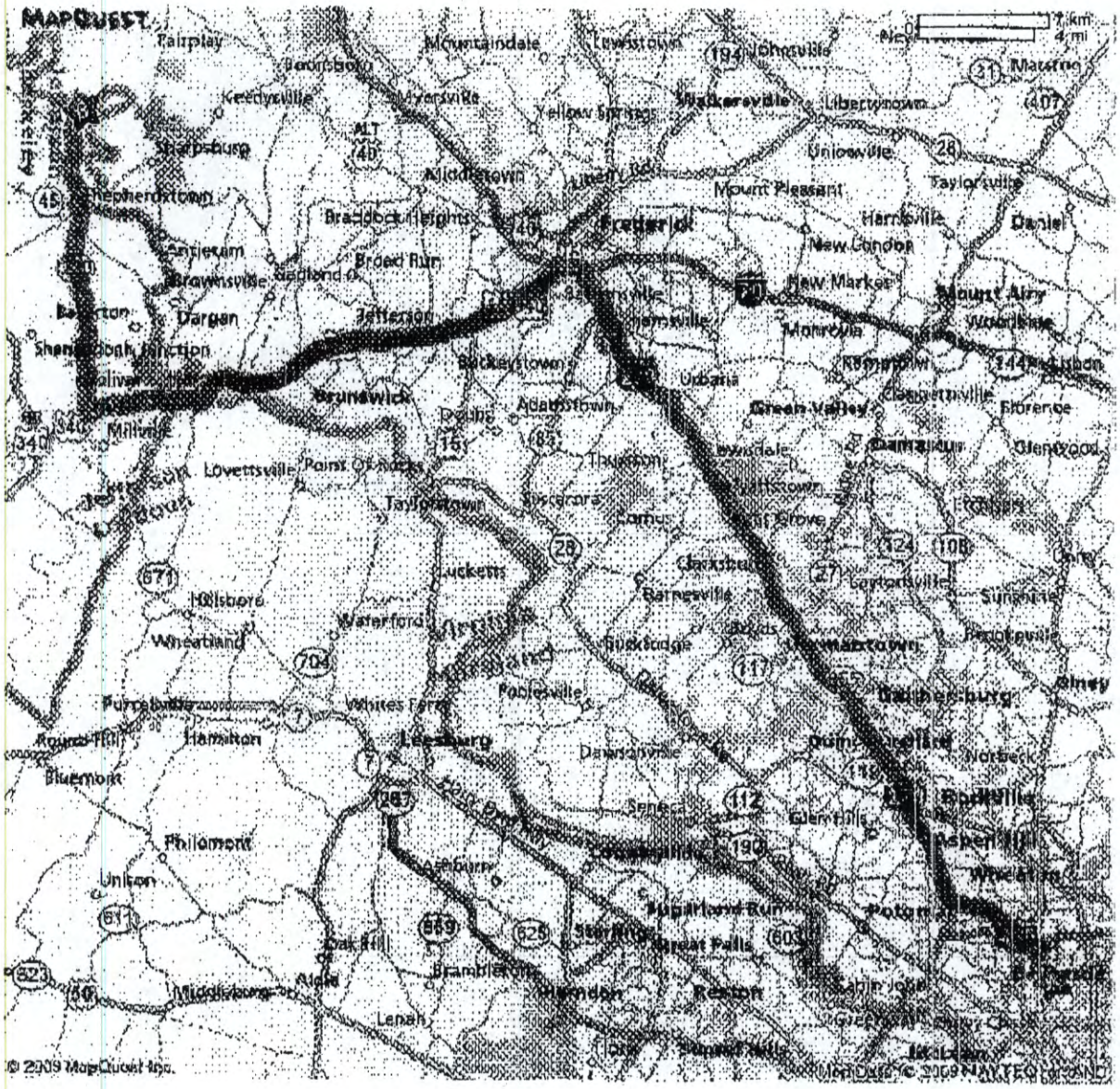
START	1: Start out going EAST on WOODBINE ST toward LELAND ST.	0.0 mi
	2: Turn LEFT onto LELAND ST.	0.2 mi
	3: Turn RIGHT onto BROOKVILLE RD/MD-186.	0.2 mi
	4: Turn LEFT onto EAST-WEST HWY/MD-410.	0.4 mi
NORTH 185	5: Turn RIGHT onto CONNECTICUT AVE/MD-185 N.	1.2 mi
495	6: Merge onto I-495 W/CAPITAL BELTWAY toward NORTHERN VIRGINIA/FREDERICK.	2.0 mi
270	7: Keep RIGHT to take I-270 N via EXIT 35 toward FREDERICK.	31.9 mi
70	8: Merge onto I-70 W via EXIT 32 toward HAGERSTOWN.	1.3 mi
WEST 340	9: Merge onto US-340 W via EXIT 52 toward CHARLES TOWN/LEESBURG (Passing through VIRGINIA, then crossing into WEST VIRGINIA).	21.3 mi
	10: Turn RIGHT onto WV-230/SHEPHERDSTOWN PIKE.	0.0 mi
	11: Turn LEFT onto SHEPHERDSTOWN PIKE/WV-230. Continue to follow WV-230.	8.8 mi
	12: Turn RIGHT onto S PRINCESS ST/WV-230.	0.1 mi
	13: Turn LEFT onto E GERMAN ST/WV-230.	0.3 mi
	14: Turn RIGHT onto N DUKE ST/WV-480.	0.2 mi

Turn LEFT onto SHEPHERD GRADE RD/CR-5. Continue

15:	to follow SHEPHERD GRADE RD.	3.3 mi
16:	Turn RIGHT onto CONSERVATION WAY.	0.8 mi
17:	Turn LEFT to stay on CONSERVATION WAY.	0.1 mi
18:	End at 698 Conservation Way Shepherdstown, WV 25443-4024	

B: 698 Conservation Way, Shepherdstown, WV 25443-4024

Total Time: 1 hour 31 minutes Total Distance: 71.91 miles



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09-08-19 14:51 FAX 2022085627 >> 01/04

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
Burke, Marcilynn A.

b. SOCIAL SECURITY NO.
900020183
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.
NO care

6. PERIOD OF TRAVEL
a. FROM 07-09-2009
b. TO 07-10-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Burke0709
b. DATE(S) 07-07-2009

e. PRESENT DUTY STATION
Houston, TX

f. RESIDENCE (City and State)
(b) (6)

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
RECEIVED AUG 19 2009

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)	TO (f)
See attached eticket					
1117.70	CO	Economy	07-07-2009	Houston, TX	Washington, DC and return
TMC fee 28.25					

Invitational travel at the Department of with corporate card.

Traveler interviewed for a position the Interior. Air fare purchased

21 A 26100
21 I 8393
21 T 4450

AUG 7 2009

AUG 19 2009

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 ▶ Marcilynn A Burke DATE 8/4/09 AMOUNT CLAIMED ▶ $ 359.43

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; id. 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 ▶ Pamela Stone DATE 8-6-09

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 ▶ $ 359.43

16. 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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

8/24/09 m

1012-118
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

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

(k) Show total subsistence expenses incurred for actual expense travel.

(m) Show per diem amount. Invited 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Burke0709

TRAVELER'S LAST NAME

Burke

TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: ¢	AMOUNT CLAIMED		
2009 (Hour and enter.) (b)	(Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAK-FAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
07/09 10:55 am	Depart Houston, TX											
2:59 pm	Arrive Washington, DC					46.00	165.00	213.00			213.00	
	Lodging tax											23.93 I
	Taxi											14.50 +
	Taxi											17.00 T
07/10	Taxi											7.00 T
	Taxi											6.00 T
7:45 pm	Depart Washington, DC											
9:58 pm	Arrive Houston, TX					46.00		46.00			46.00	
	Airport parking											30.00 I
												261.00

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Burke0709
2. 07/07/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Marcilynn A. Burke
5. OFFICIAL STATION Houston, TX
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Houston, TX
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitationall travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/09/09 Ending on or about 07/10/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Baggage fee, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1150.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1600.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (BUDGET OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (APPROVING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

July 7, 2009

Carlson Wagonlit Travel SatoTravel.

For: MARCILYNN A BURKE GDOIOS

To: NGMSDOI
ETKT 07JUL**INVITATIONAL**.

Sales Person: 77
Locator: ESECEI
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - (b) (6)
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday July 9, 2009

Continental Airlines — Flight Number: 358
Class of Service:Coach Class Y
Depart: HOUSTON/INTERCONT,TX — 10:55 Am July 9, 2009
Arrive: WASHINGTON/NATL,DC — 2:59 Pm July 9, 2009
Total Flight Time: — 3 Hours 4 Minutes Non-Stop
Equipment: 73G
Meal Service: Snack
Status: Confirmed — Confirmation Number: D7LXJP
Frequent Flyer Number: — (b) (6) BURKE/MARCILYNN A
DEP-TERMINAL C — ARR-TERMINAL [redacted]

Thursday July 9, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 165.00 USD Per Night
Check In: Jul 09, 2009
Check Out: Jul 10, 2009
Confirmation Number: 50576579
Cancellation Policy: Cancel 1 day prior

Friday July 10, 2009

Continental Airlines — Flight Number: 159
Class of Service:Coach Class M
Depart: WASHINGTON/NATL,DC — 7:45 Pm July 10, 2009
Arrive: HOUSTON/INTERCONT,TX — 9:56 Pm July 10, 2009
Total Flight Time: — 3 Hours 11 Minutes Non-Stop
Equipment: 73G
Meal Service: None
Status: Confirmed — Confirmation Number: D7LXJP
Reserved Seat: BURKE/MARCILYNN A 9F
Frequent Flyer Number: — (b) (6) BURKE/MARCILYNN A
DEP-TERMINAL B — ARR-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BURKE MARCILYNN A	4864/0057881380133	1021.40USD	76.60US	7.20YP	12.50XT	1,117.70
BURKE MARCILYNN A	4864/8900500927511	28.25				28.25
					Total Amount:	1,145.95

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//07JUL

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 1033
Folio # : 262674
Cashier # : 152
Page # : 1 of 1

SATO
Marcilynn A Burke

US

Arrival : 07-09-09
Departure : 07-10-09

Date	Description	Additional Information	Charges	Credits
07-09-09	Juniper - Dinner	#1033 : CHECK #1719	48.90	
07-09-09	Room Charge		165.00	
07-09-09	Room Tax		23.93	
07-10-09	In Room Dining - Breaktast	#1033 : CHECK #5833	34.76	
07-10-09	Mastercard	(b) (6) [redacted]		272.59
		Total	**272.59**	**272.59**
		Balance Due	**0.00**	

Guest signature X_____
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge of 1 1/2% per month (18.00% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $30 (Can - $40 and $20 (Int'l) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

TAXICAB RECEIPT

Time: 3:35 P
Date: 7/9/09

Origin of trip: LCA

Destination: 24 + M, NW

Fare: $17.00 Sign: _____

Taxi Cab Receipt

DATE: 7/10/09 TIME: 10:55a

ORIGIN 20+ Penn CAB #

DESTINATION: 24 + M

FARE: $9.00 SIGNATURE

www.newsouthparking-tx.com

New South Parking

P. O. Box 60751
Houston, TX 77205
(281) 233-1730

CUSTOMER RECEIPT

Tran	In Time	Out Time	Fee	CO#
7391	07/09 10:04	07/10 22:02	$30.00	5897

IN / Out DC TRIP
FIVE STAR #26
FACE ID #64641
07/09/09 TR 0447
START END MILES
15:35 15:50 4.Y
FARE FOR EA RATE
RATE 2: $ 11.00
EXTRA: $ 3.50
TOTAL: $ 14.50
TAG #H-89579
DC TAXICAB COMM
TEL 202 645-6218

TAXICAB RECEIPT

Time: 9:45a
Date: 7/10/09

Origin of trip: 24 + M

Destination: 16 + C

Fare: 7.00 Sign: _____

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91000165

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Card, Joan
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICIAL TELEPHONE NO.:
e. PRESENT DUTY STATION: Phoenix, AZ
f. RESIDENCE (City and State): Phoenix, AZ

6. PERIOD OF TRAVEL: a. FROM 06-15-2009 b. TO 06-16-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Card1 b. DATE(S) 06-12-2009

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

RECEIVED JUL 22 2009

10. CHECK NO.

11. PAID BY

TOT-0

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)	TO (f)
See attached ticket	619.20	DL	Economy	Salt Lake City, UT	Washington, DC and return
TMC	28.25		JUL 21 2009		

Invitational travel. Air fare purchased with corporate card. Traveler was interviewing for a position with the Department of the Interior.

Traveller was in travel status on personal business in Salt Lake City, UT, when the invitational travel commenced.

2110 3050
2117 1804
2111 3051

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 ▶ Joan Card DATE 7-6-09 AMOUNT CLAIMED ▶ $ 353.35

NOTE: Falsification of an item in an expense account works a forfeiture of claim (26 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; id. 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 indicated, 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 ▶ Rennie Stone DATE 7-16-09

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Cashier's Initials) $
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $
d. NET TO TRAVELER ▶ $ 353.35

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. I.D. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

7/24/09

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, state 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, 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 (i) or max (m) 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.

Card1

TRAVELER'S LAST NAME

Card

2009 TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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)
06/15 10:35 am	Depart Salt Lake City, UT											
4:21 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
	Lodging tax											30.31
	Taxi DCA/Lodging											18.04
06/16 5:30 pm	Depart Washington, DC											
8:09 pm	Arrive Salt Lake City, UT					48.00		48.00			48.00	
									SUBTOTALS ▶		$305.00	$48.35
									TOTALS ▶		$305.00	$48.35

er SF 1012-A BACK, leaving to front blank.

Enter grand total of columns (l), (m) and (n), below and in item 10 on the front of this form

TOTAL AMOUNT CLAIMED ▶ $353.35

...ovided: ...investigations or prosecutions, or other pursuant to a requirement by this agency ...57 as ...in connection with the hiring or firing of an employee, the issuance of a security ...nd July ...clearance, or investigations of the performance of official duty while in ...nd 28 ...Government service. Your Social Security Account Number (SSN) is solicited ...m is to ...under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) ...travel ...and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee ...rization ...identification number; disclosure is MANDATORY on vouchers claiming travel ...ment. ...and/or relocation allowance expense reimbursement which is or may be, taxable ...r for the ...income. Disclosure of your SSN and other requested information is voluntary in ...may be ...all other instances; however, failure to provide the information (other than SSN) ...relevant ...required to support the claim may result in delay or loss of reimbursement.

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

941.00 +
300.00 -
332.00 -
.00

48.00 +
48.00 +
96.00 *

96.00 +
209.00 +
305.00 *

305.00 +
18.06 +
.00

18.04 +
30.31 +
305.00 +
353.35 *

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Card1
2. 06/12/09 (Date)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joan Card 5. OFFICIAL STATION Phoenix, AZ

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Salt Lake City, UT
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is in travel status in Salt Lake City and will commence and end travel in Salt Lake City.

11. PER DIEM ALLOWANCE:

Per diem allowance according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 06/15/09 Ending on or about 06/16/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	650.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1100.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (APPROVING OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel

June 12, 2009

For: JOAN CARD GDOIOS

To: NGM8DOI
ETKT 12JUN**INVITATIONAL**.

Sales Person: 77
Locator: MHFLSV
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OBC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL

Monday June 15, 2009

Delta Airlines — Flight Number: 1144
Class of Service:Coach Class Q
Depart: SALT LAKE CITY,UT — 10:05 Am June 15, 2009
Arrive: WASHINGTON/NATL,DC — 4:31 Pm June 15, 2009
Total Flight Time: — 4 Hours 16 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: RYYY6T
Reserved Seat: CARD/JOAN 21E
DEP-TERMINAL UNIT 2 ARR-TERMINAL B

Monday June 15, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 15, 2009
Check Out: Jun 16, 2009
Confirmation Number: 50173507
Cancellation Policy: Cancel 1 day prior

Tuesday June 16, 2009

Delta Airlines — Flight Number: 1157
Class of Service:Coach Class Q
Depart: WASHINGTON/NATL,DC — 5:30 Pm June 16, 2009
Arrive: SALT LAKE CITY,UT — 8:09 Pm June 16, 2009
Total Flight Time: — 4 Hours 39 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: RYYY6T
Reserved Seat: CARD/JOAN 29E

DEP-TERMINAL B ARR-TERMINAL UNIT 2

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
CARD JOAN	4769/0057681360046	556.28USD	41.72US	7.20ZP	14.00XT	619.20
CARD JOAN	4769/8900500374441	28.25				28.25
					Total Amount:	647.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8016
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//11JUN

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW.
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0737
Folio # : 258862
Cashier # : 161
Page # : 1 of 1

SATO
Joan Card

US

Arrival : 06-15-09
Departure : 06-16-09

Date	Description	Additional Information	Charges	Credits
06-15-09	~~In Room Dining - Dinner~~	~~#0737 - CHECK #3305~~	~~29.48~~	
06-15-09	Room Charge		209.00	
06-15-09	Room Tax		30.31	
06-16-09	Visa	(b) (6) [redacted]		268.79
	Total		**268.79**	**268.79**
	Balance Due		**0.00**	

Guest signature X_____

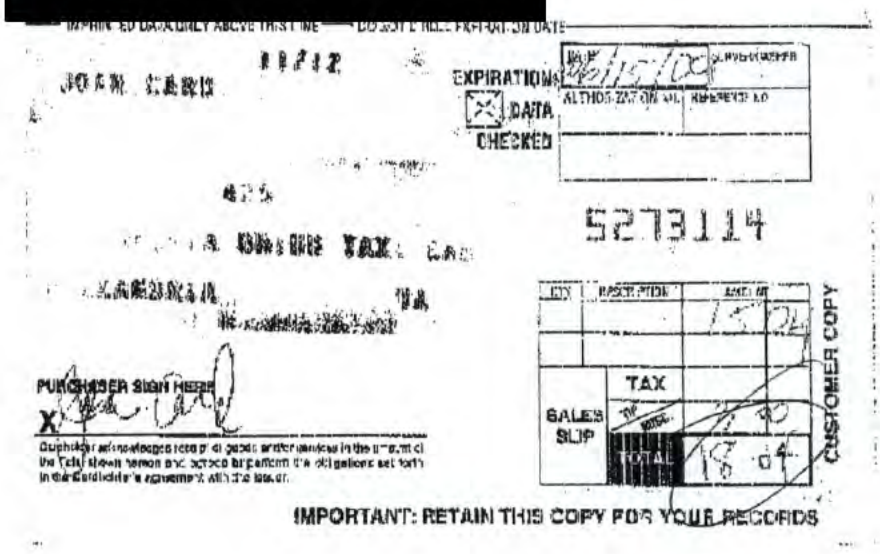
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a service charge at the rate of 1.5% per month, 18.00% per annum. All accounts overdue subsequent may be subject to legal fees and all other costs associated with recovery. Account is payable on presentation of this invoice.

I have accepted delivery of The New York Times. Not - refunded - I would have been eligible for a $30.00 (Mon - Sat) and $40.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

(b) (6)


EXPIRATION DATA CHECKED
5273114
TAX
SALES SLIP
TOTAL
CUSTOMER COPY
IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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): 910000225 Morlandt, Christopher
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL
a. FROM: 09-10-2009
b. TO: 09-12-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): CMRetreat
b. DATE(S): 09-01-2009

e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): (b) (6) [redacted]

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

TDT-D
Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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) ▶

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)

Traveler attended the senior staff retreat at NCTC in Shepherdstown, WV, September 10-12, 2009. Traveler does not hold a government charge card for travel.

SEP 25 2009

270
211D-[illegible]
21Y 111.65

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 9-15-09

AMOUNT CLAIMED ▶ $ 381.65

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 ▶ [signature] DATE 9-16-09

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 ▶ $ 381.65

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/25/9 [illegible]

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

- (f), (g) Show amount incurred for each meal, including tax, 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.
- (k) 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.
- (l) 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

CMRetreat

TRAVELER'S LAST NAME

Morlandt

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

12•00 +
3•00 +
13•00 +
28•00 *

28•00 +
121•00 +
••0••

115•00 +
88•00 +
203• x
55• =
11,165•00 +

••0••

88•00 +
115•00 +
203• x
0•55 =
111•65 +

314•65 *

••0••

0•00 *

TIME		ITEMIZED SUBSISTENCE EXPENSES					MILEAGE RATE: 55.0 ¢	AMOUNT CLAIMED		
2009 (Hour and am/pm)		MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/10	3:00 p						88	48.40		
	5:30 pm			12.00		12.00			12.00	
					121.00	121.00			121.00	
09/11				3.00		3.00			3.00	
									121.00	
09/12	1:00 pm									
	3:30 pm			13.00		13.00	115	63.25	13.00	

THE NATIONAL CONSERVATION TRAINING CENTER

Chris Morlandt
(b) (6)

Room No.	7876
Arrival	09-10-09
Departure	09-12-09
Folio No.	8413
Cashier No.	1003
Page No.	1 of 1

Group Code	0908OFFICEO
Group	Office of Secretary Sennior Staff
Rate Code	MNFGOV

Date	Description	Charges	Credits
09-10-09	Lodging and Meals	121.00	
09-11-09	Lodging and Meals	121.00	
09-11-09	Mastercard (b) (6)		242.00
	Total Charges	**242.00**	
	Total Credits		**242.00**
	Balance		**0.00**
			USD

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Saturday September 12 2009 11:0 AM

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. CMRetreat
2. 09/01/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Christopher Morlandt
5. OFFICIAL STATION Washington, DC
6. TITLE Administrative Assistant
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC and vicinity
9. TO: Shepherdstown, WV and return

10. PURPOSE AND REMARKS:

Attend the Senior Staff Retreat

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 09/10/09 Ending on or about 09/12/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of .55 cents, subject to:
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	85.00
21. Per Diem		260.00
22. Other		
23. TOTAL	$	345.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. Christopher M. Morlandt (REQUESTER'S SIGNATURE)
27. Administrative Assistant (TITLE)
28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

P.01

TRANSACTION REPORT

SEP-25-2009 FRI 08:46 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
SEP-25	08:45 AM		1'00"	5	FAX RX	OK		

61229

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: 91000024

2. VOUCHER NUMBER: ROSSENBERGER - 01

3. SCHEDULE NUMBER:

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): Rosenberger, Clifford A

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street , NW
MS 7229
Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: (202)208-7551

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE (a)	CODE (b)	Show appropriate code in col. (b): A-Local travel; B-Telephone or telegraph, or C-Other Expenses (itemized). (Explain expenditures in specific detail) (c) FROM	(d) TO	MILEAGE RATE (e) / NO. OF MILES	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
04/15	A	MIB	NATIONAL BLDG MUSEUM			10.00		
04/15	A	NATIONAL BLDG MUSEUM	MIB			10.00		
04/16	A	MIB	NATIONAL BLDG MUSEUM			10.00		
04/16	A	NATIONAL BLDG MUSEUM	MIB			10.00		
06/05	A	MIB	WESTIN HOTEL			15.00		
06/05	A	WESTIN HOTEL	MIB			15.00		
06/05	A	MIB	WESTIN HOTEL			15.00		
06/05	A	WESTIN HOTEL	MIB			15.00		
09/10	A	MIB	NATIONAL BLDG MUSEUM			10.00		
09/10	A	NATIONAL BLDG MUSEUM	MIB			10.00		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK			100.33		
			TOTALS			220.33		

JAN - 7 2009

JAN - 7 2009

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 220.33

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 1/6/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 12/05/2008

CASH PAYMENT RECEIPT

11. a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 220.33

12. PAYMENT MADE BY CHECK NO

ACCOUNTING CLASSIFICATION

2009-1000-DDD01-68 Advance Staff for the SECY'S local events.

5. EXPENDITURES - *Continued*

DATE	CODE	(a) FROM	(a) TO	NO. OF MILES	MILEAGE	FARE OR TOLL	ACTUAL PER-SONS	TIPS AND MISCEL-LANEOUS
		Show appropriate code in col. (b): A-Local travel; B-Telephone or telegraph, or C-Other Expenses *(Itemized)* — *(Explain expenditures in specific detail.)*			AMOUNT CLAIMED			
(a)	(b)			(c)	(d)	(e)	(f)	(g)
09/10	A	MIB	NATIONAL BLDG MUSEUM			10.00		
09/10	A	NATIONAL BLDG MUSEUM	MIB			10.00		
09/10	A	MIB	TAGON			15.00		
09/10	A					15.00		
12/03	A		BURG, VA			7.00		
12/03	A					7.00		
12/03	A		URG, VA			1.50		
12/03	A					1.50		
12/03	A		RG, VA /MIB	505	66.00	33.33		
						100.33		

...ont, subtotal this ▶ 100.33

In compliance with the Privacy Act of 1974, I... (FPMR 101-7); E.O. 11609 of July 22, 1971, ... payment or reimbursement to eligible indiv... Government. The information will be used by Federal agency 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 taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or 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 ... payment or reimbursement.

...on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations ... Exec. 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 ... and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the

4/15/08 + 4/16/08

CAB TRAVEL on 4/15 For Walk through
+ CAB Travel For Event 4/16/08.
- Solita To the Parks Awards Gala

CLIFF Rosenberger

TOTAL: $ [redacted]

TAXICAB RECEIPT

Time: _____
Date: 4/15/08

Origin of trip: MIB / DOI

Destination: National BLDG Museum

Fare: $10.00 Sign: _____

Walkthrough

Taxi Cab Receipts

DATE: 4/16/08 TIME: _____

TRIP ORIGIN: National BLDG Museum

DESTINATION: MIB / DOI

FARE: $ 10.00 SIGNATURE: [signature]

TAXICAB RECEIPT

Date: 4/16/08
Time: _____

Company: Red Top

Origin of trip: MIB / DOI

Destination: National BLDG Museum

Fare: $10.00 Sign: [signature]

TAXICAB RECEIPT

Time: _____
Date: 4/15/08

Origin of trip: National BLDG Museum

Destination: MIB / DOI

Fare: $10.00 Sign: _____

6/5/2008

(9)

CAB TRAVEL TO WESTIN FOR ADVANCE WALK THROUGH + EVENT.

- REI Board meeting dinner

CLIFF Rosenberger

TOTAL: $ ~~66.00~~

✓ ✓

Taxi Cab Receipts

DATE: 6/5/08 TIME: _____

TRIP ORIGIN: MIB / DOI

DESTINATION: The Westin Embassy Row

FARE: $ 15.00 SIGNATURE: _____

✓

Taxi Cab Receipts

DATE: 6/5/08 TIME: _____

TRIP ORIGIN: The Westin Embassy Row

DESTINATION: MIB / DOI

FARE: $ 15.00 SIGNATURE: _____

✓

Taxi Cab Receipts

DATE: 6/5/08 TIME: _____

TRIP ORIGIN: MIB / DOI

DESTINATION: The Westin Embassy Row

FARE: $ 15.00 SIGNATURE: _____

U.S.A. MOTORS, INC

Auto Repair / Dent. painting, upholstery

45 Q Street, S.W. Washington D.C. [illegible]

Tel: (202) 484-1200

DATE: 6/5/08 TIME: _____

TRIP ORIGIN: The Westin Embassy Row

DESTINATION: MIB / DOI

FARE: $ 15.00 SIGNATURE: _____

(3)

9/10/08

CAB Tunnel For walk through + Event. The Pentagon Memorial Donor Recognition Dinner.

For Cliff Rosenberger

TOTAL: $~~40.00~~

Taxi Cab Receipts

DATE: 9/10/08 TIME: _____

TRIP ORIGIN: MIB/DOT

DESTINATION: National BLDG Museum

FARE: $10.00 SIGNATURE: _____

Taxi Cab Receipts

DATE: 9/10/08 TIME: _____

TRIP ORIGIN: National BLDG Museum

DESTINATION: MIB/DOT

FARE: $10.00 SIGNATURE: _____

Taxi Cab Receipts

DATE: 9/10/08 TIME: _____

TRIP ORIGIN: MIB/DOT

DESTINATION: National BLDG Museum

FARE: $10.00 SIGNATURE: _____

Taxi Cab Receipts

DATE: 9/10/08 TIME: _____

TRIP ORIGIN: National BLDG Museum

DESTINATION: MIB/DOT

FARE: $10.00 SIGNATURE: _____

12/03/08

TOLL'S FOR TRAVEL FOR WALK THROUGH + Event. USGA National conference (6 under. for Cl. Ft Rosenberger TOTAL: [redacted]

$
1.50

$1.50

12/03/2008 MILEAGE CLAIM FOR CLIFF Rosenberger (7)

Drove personal car for walk through @ the National Conference Center for USGS Event.

12/03/08

4:40 A.M. Depart Residence en route National Conference Center

6:00 A.M. Arrive National Conference Center

7:00 A.M. Depart National Conference Center en route MIB

8:00 A.M. Arrive MIB

TOTAL MILE'S : 66 MILES

DRIVE C/L CAR FOR EVENT.

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
009	BS	1

Batch Totals

Input Date	Number of Documents
1/5/09	4

System Checked By: BO

Batch Approval

Approved By: _____

Date Approved: _____

pd 01/07/09

1/5/09

2009-06-05 16:34 FAX 2022085627

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

US Department of the Interior
Office of the Secretary

91000118

2. TYPE OF TRAVEL
- [x] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. a. Name (Last, first, middle initial)
Francis, Craig

b. SOCIAL SECURITY NO. [redacted]

c. MAILING ADDRESS (Include ZIP Code)
[redacted]

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION
Stonington, CT

f. RESIDENCE (City and State)
[redacted]

6. PERIOD OF TRAVEL
a. FROM 04-17-2009 b. TO 04-17-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TAtubbs09 b. DATE(S) 04-13-2009

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

10. CHECK NO.

11. PAID BY

RECEIVED JUN 05 2009

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)	TO (f)
See attached ticket	1051.21	US	Economy	04-16-2009	Providence, RI	Washington DC and return
Ticket agent fee	28.25					

Invitational travel. Airfare purchased with corporate card.

JUN 4 2009

2110 4P00
211P - 45.10
211T 5200

145.10

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

AMOUNT CLAIMED $ 145.10

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; Id. 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 [signature] DATE 6/2/09

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

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 $ 145.10

6/10/9

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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 expenses travel

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

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to be stays, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TAT Jobs DB

TRAVELER'S LAST NAME

Frandi

TIME 2009 (Hour and zone) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/17	7:00 am Depart residence via POV								41	22.55		
	9:34 am Depart Providence, RI											
	11:07 am Arrive Washington, DC											
	Taxi DCA/DOI											15.00
	Taxi DOI/DCA											15.00
	8:20 pm Depart Washington, DC											
	10:34 pm Arrive Providence, RI											
	Airport Parking											22.00
	11:50 pm Arrive residence					48.00		48.00	41	22.55	48.00	
	SUBTOTALS ▶									$45.10	$48.00	$52.00
	TOTALS ▶									$45.10	$48.00	$52.00

1st 2nd/4th

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 Regulation (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 pertinent to a requirement by the 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) above and in item 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $145.10

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TA[illegible]09
2. 04-13-2009 (DATE)
3. OS (BUREAU OR OFFICE)
4. NAME Craig Francis
5. OFFICIAL STATION Washington, D.C.
6. TITLE
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Providence, Rhode Island
9. TO: Washington, D.C. and return to Providence, Rhode Island

10. PURPOSE AND REMARKS:
Official business as may be required.. Candidate for position in DOI.

11. PER DIEM ALLOWANCE:
Actial lodging and per diem NTE 300% as authorized in accordiance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds ---
Airfare only

12. PERIOD OF TRAVEL: Beginning on or about 04-17-2009 Ending on or about 04-17-2009

MODE OF TRAVEL

13. [X] Common carrier
14. [ ] Extra fare
15. [ ] Government-owned conveyance
16. [ ] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
18. [ ] Other *(specify)*
19. [ ] Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,051.20
21. Per Diem		48.00
22. Other		75.00
23. TOTAL	$	1,174.20

24. CHARGED TO:
2009-1000-DDD01-09

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

Print this page

Itinerary

CRAIG FRANCIS
Reservation code: MEAHJF

Travel Arranger Priority Comments:

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Fri, Apr 17

Flights: US AIRWAYS, US 3997
Operated by US AIRWAYS EXPRESS-AIR WISCONSIN

From:	PROVIDENCE, RI (PVD)	**Departs:**	9:34am
To:	WASHINGTON REAGAN, DC (DCA)	**Arrives:**	11:07am
Departure Terminal:		**Duration:**	1 hour(s) and 33 minute(s)
Arrival Terminal:	TERMINAL C	**Class:**	Economy
		Status:	Confirmed
Seat(s):	CRAIG FRANCIS, 01C	**Seat Status:**	Confirmed
Notes:			
Gate:			
Aircraft:	CRJ-CANADAIR REGIONAL JET	**Airline Confirmation:**	BMS384
		Mileage:	363
Meal:		**Frequent Flyer:**	
Smoking:	No		

Please verify flight times prior to departure

Flights: US AIRWAYS, US 1714

From:	WASHINGTON REAGAN, DC (DCA)	**Departs:**	9:20pm
To:	PROVIDENCE, RI (PVD)	**Arrives:**	10:34pm
Departure Terminal:	TERMINAL C	**Duration:**	1 hour(s) and 14 minute(s)
Arrival Terminal:		**Class:**	Economy
		Status:	Confirmed
Seat(s):	CRAIG FRANCIS 14E	**Seat Status:**	Confirmed
Notes:			
Gate:			
Aircraft:	AIRBUS INDUSTRIE A319 JET	**Airline Confirmation:**	BMS384
		Mileage:	363
Meal:		**Frequent Flyer:**	
Smoking:	No		

Please verify flight times prior to departure

Notes:

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//13APR
LODGING DECLINED//13APR

Re: Travel Reimbursement
Craig Francis to: Margaret_Bradley 05/08/2009 07:10 PM

Hi Margaret,

My address is: [redacted]

I hope you have a nice weekend.

Craig

On May 8, 2009, at 1:36 PM, Margaret_Bradley@ios.doi.gov wrote:

> I'm sorry, Craig. I had just returned to the office from a family
> emergency about the time you came to DC and it seems that I failed to
> inform you of everything you needed to know. For expenses under
> $75, I do
> not need a receipt. Please give me the address of your home so that
> I can
> correctly file a voucher to reimburse your mileage to and from the
> airport.
> I can calculate your taxi fares easily from Reagan Airport to DOI.
> I'll
> start on a voucher first thing Monday
>
> Margaret Bradley
> Staff Assistant
> Office of the Secretary of the Interior
> 202-208-3290
>
>
>
> From: Craig Francis <craigfrancis@comcast.net>
>
> To: Margaret_Bradley@ios.doi.gov
>
> Date: 05/07/2009 07:01 PM
>
> Subject: Re: Travel Reimbursement
>
>
>
>
>
>
> Good evening, Margaret,
>
> I was not aware that I could get reimbursed for my expenses, so I did
> not keep any receipts. I drove to the airport in Rhode Island from my
> house in Connecticut (round trip 82.6 miles). I did not get a receipt
> for my parking at the airport. Would I be able to submit proof from
> this charge through my bank as I used my debit card? I believe my
> parking charge at the airport was about $22.00. I did use taxis in and
> around D.C., but, again, not knowing I could get reimbursed, I did not
> keep receipts. I defer to your guidance. Thank you.
>

> Sincerely,
>
> Craig
>
> On May 7, 2009, at 2:24 PM, Margaret_Bradley@ios.doi.gov wrote:
>
>>
>> Good afternoon,
>>
>> I am following up on your trip to Washington, DC, on April 17 to see
>> if you
>> have any travel expenses to claim for reimbursement. You are
>> entitled to a
>> 3/4 day per diem ($48) plus taxi fare to/from the airport and airport
>> parking. You may fax your receipts to my attention at:
>> 202-208-4561.
>>
>> Thank you,
>> Margaret
>>
>> Margaret Bradley
>> Staff Assistant
>> Office of the Secretary of the Interior
>> 202-208-3290
>>
>
>
>
>

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000220 Francis, Craig
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Stonington, CT
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 08-19-2009
b. TO: 08-20-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Francis2
b. DATE(S): 08-13-2009

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

10. CHECK NO.

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 shown/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)
See attached eticket	1051.20	US	Economy	08-18-2009	Providence, RI	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card.

SEP 25 ..09

2110-261 00
211I 6793
211T 2900
211P 4510

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 ▶ Craig G Francis DATE 9/10/09 AMOUNT CLAIMED ▶ $ 403.03

NOTE: Falsification of an item on 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 ▶ Renee Stone DATE 9.14.09

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

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 ▶	$ 403.03

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/25/9 RS

..0..

64.%
75.%
48.00+

..0..

48.00+
48.00+
165.00+
261.00 *

..0..

23.93+
44.00+
67.93 *

..0..

9.00+
10.00+
10.00+
29.00 *

29.00+
67.93+
261.00+
357.93 *

45.10+
29.00+
67.93+
261.00+
403.03 *

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Francis, Craig

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 08-19-2009 b. TO 08-20-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Francis2 b. DATE(S) 08-13-2009

e. PRESENT DUTY STATION: Stonington, CT

f. RESIDENCE (City and State): (b) (6) [redacted]

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 shown 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)
See attached eticket	1051.20	US	Economy	08-18-2009	Providence, RI	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card.

SEP 25 ..09

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 ▶ Craig E. Francis DATE 9/10/09 AMOUNT CLAIMED ▶ $ 403.03

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 ▶ Renee Stone DATE 9.14.09

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

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 ▶ $ 403.03

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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

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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Francis2

TRAVELER'S LAST NAME

Francis

DATE 2009 (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: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/19	11:00 am	Depart residence en route Providence airport								41	22.55		
	1:07 pm	Depart Providence, RI											
	2:34 pm	Arrive Washington, DC					48.00	165.00	213.00			213.00	
		Lodging tax											23.93 F
08/20		Taxi lodging/DOI											9.00 T
		Taxi DOI/Capitol Hill											10.00 T
		Taxi Capitol Hill/DCA											10.00 T
	9:20 pm	Depart Washington, DC											
	10:34 pm	Arrive Providence, RI					48.00		48.00			48.00	
		Airport parking											44.00 T
		POV to residence								41	22.55		
										SUBTOTALS ▶	$45.10	$261.00	$96.93
										TOTALS ▶	$45.10	$261.00	$96.93

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 ▶ **$403.03**

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 Regulation (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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Francis2
2. 08/13/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Craig Francis
5. OFFICIAL STATION Stonington, CT
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Stonington, CT
9. TO: Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 08/19/09 **Ending on or about** 08/20/09

MODE OF TRAVEL

13. X **Common carrier**
14. **Extra fare**
15. **Government-owned conveyance**
16. X **Privately owned** **at a mileage rate of** **cents, subject to:**
    - *(a)* X **Administratively determined to be the advantage of the Government**
    - *(b)* X **A showing of advantage to the Government**
    - *(c)* X **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. X **Other** *(specify)*
    Baggage, taxi fare, airport parking
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	1,100.00
21. Per Diem		300.00
22. Other		150.00
23. TOTAL	$	1,550.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

TAXICAB RECEIPT

Time: 8/20/09

Date: _____

Origin of trip: _____

Destination: _____

Fare: $9.00 Sign: _____

TAXI RECEIPT

Time: __ ○ am ○ pm Date : _____

Origin of Trip: Capitol Hill

Destination: Airport

Fare: $10.00 Sign: _____

dcgoodsamaritan.com e-lost and Found

If lost on earth, can be found in cyberspace

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0821
Folio # : 269095
Cashier # : 18
Page # : 1 of 1

SATO
Craig Francis

US

Arrival : 08-19-09
Departure : 08-20-09

Date	Description	Additional Information	Charges	Credits
08-19-09	Room Charge		165.00	
08-19-09	Room Tax		23.93	
08-20-09	Visa	(b) (6) [redacted]		188.93
		Total	**188.93**	**188.93**
		Balance Due	**0.00**	

Guest signature X_____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month, (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $.50 (Mon - Sat) and $2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

Re: N3KB- Ticketed Invoice For CRAIG FRANCIS 19AUG09
Craig Francis
to:
Margaret_Bradley
09/01/2009 06:18 PM
Show Details

History: This message has been replied to.
Hi Margaret,

It was nice to meet you when I visited to interview for open positions at NIGC.

I wanted to follow up with you regarding my travel reimbursements. I left you most of my receipts (hotel and some taxi fares). I have two additional taxi fares (I forgot to take a receipt from Capitol Hill to the airport and I think this fare was about 10 dollars). The receipt I do have is for 10 dollars from the Dept. of Interior to Capitol Hill. The total for those two cab fares is $20.00. I have a receipt for my parking totaling $44.00. I believe you have the remaining receipts that I left with you before departing. The mileage to and from the airport will be the same as it was the first time you reimbursed me. I can get that mileage if you do not still have it on file.

I hope you are well. Please let me know if you need any additional information.

Best regards,

Craig
On Aug 17, 2009, at 4:46 PM, Margaret_Bradley@ios.doi.gov wrote:

> Good afternoon,
>
> Attached is your confirmed e-ticket for your travel to Washington, DC later this week. Please be sure to save your receipts from your travel (taxi fare to/from the airport and DOI, lodging) and I will follow up with you to reimburse you.
>
> Have a safe trip and feel free to call me if you have any questions.
>
> Margaret
>
> Margaret Bradley
> Staff Assistant
> Office of the Secretary of the Interior
> 202-208-3290
> ----- Forwarded by Margaret Bradley/SIO/OS/DOI on 08/17/2009 04:45 PM -----
>
> From: "Notification II" <CWTAQUAMail14@carlsonwagonlit.com>
> To: <MARGARET_BRADLEY@IOS.DOI.GOV>
> Date: 08/17/2009 04:14 PM
> Subject: N3KB- Ticketed Invoice For CRAIG FRANCIS 19AUG09

Print this page Close this page

your travel details pinpointed

sabre virtuallythere

eTicket Receipt

Prepared For
FRANCIS/CRAIG [GDOIOS]

RESERVATION CODE	CKINFA
TICKET ISSUE DATE	17Aug09
TICKET NUMBER	0377696245819
INVOICE NUMBER	0005045
ISSUING AIRLINE	US AIRWAYS
ISSUING AGENT	N3KB/A77
ISSUING AGENT LOCATION	WASHINGTON DC
IATA NUMBER	09581283
CUSTOMER NUMBER	(b) (6)

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
19Aug09	US AIRWAYS US 3401	PROVIDENCE, RI Time 1:07pm	WASHINGTON REAGAN, DC Time 2:34pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Booking Status CONFIRMED Fare Basis YCADCA Not Valid After 19AUG
20Aug09	US AIRWAYS US 1278	WASHINGTON REAGAN, DC Time 9:20pm	PROVIDENCE, RI Time 10:34pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Booking Status CONFIRMED Fare Basis YCADCA Not Valid After 30SEP

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : (b) (6) [redacted]
Endorsement / Restrictions	NONE
Fare Calculation Line	PVD US WAS Q79.07 400.00YCADCA US PVD Q79.07 400.00YCADCA USD958.14END ZPPVDDCA
Fare	USD 958.14
Taxes/Fees/Charges	USD 71.86 US (US TRANSPORTATION TAX)
	USD 7.20 ZP (US SEGMENT TAX)
	USD 14.00 XT (COMBINED TAXES)
Total Fare	USD 1051.20

Positive identification required for airport check in

Notice:

Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Important Legal Notices

2009-07-07 11:38 FAX 2022095427 303 969 7281 P.3

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 910000141

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): White, Dale

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 04-24-2009 b. TO 04-24-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S) DWHITE1 b. DATE(S) 04-20-2009

e. PRESENT DUTY STATION: Massena, NY

f. RESIDENCE (City and State): (b) (6)

10 cards

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

10. CHECK NO.

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 shown 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 procedure (TPMR 101-7) ▶ Traveler's initials

AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
(a)	(b)	(c)	(d)	(e)	(f)
See attached e-ticket	US	Economy	04-21-2009	Burlington, VT	Washington, DC and return
TMC 818.20 28.25					

Invitational travel. Air fare purchased with corporate card.

JUL - 2 2009

2110 4500
2117 5000

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: 6/25/09 AMOUNT CLAIMED ▶ $ 98.00

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 indicated, 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 ▶ [signature] DATE: 6-30-09

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 $
Certifier's initials:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $ 98.00

d. NET TO TRAVELER ▶ $ 98.00

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

7/7/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4100

STANDARD FORM 1012 (REV. 07-[illegible])
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Check-circle only for actual expense travel

(b), (c): Show amount incurred for each meal, including tax, 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.

(k): 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 taxicab fares, air fare (if purchased with cash), long-distance telephone calls for Government business, car rental, meals on other than subsistence, etc.

Complete this information if this is continuation sheet: PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

DWHITE1

TRAVELER'S LAST NAME

White

2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
04/24	8:30 am	Depart residence											
	12:02 pm	Depart Burlington, VT											
	1:40 pm	Arrive Washington, DC											
		Taxi DCA/DOI											20.00
		Taxi DOI/DCA											20.00
	10:00 pm	Depart Washington, DC											
	11:30 pm	Arrive Burlington VT					48.00		48.00			48.00	
		Airport parking											10.00
04/25	2:00 am	Arrive residence											
										SUBTOTALS ▶		$48.00	$50.00
										TOTALS ▶		$48.00	$50.00

2096-1

If additional space is required, continue on another SF 1012-A BACK, leaving this 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 ▶ $98.00

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 Regulation (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 officials 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 might be, taxable income. Disclosure of your SSN and other requested information on a voluntary basis in all other instances; however, failure to provide the information (other than SSN) cannot may result in delay or loss of reimbursement.

20.00 +
20.00 +
10.00 +
48.00 +
98.00 *

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 5, 1949

TRAVEL AUTHORIZATION

1. No. DWHITE1
2. 04/20/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Dale White 5. OFFICIAL STATION Burlington, VT

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Burlington, VT
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowance consistent with the Federal Travel Regulation as issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 04/24/09 Ending on or about 04/24/09

MODE OF TRAVEL

13. X Common carrier 14. Extra fare 15. Government-owned conveyance
16. X Privately owned at a mileage rate of cents, subject to:
- (a) X Administratively determined to be the advantage of the Government
- (b) A showing of advantage to the Government
- (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family 19. Shipment household goods and personal effects
18. X Other *(specify)*
Taxi fare

ESTIMATED COST

20. Transportation $ 960.00
21. Per Diem
22. Other 40.00
23. TOTAL $ 1000.00

24. CHARGED TO:
2009 1000 DDD01 68

25. (BUREAU OFFICIAL'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. Ronna Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

April 21, 2009

Carlson Wagonlit Travel SatoTravel

For: DALE WHITE GDOIOS

To: NGMSDOI
ETKT 22APR"INVITATIONAL".
ETKT 22APR.

Sales Person: 77
Locator: JTAUHN
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD (b) (6)
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Friday April 24, 2009

US Airways Flight Number: 4670
Class of Service:Coach Class T
Depart: BURLINGTON, VT 12:02 Pm April 24, 2009
Arrive: WASHINGTON/NATL,DC 1:40 Pm April 24, 2009
Total Flight Time: 1 Hour 38 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed Confirmation Number: MB5EYB
Reserved Seat: WHITE/DALE 1D
ARR-TERMINAL C
*BTV-DCA OPERATED BY US AIRWAYS EXPRESS-AIR WISCONSIN

Friday April 24, 2009

US Airways Flight Number: 4646
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC 10:00 Pm April 24, 2009
Arrive: BURLINGTON, VT 11:30 Pm April 24, 2009
Total Flight Time: 1 Hour 30 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed Confirmation Number: MB5EMB
Reserved Seat: WHITE/DALE 11A
DEP-TERMINAL C
*DCA-BTV OPERATED BY US AIRWAYS EXPRESS-AIR WISCONSIN

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WHITE DALE	4497/0377401702704	835.35USD	82.86US	7.20ZP	14.00XT	919.20
WHITE DALE	4497/6908144782854	28.25				28.25
					Total Amount:	947.45

2009-09-09 14:58 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
9100062.10

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
White, Dale

b. SOCIAL SECURITY NO.
(b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)
(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 08-20-2009
b. TO 08-21-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) DWhite2
b. DATE(S) 08-17-2009

NO orig

8. PRESENT DUTY STATION
Akwesasne, NY

9. RESIDENCE (City and State)
Akwesasne, NY

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

RECEIVED SEP 09 2009

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
See attached eticket	SEP - 8 2009 903.20 US		Economy	08-18-2009	Syracuse, NY	Washington, DC and return
Ticket agent fee	26.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card.

2110 103.00
21P 182.00
21I 29.70

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 8/31/09

AMOUNT CLAIMED ▶ $ 330.70

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; id. 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 ▶ [signature] DATE 9.4.09

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) Syracuse 9/4/09 $ 116.00

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

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

d. NET TO TRAVELER ▶ $ 330.70 (304.70)

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

9/10/09

2009-09-09 14:29 FAX [illegible] 3099096031 P 11/24

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) 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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Dwhite2

TRAVELER'S LAST NAME

White

ITEMIZED SUBSISTENCE EXPENSES — MILEAGE RATE: 55.0 ¢

TIME DESCRIPTION	MEALS: LUNCH (e)	MEALS: DINNER (f)	MEALS: TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2009										
(a)										
08/20										
••0••										
44• X										
75• %										
33•00+							166	91.30		
••0••										
••0••										20.00
33•00+				(49.00)		49.00			49.00	
70•00+					70.00	70.00			70.00	
••0••										9.10
166•00+										
166•00+										
332• X							166	91.30		
0•55=										
182•60+										
08/21										
514•60 *										
••0••										
9•10+										
20•00+										
29•10 *										
29•10+										
103•00+										
182•60+										
314•70 *										
••0••										

SUBTOTALS ▶ $182.00 $119.00 $29.10

TOTALS ▶ $182.00 $119.00 $29.10

If additional space is required, use F 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 ▶ $330.70

In compliance with the Privacy Act of 1974, Public Law 93-579, Solicitation of this information is authorized by 5 U.S.C. 5707, 22 1071, E.O. 9397, and 26 U.S.C. 6011(b) and 6109. The primary purpose for collecting this information is to obtain sufficient data to allow for proper payment for official travel and/or relocation allowance expenses and to report taxable income. 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 filing 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.

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

2009-09-09 14:40 FAX

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1025
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 5, 1949

TRAVEL AUTHORIZATION

1. No. DWhite2
2. 08/17/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Dale White
5. OFFICIAL STATION Massena, NY
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Massena, NY
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a position with the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register

12. PERIOD OF TRAVEL: Beginning on or about 08/20/09 Ending on or about 08/21/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [X] A showing of advantage to the Government
    - (c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare, baggage
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,115.00
21. Per Diem		200.00
22. Other		50.00
23. TOTAL	$	1,365.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

August 18, 2009

Carlson Wagonlit Travel SatoTravel.

For: DALE WHITE GDOIOS

To: NGMSDOI
ETKT 18AUG"INVITATIONAL".

Sales Person: 77
Locator: INWOOJ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD (b) (6)
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday August 20, 2009

US Airways
Class of Service: Coach Class N
Depart: SYRACUSE, NY
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: E75
Meal Service: None
Status: Confirmed
Reserved Seat: WHITE/DALE 17C
ARR-TERMINAL C
*SYR-DCA OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Flight Number: 3275

11:55 Am August 20, 2009
1:14 Pm August 20, 2009
1 Hour 19 Minutes Non-Stop

Confirmation Number: CF87HR

Thursday August 20, 2009

US Airways
Class of Service: Coach Class N
Depart: WASHINGTON/NATL,DC
Arrive: SYRACUSE, NY
Total Flight Time:
Equipment: 319
Meal Service: None
Status: Confirmed
Reserved Seat: WHITE/DALE 16E
DEP-TERMINAL C

Flight Number: 1724

9:20 Pm August 20, 2009
10:27 Pm August 20, 2009
1 Hour 7 Minutes Non-Stop

Confirmation Number: CF87H2

1 Day

Thursday August 20, 2009

SYRACUSE, NY
BEST WESTERN BEST WESTERN SYRACUSE AIRPORT
COLONEL EILEEN COLLINS BLVD
NORTH SYRACUSE NY 13212
Phone Number: 1-315-4557362
Fax Number: 1-315-4556840
Number of Rooms: 1
Rate: 70.00 USD Per Night
Check In: Aug 20, 2009
Check Out: Aug 21, 2009
Confirmation Number: 150455260
Cancellation Policy: Cancel by 6PM

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WHITE/DALE	5049/0377696246823	820.46	61.84US	7.20ZP	5.00AY	903.20
WHITE/DALE	5049/8900802116800	28.25				28.25
					Total Amount:	931.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

.....

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH
LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C.SECTION
114, AND THE INTELLIGENCE REFORM AND TERRORISM
PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION IS
VOLUNTARY, HOWEVER, IF IT IS NOT PROVIDED,YOU MAY BE
SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT
OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY
SHARE INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR
INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED
SYSTEM OF RECORDS NOTICE.FOR MORE ON TSA PRIVACY
POLICIES OR TO VIEW THE SYSTEM OR RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA/S
WEB SITE AT WWW.TSA.GOV

.....

CAR DECLINED/A/17AUG
LODGING DECLINED/I17AUG

Best Western

Dale White
[redacted]

Folio No. : 24217
Room No : 0232
Conf. No. : 12917
Arrival : 08-20-09
Departure : 08-21-09
Cashier No. : 72
Page No. : 1 of 1

Company Name : SATO TRAVEL

Date	Text	Charges	Credits
08-20-09	Room Charge	70.00	
08-20-09	Occupancy Tax	3.50	
08-20-09	State Tax	5.60	
08-21-09	American Express [redacted]		79.10
	Total	79.10	79.10
	Balance	0.00	

701

9/4/09

70838

Signature:______________________________

Best Western Syracuse Airport Inn
Hancock International Airport
Syracuse, NY 13212
Phone: (315) 455-7362 Fax: (315) 455-6840
www.bestwestern.com

Each Best Western is independently owned and operated.

Saint Regis Mohawk Tribe

DATE: _____

TO: _____ FROM: _____

- ○ For Your Information
- ○ Your Comments Please
- ○ Please Note and File
- ○ Please Prepare Reply for my Signature or Tribal Council
- ○ Please Prepare Draft or Summary for Tribal Council's Review
- ○ Please Process for Follow Up
- ○ Please see me on (Set Date & Time) _____

COMMENTS: Mileage
~~to Syracuse Airport~~
~~Round trip~~
331 miles

Steve

KING CAB CO.

ALEXANDRIA, VA.

PH: 703-549-3530

FROM Reagan Airport

TO DOI

DATE _____ FARES $20.00

DRIVER'S NAME _____ CAB# _____

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 910000084 Archuletta, Deanna

b. SOCIAL SECURITY NO. (b) (6)redacted

6. PERIOD OF TRAVEL: a. FROM 04-14-2009 b. TO 04-17-2009

c. MAILING ADDRESS (Include ZIP Code) (b) (6)redacted

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TAArchuletta 04/08/2009 b. DATE(S) 04-08-2009

e. PRESENT DUTY STATION: Albuquerque, NM

f. RESIDENCE (City and State) (b) (6)redacted

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)
See attached ticket					
$825.80	AA	Economy	04-09-2009	Albuquerque, NM	Washington, DC and return
28.25 ticket agent fee					

Invitational travel. Air fare purchased with corporate card. Traveler conducted a series of interviews at the Department.

MAY 7 2009

2110857 00
211I 9093

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 ▶ DATE AMOUNT CLAIMED ▶ $ 941.93

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; id. 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 ▶ Renee Stone DATE 5/6/09

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
Certifier's Initials: $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

d. NET TO TRAVELER ▶ $ 941.93

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/13/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. TAArchuletta04/08/2009

TRAVELER'S LAST NAME Archuletta

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/14	9:35 am	Depart Albuquerque, NM											
	12:20 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel Tax											30.31
4/15		Official Business at DOI					64.00	209.00	273.00			273.00	
		Hotel Tax											30.31
4/16		Official Business at DOI					64.00	209.00	273.00			273.00	
		Hotel Tax											30.31
4/17	12:40 pm	Depart Washington, DC											
	4:40 pm	Arrive Albuquerque, NM					48.00		48.00			48.00	
		SUBTOTALS										$851.00	$90.93
		TOTALS										$851.00	$90.93

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 $941.93

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 Regulation (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.

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

824 New Hampshire Ave., N.W. Washington, D.C. 20037
(202) 337-6620
Member Potomac Hospitality Services

Deanna Archuletta

US

		Room No.	: 106
		Arrival	: 04-14-09
		Departure	: 04-17-09
		Page No.	: 1 of 1
A/R Number	:	Folio No.	:
Group Code	:		
Company Name	:	Conf. No.	: 380794

Date	Text	Charges USD	Credits USD
04-14-09	Rooms	209.00	
04-14-09	Room Tax	30.31	
04-15-09	Rooms	209.00	
04-15-09	Room Tax	30.31	
04-16-09	Rooms	209.00	
04-16-09	Room Tax	30.31	
	Total	**717.93**	**0.00**
	Balance	**717.93 USD**	

of the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.
SIGNATURE

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1948

TRAVEL AUTHORIZATION

1. No. TAArchuletta04/08/2009
2. 04-08-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Deanna Archuletta (b) (6) [redacted]

5. OFFICIAL STATION Washington, D.C.

6. TITLE

7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Albuquerque, New Mexico
9. **TO:** Washington, D.C. and return to Albuquerque, New Mexico

10. **PURPOSE AND REMARKS:**
Official business as may be required. Candidate for interview with the Secretary's office.

11. **PER DIEM ALLOWANCE:**
Actial lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds ---
Airfare Only

12. **PERIOD OF TRAVEL: Beginning on or about** 04-14-2009 **Ending on or about** 04-17-2009

MODE OF TRAVEL

13. ☒ **Common carrier**
14. ☐ **Extra fare at a mileage rate of**
15. ☐ **Government-owned conveyance cents, subject to:**
16. ☒ **Privately owned**
    - *(a)* ☐ **Administratively determined to be the advantage of the Government**
    - *(b)* ☐ **A showing of advantage to the Government**
    - *(c)* ☐ **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. ☐ **Transportation immediate family**
18. **Other** *(specify)*
19. ☐ **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	825.90
21. Per Diem		224.00
22. Other		200.00
23. TOTAL	$	1,249.90

24. **CHARGED TO:**
2009-1000-DDD01-09

25. (REGA OFFICIAL'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Associate Deputy Secretary for Interior (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

April 9, 2009

Carlson Wagonlit Travel SatoTravel.

For: DEANNA ARCHULETTA GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: GITVMV
Customer Number: (b) (6)

THIS IN VOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday April 14, 2009

American Airlines — Flight Number: 1494
Class of Service:Coach Class Y
Depart: ALBUQUERQUE, NM — 9:35 Am April 14, 2009
Arrive: DALLAS/F.WORTH,TX — 12:20 Pm April 14, 2009
Total Flight Time: — 1 Hour 45 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed — Confirmation Number: GITVMV
ONEWORLD
SEAT ASSIGNED AT AIRPORT CHECK-IN

Tuesday April 14, 2009

American Airlines — Flight Number: 1168
Class of Service:Coach Class Y
Depart: DALLAS/F.WORTH,TX — 1:20 Pm April 14, 2009
Arrive: WASHINGTON/NATL,DC — 5:15 Pm April 14, 2009
Total Flight Time: — 2 Hours 55 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: GITVMV
ARR-TERMINAL B
ONEWORLD
SEAT ASSIGNED AT AIRPORT CHECK-IN

Tuesday April 14, 2009

WASHINGTON/NATL,DC
OTELL INTERNATIONAL GEORGE WASHINGTON UNIV INN
824 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 202-337-6620
Fax Number: 202-337-2540
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 14, 2009
Check Out: Apr 17, 2009
Confirmation Number: 113651697
Cancellation Policy: Cancel 1 day prior

Friday April 17, 2009

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Stop At: DALLAS/F.WORTH,TX
DEP-TERMINAL B
ONEWORLD
SEAT ASSIGNED AT AIRPORT CHECK-IN

Flight Number: 1773
12:40 Pm April 17, 2009
4:40 Pm April 17, 2009
5 Hours 10 Minutes Direct 1-Stop
Confirmation Number: GITVMV
Time On Ground: 50 Minutes

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ARCHULETTA DEANNA	4407/0017401702515	736.74USD	55.26US	14.40ZP	18.50XT	825.90
ARCHULETTA DEANNA	4407/8908144782791	28.25				28.25
					Total Amount:	854.15

SATO TRAVEL AFTER HOURS EMERGENCY 866-597-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/07APR

2009-06-05 16:23 FAX 2022085627 >> 3039695631 P 2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OF, ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
91000116

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
Jensen, Deborah

b. SOCIAL SECURITY NO.
(b) (6)

c. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 04-26-2009
b. TO 04-27-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Jensen1
b. DATE(S) 04-22-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. PRESENT DUTY STATION
Seattle, WA

e. RESIDENCE (City and State)
(b) (6)

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

RECEIVED JUN 05 2009

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used submit 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)

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)	TO (f)
See attached ticket 819.20	AL	Economy	04-24-2009	Seattle, WA	Washington DC and return
Ticket agent fee 28.25					

Invitational travel. Air fare purchased with corporate card.

2110.30580
211I 6616 20.00
211T
24P

JUN 4 2009

398.16

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 ▶ Deborah Jensen DATE 28 May 2009 AMOUNT CLAIMED $ 398.16

NOTE: Falsification of an item in an expense account marks 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; 18 U.S.C. 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. 680e).)

APPROVING OFFICIAL SIGN HERE ▶ Ramona Stone DATE 6/2/09

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 ▶ $ 398.16

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

6/10/09

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Federal Forms, Inc. 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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Johnson1

TRAVELER'S LAST NAME

Johnson

DATE 2009 (a)	TIME (hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
4/26	2:10 pm	Depart Seattle, WA											
	9:59 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel Tax											30.3?
		Taxi DCA/Lodging											18.00
4/27		Taxi Lodging/DOI											5.25
		Taxi											4.75
	5:56 pm	Depart Washington, DC											
	8:45 pm	Arrive Seattle, WA					48.00		48.00			48.00	
		Airport Parking											36.65
										SUBTOTALS ▶		$305.00	$93.16
										TOTALS ▶		$305.00	$93.16

209/104

Inv.

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 Regulation (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 ▶ $398.16

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Jensen1
2. DATE 04/22/09
3. BUREAU OR OFFICE Office of the Secretary
4. NAME Deborah Jensen
5. OFFICIAL STATION Seattle, WA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, WA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational travel.

11. PER DIEM ALLOWANCE:
Per diem in accordance with the Federal Travel Regulation, issued by GSA and published in the Federal Register

12. PERIOD OF TRAVEL: Beginning on or about 04/26/09 Ending on or about 04/27/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
(a) [X] Administratively determined to be the advantage of the Government
(b) [ ] A showing of advantage to the Government
(c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	850.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1300.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (PROV'L OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitatoinal (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave, NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

JENSEN, DEBORAH

Room 605/NK1K
Arrival Date 4/26/2009 10:35:00PM
Departure Date 4/27/2008

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH#
AL
BONUS AL CAR

Confirmation: 88134518

4/27/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/26/2009	1360086	HIGH SPEED INTERNET	$9.95
4/26/2009	1360151	GUEST ROOM	$209.00
4/26/2009	1360151	SUITE TAX	$30.31
		WILL BE SETTLED TO V/[redacted] (b) (6)	$249.26
		EFFECTIVE BALANCE DF	$0.00

ESTIMATED CURRENCY TOTAL

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase,
  - charge purchases to your account, then stop by the Front Desk for an updated statement,
  - or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION TB8178	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

Lunch at SeaTac
FWS interview

HMSHost
Great American Bagel N Mkt
SeaTac International Airport

3088 SHAN

CHK 1288 APR28'09 1:18PM GST 1

1 CHICKN CAESAR	6.85
1 ASIAGO SPECIALTY	1.80
1 SNAPPLE 20OZ	2.20
Subtotal	10.85
Tax	1.09
Amt Tendered	11.94

[redacted]

VISA AD 4* 11.94

Primary Residential Mortgage, Inc.
Phone: 301-702-8550 • Fax: 301-702-8031

TAXI DRIVER'S CUSTOMER RECEIPT

Cab Company: ______ Cab #/ID: ______

From: National Airport

To: Double tree Inn

Total Fare $ 16 Time/Date: See Double Inn

Driver Signature: ______

→ Lunch Interview

DC TAXI
DRIVER
TAXI # 738
[illegible]5230
04/27/09 09:32
04/27/09 09:39
TRIP # 3429
DIST 1.01 mi
Rate 1 $ 5.25
TOTAL $ 5.25
COMPLAINTS CALL
202 645 6018
HAVE A NICE DAY!

$ 5²⁵

Dinner Sunday night

7-ELEVEN
912 NEW HAMPSHIRE AVE
WASHINGTON DC 20037
2023337550
STORE#: 23097
THANKS FOR SHOPPING
7-ELEVEN

1 7-SelectCranberry16z	1.49F
1 Stfr LasgwMeat10.5z	3.59F
1 PowrBrkrvTfChcCh2.8z	1.79F
1 Dan FOBStrwbyYog 6z	1.49F
SUBTOTAL	8.36
TOTAL DUE	8.36
VISA	8.36

JENSEN/DEBORAH
ACCT#: [redacted]
APPROVAL#: 024228 AUTH CODE: 0
APPROVAL TIME: 224430
STORE#: 23097
TERM# :00072309701 08
REF# : 05080 72 059 2
APPROVED

CUSTOMER AGREES TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD HOLDERS AGREEMENT

TRY OUR DELI CENTRAL SANDWICHES AND DELICIOUS ENTREES
1#03 0920 TRN2719 09/04/26 10:44 pm

from DOE

DC YELLOW CAB
CAB # 424
FACE # 53087
TAG # H-77521
04/27/09 04:03p
04/27/09 04:08p
TRIP # 2875
DIST 0.94 mi
Rate 1 $ 4.75
TOTAL $ 4.75
COMPLAINTS CALL
202 645 6010
HAVE A NICE DAY!

4⁷⁵

COSI #039 - 1700 Pennsylvania
1700 Pennsylvania Ave NW
Washington, DC 20006
202-638-7101

Host: Michelle 04/27/2009
13 11:12 AM
10005

Order Type: To Stay

Sand. -Tandoori Chicken	6.49
Esp. Latte 0[illegible]	[illegible]
Sub Total	[illegible]
Tax	[illegible]
To Stay Total	10.77
VISA [redacted]	10.77

AUTH [illegible]

Tip ______

TOTAL ______

TOTAL

SIGNATURE ______

April 24, 2009

Carlson Wagonlit Travel SatoTravel

For: DEBORAH JENSEN GDOIOS

To: NGMSDOI
ETKT 24APR**INVITATIONAL**.

Sales Person: 77
Locator: GOUSG
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 203788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Sunday April 26, 2009

Alaska Airlines
Class of Service:Coach Class Y
Depart: SEATTLE/TACOMA,WA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: JENSEN/DEBORAH 10B
Frequent Flyer Number:
ARR-TERMINAL B

Flight Number: 2

2:10 Pm April 26, 2009
9:59 Pm April 26, 2009
4 Hours 49 Minutes Non-Stop

Confirmation Number: PBOMVA

(b) (6) JENSEN/DEBORAH

Sunday April 26, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STES WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9485
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 26, 2009
Check Out: Apr 27, 2009
Confirmation Number: 86134518
Cancellation Policy: Cancel by 4PM

Monday April 27, 2009

Alaska Airlines
Class of Service: Coach Class G
Depart: WASHINGTON/NATL,DC
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed

Flight Number: 3

5:55 Pm April 27, 2009
8:45 Pm April 27, 2009
5 Hours 50 Minutes Non-Stop

Confirmation Number: PBOMVA

Reserved Seat: JENSEN/DEBORAH 28E
Frequent Flyer Number
DEP-TERMINAL B

(b) (6) JENSEN/DEBORAH

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
JENSEN DEBORAH	4531/0277401702737	742.33USD	56.67US	7.20ZP	14.00XT	8[illegible]
JENSEN DEBORAH	4531/8908145774876	28.25				28.25
					Total Amount:	847.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-687-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2854
CAR DECLINED/A//22APR

No Card Available

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS/OEA (0)

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 9120308A01

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Dixon, Victoria S

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW MS6214 Washington, D.C. 20240

d. OFFICE TELEPHONE NO.: 202 208 7461

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 12/3/08 b. TO 12/4/08

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

8. TRAVEL ADVANCE

a. Outstanding	0
b. Amount to be applied	0
c. Amount due Government (Attached [ ] Check [ ] Cash)	N/A
d. Balance outstanding	0

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED	b. AMOUNT RECEIVED
	$

c. PAYEE'S SIGNATURE

10. CHECK NO.:

11. PAID BY: TDT-I

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
US American Airlines 376.50	AA	C	12/1/08	DCA - Washington DC	ABQ - Albuquerque NM
				ZIPD = 78.50	
				ZIPT = 33.50	

2/19/09 - Email what is $13.50 for.

2/19/09 Received Email Back

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 ▶ Victoria S Dixon DATE 1-16-09

AMOUNT CLAIMED ▶ $ 122.00

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. 68a).)

APPROVING OFFICIAL SIGN HERE ▶ Doug Domuracki DATE 1/16/09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

PAID ACCEPTED FEB 19 2009

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ FEB 19 2009 DATE

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) Addition Error on M&IE	$ 10.00
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:	$
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	$
d. NET TO TRAVELER ▶	$ 112.00

2/19/09 mo

18. ACCOUNTING CLASSIFICATION

2009 WD1000DDD/0168

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 authori

Complete only for actual expense travel

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

8/6/59

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. VOSantaFeNM12030BA01

TRAVELER'S LAST NAME Dixon

DATE (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)
M-TUE		Lv DCA to -				29 50			29 50			29 50	
M-TUE		ABQ, NM				49 00			49 00			49 00	3 50 T
TAXI/HP							13 50						
TAXI							20 00 T						20 00 T
			44	25									
			44	25		(2)		(1)					
			88	50									
												78 50	
												83 50	33 50
												88 50	33 50

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 ▶ $112.00 / 122.00

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 Regulation (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 authorzation 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.

01/08/09 ACCOUNTING DETAIL | Doc No: VDSANTAFENM120308 A01
GovTrip Travel System | Dixon, Victori (b)(6)

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			376.50
LODGING-211D			86.00
M&IE-211D			88.50
RENTAL CAR-211R			31.44
TAV EXP -I-211B			13.50
TAXI-211T			20.00
TMC FEE -I-211B			27.75
09 1000.DDD01. .6	0.00	0.00	643.69

2009^^WD^1000^^DDD01^^68^

01/08/09 DOCUMENT HISTORY | Doc No: VDSANTAFENM120308 A01
GovTrip Travel System | Dixon, Victori (b)(6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	01/06/09	2:44PM E	D'Andrea Jackson
SIGNED	01/08/09	10:53AM E	Victoria Dixon

I certify that the electronic signatures listed above are valid and on file.

D'Andrea Jackson
SIGNED

01-15-09
DATE

OFFICIAL TDY TRAVELER AUTHORIZATION

(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NO.: VDSANTAFENM120308 A01

2. TRAVELER *(first name, middle initial, last name)*: Victoria Dixon

3. TITLE: OTHER

4. SOCIAL SECURITY NO.: (b) (6) [redacted]

5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:
Dept. of the Interior
1849 C St. NW
Washington, DC 20240

6A. OFFICE/SERVICE AND DIVISION: OS, Special Assistan

6B. CORR. SYMBOL:

7. OFFICIAL DUTY STATION: Washington

8. OFFICE PHONE NO.: 202-494-8780

9. TYPE: [X] ORIGINAL [ ] AMENDMENT

10. CATEGORY: [X] SINGLE TRIP [ ] LOA ([ ] COST [ ] NO COST)

11. TRAVEL PURPOSE *(check one)*: [ ] SITE VISIT [X] INFORMATION MEETING [ ] TRAINING ATTENDANCE [ ] SPEECH OR PRESENTATION [ ] CONFERENCE ATTENDANCE [ ] ENTITLEMENT [ ] SPECIAL MISSION [ ] OTHER *(SPECIFY)*

12. SPECIFIC TRAVEL PURPOSE:

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.

DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c) CITY	ITINERARY POINT (c) STATE	PER DIEM RATE M&IE RATE (d)	PER DIEM RATE MAXIMUM LODGING (e)	PER DIEM RATE TOTAL MAXIMUM (f)	ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		FROM: RES: ~~ARLINGTON~~	VA						
12/03/08	WED	TO: SANTA FE	NM	59	86	145			
12/04/08	THU	SANTA FE	NM	---	---				
---	---	TO: ---	--	---	---	---	---	---	---
---	---	---	--	---	---	---	---	---	---
12/04/08	THU	TO: RES: ARLINGTON	VA						

YES	NO		
	X	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? *(If YES, explain in item 22, REMARKS)* (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)	
X		15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? *(If NO, justify in item 22)*	
	X	16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? *(If YES, justify in item 22)*	
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? *(If YES, check one box below and complete item 17B)* [ ] USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT [ ] USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER	17B. MILEAGE RATE AUTHORIZED PER MILE.
	X	18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? *(If YES, justify in item 22)* IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER $25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d)	

19. TRAVELER IS *(check one)*: [ ] a. GOVT CHARGE CARD HOLDER [X] b. GOVT CHARGE CARD DECLINEE [ ] c. INFREQUENT TRAVELER

20. METHOD OF OBTAINING COMMON CARRIER TICKETS *(check one)* (Note: if item 19a was checked and you check 20b or c, explain in item 22): [ ] a. INDIVIDUAL GOVERNMENT CHARGE CARD [ ] b. BLANKET GOVERNMENT CHARGE CARD [ ] c. GOVERNMENT TRANSPORTATION REQUEST [X] OTHER *(explain in item 22)*

21. FUNDS OBLIGATED: A. INITIALS: B. DATE:

22. REMARKS:
Trip is greater than 12 hours. Meeting w/NM Tourism Officials and WSTPC Conference Gateway Conference.

23. EST. COST TO GOVERNMENT

A. TOTAL COMMON CARRIER COST	$ 376.50
B. TOTAL PER DIEM AND OTHER	$ 267.19
C. TOTAL ESTIMATED COST	$ 643.69

24. TRAVEL ADVANCE WILL BE OBTAINED BY *(check one)*: [X] a. GOVERNMENT ISSUED CHARGE CARD [ ] b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT

25. ADVANCE AUTHORIZED: $ 0.00

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY

A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.

26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	Refer	to accounting de	tail att	achment	(must	be enabl	ed on form pr	eferences).		

27A. NAME AND TITLE OF AUTHORIZING OFFICIAL: Doug Domenech, Dep. COS

27B. SIGNATURE *(PRESS FIRMLY USE BALL POINT PEN)*: Doug Domenech

27C. DATE: 01-16-09

GENERAL SERVICES ADMINISTRATION

GSA FORM 87 (REV. 8/86)

Old Santa Fe Inn

320 Galisteo Road
Santa Fe, New Mexico 87501
(505) 995-0800

Guest Folio

User: Alejandra Rodriquez
Date: December 04, 2008
Time: 7:51 AM

Victoria Dickson
1849 C St NW
Dept Of Interior, DC 20240

Arrival date: 12/3/2008
Departure date: 12/4/2008
Confirmation #: FE15083108
Room: 18 (KTK)
Folio #: 1994112

Date	Description	Amount
11/10/08	(b) (6) advance deposit: Master Card	-$ 92.06
12/3/08	Room 18: Room Rent	$ 80.10
12/3/08	Gross Reciepts Tax	$ 6.36
12/3/08	Lodger's Tax	$ 5.61
12/4/08	Room Rent Adjustment: Room Rent	$ 0.01
12/4/08	Room REnt Adjustment: Room Rent	-$ 0.02
	Balance Due:	-$ 0.00

Guest Signature: _____

Travel for Vicki Dixon
To
Albuquerque/Santa Fe, NM

December 3, 2008

7:15 a.m. Depart residence via Taxi

Cost $10

8:45 a.m. Depart DCA en route Albuquerque

1:25 pm Arrive Albuquerque, NM

5:00 pm Meeting with the NM Secretary of Tourism
Santa Fe, NM

RON: Old Santa Fe Inn
Santa Fe, NM

December 4, 2008

9:00 a.m. Meeting with NM Tourism Officials and WSTPC
Conference Gateway Conference Coordinator

3:55 pm Department Albuquerque, NM en route DCA

11:35 pm Arrive DCA

Taxi to residence

Cost - $10

Re: Regarding travel voucher for Victoria Dixon
D'Andrea Jackson to: Crystal M William 02/19/2009 11:49 AM

The $13.50 expense on Victoria Dixon's voucher is for a taxi ride to the airport.

****

D'Andrea E. Jackson
Immediate Office of the Secretary
Department of the Interior
Intergovernmental Affairs
1849 C Street, N.W., Washington, D.C. 20240
(202) 208-1923 Fax: (202) 208-1821

–

Crystal M William | Good Morning D'Andrea, I have received a tr... | 02/19/2009 10:35:34 AM

From: Crystal M William/NBC/OS/DOI
To: D'Andrea Jackson/OEA/OS/DOI@DOI
Date: 02/19/2009 10:35 AM
Subject: Regarding travel voucher for Victoria Dixon

Good Morning D'Andrea,

I have received a travel voucher for Victoria Dixon with travel dates 12/03/2008 to 12/04/2008 to Santa Fe, NM. However I will need some clarification on the Tav Exp for $ 13.50. In order for me to finish processing this voucher.

I normally contact the traveler. However I was unable to find Victoria Dixon in Lotus Notes.

Thank You
Crystal William
National Business Center -Denver
Williams/Gonzales JV
D-2730
Phone: 303-969-5223
Fax: 303-969-6631

Exception to GSA Form 87

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data the is to determine the amount to reimburse an employee for expenses incurred in connection with temporary duty travel. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.

ALBUQUERQUE
RENTAL RECORD: QK0202473
DIXON VICTORIA
COMPLETED BY: SLUCET
RENTED: ALBUQUERQUE
RENTAL: 12-03-06 1405
RETURN: 12-04-06 1112
MILES IN: 24732 OUT: 24589
MILES DRIVEN: 143
PLAN IN/OUT: SPC /GOVT
CLS: CDAR

1 DAYS	14.00	14.00
SUBTOT		14.00
TAXABLE TOT		14.00
SALES TAX	INCLUDED	
LDW1	INCLUDED	
GARS		5.00
STATE SRG		2.00
CFC		3.90
VLCR		1.08
ERF		.45
APCONRGFEE		2.03
STATE TAX		1.71
VEHLICFEE		1.27
NET DUE		31.44
PAYMENTS		-31.44

PAID BY: MC
CREDIT CARD #: (b) (6) [redacted]
FT# AA 9ED1578

THANK YOU FOR CHOOSING THRIFTY CAR RENTAL.

eTicket Receipt

Sabre Reservation Code:	**KFQAAY**	Issuing agent:	WASHINGTON DC
Ticket number:	0017379210885	Issuing agent:	N3KB/A77
Issuing airline:	AMERICAN AIRLINES	IATA number:	09581283
Date issued:	13NOV08	Invoice number:	0004163
Customer number:	(b) (6)		

Passenger: DIXON/VICTORIA S [GDOIOS]

Airline Confirmation: KFQAAY

03DEC08	**AMERICAN AIRLINES**	**AA 475**
From:	WASHINGTON REAGAN, DC	Departs:845A
To:	DALLAS FT WORTH, TX	Arrives:1125A
	Economy	Confirmed
	Seat: 12D	
	Not valid after: 30SEP	Fare basis: GCADCA

Airline Confirmation: KFQAAY

03DEC08	**AMERICAN AIRLINES**	**AA 369**
From:	DALLAS FT WORTH, TX	Departs:1230P
To:	ALBUQUERQUE, NM	Arrives: 125P
	Economy	Confirmed
	Seat: 09B	
	Not valid after: 03DEC	Fare basis: GCADCA

Airline Confirmation: KFQAAY

04DEC08	**AMERICAN AIRLINES**	**AA 1486**
From:	ALBUQUERQUE, NM	Departs:355P
To:	DALLAS FT WORTH, TX	Arrives: 635P
	Economy	Confirmed
	Seat: 12B	
	Not valid after: 30SEP	Fare basis: GCADCA

Airline Confirmation: KFQAAY

04DEC08	**AMERICAN AIRLINES**	**AA 1900**
From:	DALLAS FT WORTH, TX	Departs:800P
To:	WASHINGTON REAGAN, DC	Arrives:1135P
	Economy	Confirmed
	Seat: 12C	
	Not valid after: 03DEC	Fare basis: GCADCA

Form of payment: Credit Card - Mastercard: (b) (6) [redacted]

Endorsement / restrictions: DCA ONLY

Fare calculation line:
WAS AA X/DFW AA ABQ156.28GCADCA AA X/DFW AA WAS 156.28GCADCA USD312.56END ZPDCADFWABQDFW XT10.00AY 16.50XFDCA4.5DFW4.5ABQ3DFW4.5

Fare:	**USD**	**312.56**		
Taxes/fees/charges				
Taxes/fees/charges:	**USD**	**23.44**	**US**	**US Transportation Tax**
Taxes/fees/charges:	**USD**	**14.00**	**ZP**	**US Segment Tax**
Taxes/fees/charges:	**USD**	**26.50**	**XT**	**Combined Taxes**
Total:	**USD**	**376.50**		

Positive identification required for airport check in

Notice:
Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Important legal notices

Copyright and Trademark Notices

Sabre virtually there

Department of the Interior

OFFICE OF THE SECRETARY

TRAVEL

FFS Batch Control Document

Batch ID

Trans Type	Division	Julian Date	Prep Unit	Sequence Number
TV	O	049	CW	A

Batch Totals

Input Date	Number of Documents	Net Total (Required)
2/18/09	2	$12,068.20

System Checked By: CMW Date 2/18/09

Batch Approval

Approved By: PAID FEB 18 2009 ACCEPTED FEB 19 2009 PAID FEB 19 2009

Date Approved: 2-19-09

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 91000●103 Drapeaux, Brian
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Pierre, SD
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 04-12-2009 b. TO 04-13-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Drapeaux1 b. DATE(S) 04-10-2009

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

10. CHECK NO.

11. PAID BY

TOT D

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

I hereby assign to the United States any right I may have against any carries 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)
See attached ticket 1,217.20	NW	Economy	04-10-2009	Pierre, SD	Washington, DC and return
Ticket agent fee 28.25					

Invitational travel. Air fare purchased with corporate card. No lodging - traveler stayed with friends/relatives.

[redacted] 5/19/9 Acct

2110 96.00

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 5/11/09 AMOUNT CLAIMED ▶ $ 96.00

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; id. 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 ▶ [signature] DATE 5/12/09

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

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) $
NET TO TRAVELER ▶ $ 96.00

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/24/9

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Drapeaux1

TRAVELER'S LAST NAME

Drapeaux

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
4/12	7:04 am	Depart Pierre, SD											
	1:38 pm	Arrive Washington, DC					48.00		48.00			48.00	
4/13	6:31 pm	Depart Washington, DC											
	11:35 pm	Arrive Pierre, SD					48.00		48.00			48.00	
										SUBTOTALS ▶		$96.00	
										TOTALS ▶		$96.00	

209/64 / 96

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 Regulation (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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $96.00

This form was electronically produced by Elite Federal Forms, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. Drapeaux1
2. 04/10/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Brian Drapeaux 5. OFFICIAL STATION Pierre, SD

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Pierre, SD
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior

11. PER DIEM ALLOWANCE:

Per diem allowance in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 04/12/09 Ending on or about 04/13/09

MODE OF TRAVEL

13. [X] Common carrier 14. Extra fare 15. Government-owned conveyance
16. Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,240.00
21. Per Diem		300.00
22. Other		100.00
23. TOTAL	$	1640.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (APPROVING OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Associate Deputy Secretary (TITLE)

Carlson Wagonlit Travel SatoTravel

April 10, 2009

For: BRIAN DRAPEAUX GDO108

To: NGMSDOI
ETKT 10APR.

Sales Person: KS
Locator: DZEYRL
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Sunday April 12, 2009

Northwest Airlines — Flight Number: 3038
Class of Service:Coach Class M
Depart: PIERRE, SD — 7:04 Am April 12, 2009
Arrive: MINNEAPOLIS,MN — 9:28 Am April 12, 2009
Total Flight Time: — 2 Hours 3 Minutes Direct 1-Stop
Equipment: Saab 340
Meal Service: None
Status: Confirmed — Confirmation Number: 725LGP
Stop At: WATERTOWN, SD — Time On Ground: 21 Minutes
Reserved Seat: DRAPEAUX/BRIAN 3C
ARR-LINDBERGH TERMINAL
*PIR-MSP OPERATED BY MESABA AVIATION

Sunday April 12, 2009

Northwest Airlines — Flight Number: 1704
Class of Service:Coach Class M
Depart: MINNEAPOLIS,MN — 10:15 Am April 12, 2009
Arrive: WASHINGTON/NATL,DC — 1:38 Pm April 12, 2009
Total Flight Time: — 2 Hours 23 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: 725LGP
DEP-LINDBERGH TERMINAL ARR-TERMINAL A
SEATING ASSIGNED AT AIRPORT CHECK-IN.
SEAT ASSIGNED AT AIRPORT CHECK-IN

Monday April 13, 2009

Northwest Airlines — Flight Number: 1711
Class of Service:Coach Class M
Depart: WASHINGTON/NATL,DC — 5:31 Pm April 13, 2009
Arrive: MINNEAPOLIS,MN — 7:16 Pm April 13, 2009
Total Flight Time: — 2 Hours 45 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: 725LGP
Reserved Seat: DRAPEAUX/BRIAN 13B
DEP-TERMINAL A ARR-LINDBERGH TERMINAL

MIDDLE SEAT ONLY AVAILABLE AT TIME OF BOOKING

Monday April 13, 2009

Northwest Airlines — Flight Number: 3041
Class of Service:Coach Class M
Depart: MINNEAPOLIS,MN — 9:15 Pm April 13, 2009
Arrive: PIERRE, SD — 11:38 Pm April 13, 2009
Total Flight Time: — 2 Hours 1 Minutes Direct 1-Stop
Equipment: Saab 340
Meal Service: None
Status: Confirmed — Confirmation Number: 725LGP
Stop At: WATERTOWN, SD — Time On Ground: 22 Minutes
Reserved Seat: DRAPEAUX/BRIAN 10C
DEP-LINDBERGH TERMINAL
*MSP-PIR OPERATED BY MESABA AVIATION

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
DRAPEAUX BRIAN	4430/0127401702635	1099.53USD	82.47US	7.20ZP	28.00XT	1,217.20
DRAPEAUX BRIAN	4430/8908144782800	28.25				28.25
DRAPEAUX BRIAN	4426/0127401702635	1099.53USD	82.47US	7.20ZP	28.00XT	1,217.20
DRAPEAUX BRIAN	4426/8908144782802	28.25				28.25
					Total Amount:	2,490.90

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: MARSTERS0901

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Marster, Elizabeth S.
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): 41000148
DOI
Washington, DC
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 06-16-2009 b. TO 08-17-2009

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

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6)

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

10. CHECK NO.

11. PAID BY: TOTO

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

I hereby assign to the United States any right I may have against any parties in connection with nonrefundable 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)

JUL - 6 2009

See attached sheet

2110 14600
211P 7920

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 6-24-09 AMOUNT CLAIMED ▶ $ 225.20

NOTE: Falsification of an item on an expense account voids a forfeiture of claim (20 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; id. 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 involved, 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 ▶ [signature] DATE 6-25-09

17. FOR FINANCE OFFICE USE ONLY COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifying initials) $
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $
d. NET TO TRAVELER ▶ $ 225.20

16. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

225.20

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01-68

7/7/09

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) through (g) Show amount incurred for each meal, including 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, recreation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. Marsters 0901

TRAVELER'S LAST NAME Marsters

DATE (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		POV - DC								72	39.60		
		lodging						121.00	121.00			121.00	
		per diem					12.00		12.00			12.00	
		POV- DC								72	39.60		
		per diem					13.00		13.00			13.00	
										SUBTOTALS ▶	$79.20	$146.00	
										TOTALS ▶	$79.20	$146.00	

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 Regulation (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 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.

..0..

121.00+
12.00+
13.00+
146.00 *

..0..

75.00+
..0..

72.00+
72.00+
144.x
0.55=
79.20+

..0..

146.00+
79.20+
225.20 *

..0..

THE NATIONAL
CONSERVATION
TRAINING CENTER

Lizzie Marsters
US

Room No.	7578
Arrival	06-16-09
Departure	06-17-09
Folio No.	4863
Cashier No.	1003
Page No.	1 of 1

Group Code	0906FAGL01
Group	Eagle Horizon 2009
Rate Code	MNFGOV

Date	Description	Charges	Credits
06-16-09	Lodging and Meals	121.00	
06-16-09	Mastercard (b) (6) [redacted]		121.00

Total Charges	121.00
Total Credits	121.00
Balance	0.00 USD

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

80/44
= 124 daily

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 | Fax: (304)876-7218 | training.fws.gov
CERTIFIED TRUE COPY: USFWSNCTC ARAMARK Shepherdstown, WV Tuesday June 16 2009 11:2 PM

Actual Lodging NTE 300% as authorized. Approved , signing official.
All meals and lodging included in the hotel invoice.

Traveler used personal credit card for the hotel bill. Traveler did not have government charge card at the time of travel.

Traveler used POV for transportation

6/16/09- 72 x .55 = $39.60

6/17/09 72 x.55 = $39.60

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. MARSTERS09C1
2. 06-15-2009 (DATE)

3. OS (BUREAU OR OFFICE) Washington, DC

4. NAME Elizabeth S. Marsters 5. OFFICIAL STATION

6. TITLE Spec. Asst to the SECY 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: [redacted]
Attend Interagency Meeting - Shepherdstown, WV

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.
Advance for the SECY -Speaker/Presenter at Conference, Summits, ect.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

****Subject to Availability of Funds*****

12. PERIOD OF TRAVEL: Beginning on or about 06-16-2009 Ending on or about 06-17-2009

MODE OF TRAVEL

13. ☒ Common carrier
14. ☐ Extra fare at a mileage rate of
15. ☐ Government-owned conveyance cents, subject to:
16. ☒ Privately owned
   (a) ☒ Administratively determined to be the advantage of the Government
   (b) ☐ A showing of advantage to the Government
   (c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation		
21. Per Diem		250.00
22. Other		
23. TOTAL	$	250.00

24. CHARGED TO:
2009-1000 DDD01 66

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Elizabeth Marsters (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Renee Stone, Depy COS (TITLE)

This form was electronically produced by Elite Federal Forms, Inc

SHEPHERDSTOWN, WV

RON: National Training Center

6/16/09

- Depart Washington for Shepherdstown, WV
- Arrive Shepherdstown, WV
- Check into Hotel

6/17/09

- Participated in COOP training
- Depart Shepherdstown, WV for Washington, DC
-

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
184	BS	2

Batch Totals

Input Date	Number of Documents
7/2/19	4

227•20 +
225•20 +
574•62 +
115•00 +
1,142•02 *

System Checked By: B Date 7/2/19

Batch Approval

Approved By: _____

Date Approved: _____

8.3.19

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS

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

3. VOUCHER NO.: MARSTERS0901009

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000218 Marster, Elizabeth S.
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): DOI Washington, DC
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Washngton, DC
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 09-10-2009 b. TO 09-12-2009

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

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

10. CHECK NO.:

11. PAID BY

EDT-D

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
Traveler used personal card fof lodging DOI Staff Meeting Actual lodging NTE 300% A Approved [illegible] signing o Lodging/meals on bill		SEP 25 2009		210	270.00

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 ▶ Elizabeth Marsters DATE 9/21/09 AMOUNT CLAIMED ▶ $ 270.00

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 ▶ Renee Stone DATE 9.23.09

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 ▶ $ 270.00

16. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

18. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

9/25/2009

19. ACCOUNTING CLASSIFICATION

2009-1000-DDD01-68

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS

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

3. VOUCHER NO.: MARSTERS0901009

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Marster, Elizabeth S.

b. SOCIAL SECURITY NO.:

6. PERIOD OF TRAVEL: a. FROM 09-10-2009 b. TO 09-12-2009

c. MAILING ADDRESS (Include ZIP Code): DOI Washington, DC

d. OFFICE TELEPHONE NO.:

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

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): Washington, DC

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

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)

Traveler used personal card fof lodging

DOI Staff Meeting

Actual lodging NTE 300% A

Approved_____, signing o

Lodging/meals on bill

SEP 25 2009

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 ▶ Elizabeth Marsters DATE 9/21/09

AMOUNT CLAIMED ▶ $ 270.00

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 ▶ Renee Stone DATE 9.23.09

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 ▶ $ 270.00

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 ▶ DATE

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD01-68

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, 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 2 OF PAGES

TRAVEL AUTHORIZATION NO. Marsters 0901

TRAVELER'S LAST NAME Marsters

(a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k) (MILEAGE RATE: 55.0 ¢)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		lodging/meals 9/10/09						121.00	121.00			121.00	
		per diem 9/10/09					12.00		12.00			12.00	
		subistence 9/11/09					3.00		3.00			3.00	
		lodging/meals-9/11/09					121.00		121.00			121.00	
		per diem 9/12/09					13.00		13.00			13.00	
		SUBTOTALS ▶										$270.00	
		TOTALS ▶											

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 ▶

compliance with the Privacy Act of 1974, the following information is provided; licitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as plemented by the Federal Travel Regulation (FPMR 101 7), E.O. 11609 of July 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 J.C. 6011(b) and 6109. The primary purpose of the requested information is to termine payment or reimbursement to eligible individuals for allowable travel d/or relocation expenses incurred under appropriate administrative authorization d to record and maintain costs of such reimbursements to the Government. e information will be used by officers and employees who have a need for the ormation in the performance of their official duties. The information may be closed to appropriate Federal, State, local, or foreign agencies, when relevant 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.

CHEDULE
F
XPENSES
ND
MOUNTS
LAIMED

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, 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 ____ OF PAGES

TRAVEL AUTHORIZATION NO.

Marsters 0901

TRAVELER'S LAST NAME

Marsters

	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 55.0 ¢	AMOUNT CLAIMED		
			MEALS				MISCEL-LANEOUS SUBSIS TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
	(Hour and am/pm)	*(Departure/arrival city, per diem computation, or other explanations of expense)*	BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*	*(g)*	*(h)*	*(i)*	*(j)*	*(k)*	*(l)*	*(m)*	*(n)*
										SUBTOTALS ▶			
										TOTALS ▶		$270.00	

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

compliance with the Privacy Act of 1974, the following information is provided: licitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as plemented by the Federal Travel Regulation (FPMR 101 7), E.O. 11609 of July 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 S.C. 6011(b) and 6109. The primary purpose of the requested information is to termine payment or reimbursement to eligible individuals for allowable travel d/or relocation expenses incurred under appropriate administrative authorization d to record and maintain costs of such reimbursements to the Government. e information will be used by officers and employees who have a need for the ormation in the performance of their official duties. The information may be isclosed to appropriate Federal, State, local, or foreign agencies, when relevant

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 ▶ **$270.00**

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

THE NATIONAL
CONSERVATION
TRAINING CENTER

Lizzie Marsters
1849 c street nw
Washington DC 20240
US

Room No.	7846
Arrival	09-10-09
Departure	09-12-09
Folio No.	8385
Cashier No.	1003
Page No.	1 of 1

Group Code	0908OFFICEO
Group	Office of Secretary Sennior Staff
Rate Code	MNFGOV

Date	Description	Charges	Credits
09-10-09	Lodging and Meals	121.00	
09-11-09	Lodging and Meals	121.00	
09-11-09	Mastercard (b) (6) [redacted]		242.00
	Total Charges	**242.00**	
	Total Credits		**242.00**
	Balance		**0.00**
			USD

Signature: Lizzie Marsters

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Friday September 11 2009 3:51 PM

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. MARSTERS0902
2. 08-31-2009 (DATE)

3. OS (BUREAU OR OFFICE) Washington, DC

4. NAME Elizabeth S. Marsters 5. OFFICIAL STATION

6. TITLE Spec. Asst to the SECY 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Seheperdstown, WV -Acccomplish & missions. Off. business

Attend DOI Senior Staff Retreat

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

****Subject to Availablity of Funds*******

12. PERIOD OF TRAVEL: Beginning on or about 09-10-2009 Ending on or about 09-12-2009

MODE OF TRAVEL

13. [X] Common carrier 14. Extra fare 15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	
21. Per Diem		242.00
22. Other		60.00
23. TOTAL	$	302.00

24. CHARGED TO:

2009-1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. Elizabeth Marsters (REQUESTER'S SIGNATURE)
27. Elizabeth Marsters (TITLE)
28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Renee Stone, Depy COS (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

Thursday -Saturday, September 10-12/09

DOI Staff Meeting at NCTC

Shepherdstown, WV

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
/ TEMPORARY DUTY
- PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name *(Last, first, middle initial)*
Williams, Ezekiel

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 05-14-2009
b. TO 05-15-2009

c. MAILING ADDRESS *(Include ZIP Code)*
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Williams1
b. DATE(S) 05-13-2009

e. PRESENT DUTY STATION
Denver, CO

f. RESIDENCE *(City and State)*
(b) (6)

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 shown 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)
See attached eticket	523.60	FR	Economy	05-13-2009	Denver, CO	Washington, DC
See attached eticket	21960	UA	Economy	05-13-2009	Washington, DC	Denver, Co
TMC	28.25					

2110.30500
211I 3031
211T 131.75

No card

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card.

JUL 28 2009

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 ▶ Ezekiel J Williams DATE 7-18-2009

AMOUNT CLAIMED ▶ $ 467.06

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. 680b).)*

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone DATE 7-23-09

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 ▶ $ 467.06

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/3/09 MD

30.20 +
61.20 -
..0..

8.00 +
55.00 +
65.75 +
128.75 *

128.75 +
30.31 +
..0..

209.00 +
96.00 +
..0..

162.06 +
30.31 -
..0..

8.00 +
55.00 +
131.75 -
..0..

305.00 +
30.31 +
131.75 +
467.06 *

..0..

0.00 *

..0..

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) 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. (f) & (g): Show amount incurred for each meal, including tax, tips, and daily total meal cost.

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

Complete for per diem and actual expense travel.

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

Col. (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.

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

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Williams1

TRAVELER'S LAST NAME

Williams

209/64

DATE 2009 (a)	TIME (Hour and a/p/m) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (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)
05/14	4:30 pm	Depart Denver, CO											
	9:51 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging tax											30.31 T
05/15		Taxi Lodging/DOI											8.00 T
		Taxi DOI/AD											55.00 T
	10:10 pm	Depart Washington, DC											
	11:50 pm	Arrive Denver, CO					48.00		48.00			48.00	
		Taxi DEN/Residence											65.75 T

SUBTOTALS ▶ $305.00 $182.06

TOTALS ▶ $305.00 $182.06

96 305.00

257 + 48 = 305

30.31 + 8.00 + 55.00 + 65.75 = 159.06

159.06 + 8.00 = 167.06

167.06 + 305.00 = 472.06

472.06 − 5.00 = 467.06

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 12 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $467.06

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 Regulation (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 in 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 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.

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1940

TRAVEL AUTHORIZATION

1. No. Williams1
2. 05/13/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Ezekiel J. Williams
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel.

11. **PER DIEM ALLOWANCE:**

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 05/14/09 **Ending on or about** 05/15/09

MODE OF TRAVEL

13. ✗ **Common carrier**
14. **Extra fare at a mileage rate of**
15. **Government-owned conveyance cents, subject to:**
16. ✗ **Privately owned**
    - *(a)* ✗ **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. ✗ **Other** *(specify)*
    Taxi fare, airport parking
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	1100.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1550.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

WILLIAMS, EZEKIEL
(b) (6) [redacted]

Room 710/NK1K
Arrival Date 5/14/2009 10:51:00PM
Departure Date 5/15/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH# (b) (6) [redacted]
AL (b) (6) [redacted]
BONUS AL CAR

Confirmation: 82836033

5/15/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
5/14/2009	1364835	GUEST ROOM	$209.00
5/14/2009	1364835	SUITE TAX	$30.31
		WILL BE SETTLED TO AX (b) (6) [redacted]	$239.31
		EFFECTIVE BALANCE OF	$0.00

You have earned approximately 2090 HHonors points and approximately 209 miles with United Airlines for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilto

Thank you for choosing Doubletree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!

ESTIMATED CURRENCY TOTAL

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase.
  - charge purchases to your account, then stop by the Front Desk for an updated statement.
  - or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION 200096	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

May 13, 2009

Carlson Wagonlit Travel SatoTravel

For: EZEKIEL WILLIAMS GDOIOS

To: NGMSDOI

Sales Person: 77
Locator: NIUVMY
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday May 14, 2009

Frontier Airlines
Class of Service:Coach Class Y
Depart: DENVER, CO
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: WILLIAMS/EZEKIEL 14C
ARR-TERMINAL C

Flight Number: 720

4:30 Pm May 14, 2009
9:51 Pm May 14, 2009
3 Hours 21 Minutes Non-Stop

Confirmation Number: PICKER

Thursday May 14, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STES WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9485
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: May 14, 2009
Check Out: May 15, 2009
Confirmation Number: 82836033
Cancellation Policy: Cancel by 4PM

Friday May 15, 2009

United Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES
Arrive: DENVER, CO
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed
Reserved Seat: WILLIAMS/EZEKIEL 15B
STAR ALLIANCE

Flight Number: 343

10:10 Pm May 15, 2009
11:56 Pm May 15, 2009
3 Hours 46 Minutes Non-Stop

Confirmation Number: XK0G74

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WILLIAMS EZEKIEL	4622/0167423918560	477.21	46.39			523.60
WILLIAMS EZEKIEL	4621/4227423918559	194.42USD	14.58US	3.60ZP	7.00XT	219.60
WILLIAMS EZEKIEL	4621/8908145774941	28.25				28.25
					Total Amount:	771.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
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All hybrid fleet
Same prices as all other Arlington taxis
Brand new, non-smoking vehicles
All major credit cards accepted
24/7 computerized dispatch

703-920-3333

Find out more at www.envirotaxicab.com

Taxi Cab Receipts

DATE: 5/15 TIME: _____

TRIP ORIGIN: F St 8th St

DESTINATION: Dept of Interior

FARE: $ 8.00 SIGNATURE: _____

PRINTED DATA ONLY ABOVE THIS LINE — DO NOT CIRCLE EXPIRATION DATE

EXPIRATION DATA CHECKED

DATE 05/15/04	REVENUE CASH
AUTHORIZATION NO.	REFERENCE NO.

5481391

QTY	DESCRIPTION	AMOUNT
		00
	TAX	
	TIP INCL.	50
	TOTAL	8 50

SALES SLIP

CUSTOMER COPY

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5a. Name (Last, first, middle initial): Fearn, Milton L.

5b. SOCIAL SECURITY NO.: 91000022 (b) (6) [redacted]

5c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]

5d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL: a. FROM 07-14-2009 b. TO 07-16-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Fearn1 b. DATE(S) 07-10-2009

5e. PRESENT DUTY STATION: Seattle, WA

5f. RESIDENCE (City and State): (b) (6) [redacted]

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

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
See attached eticket	AK	Economy	07-13-2009 SEP 25 2009	Seattle, WA	Washington, DC and return
809.20					
TMC fee 28.25					
TMC fee 28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card. One of the et-ckets on the attached invoice was refunded. Traveler's plans changed (at the request of the Department) after ticket was issued.

211049O
211I4786
211T7575

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

AMOUNT CLAIMED ▶ $ 613.61

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 ▶ [signature] DATE 9.17.09

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 ▶ $ 613.61

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/25/09 BD

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Fearn, Milton L.
b. SOCIAL SECURITY NO.:
c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Seattle, WA
f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 07-14-2009 b. TO 07-16-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Fearn1 b. DATE(S) 07-10-2009

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

10. CHECK NO.:

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 shown 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)
See attached eticket	809.20	AK	Economy	07-13-2009 SEP 25 2009	Seattle, WA	Washington, DC and return
TMC fee	28.25					
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card. One of the e-tickets on the attached invoice was refunded. Traveler's plans changed (at the request of the Department) after ticket was issued.

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

AMOUNT CLAIMED ▶ $ 613.61

NOTE: Falsification of an item in an expense account works a forfeiture of claim (26 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 ▶ [signature] DATE 9.17.09

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

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 ▶ $ 613.61

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

47•86 +
47•86 -
••0••

••0••

64• x
75• %
48•00 +

••0••

48•00 +
64•00 +
48•00 +
48•00 +
••0••

••0••

165•00 +
165•00 +
160•00 +
••0••

490•00 +
47•86 +
75•75 +
613•61 *

613•61
•••••••••••••••• *

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Feam1

TRAVELER'S LAST NAME

Feam

2009 (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)	LUNCH (e)	DINNER (f)	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)
07/14	8:40 am	Depart Seattle, WA											
	4:40 pm	Arrive Washington, DC					48.00	165.00	213.00			213.00	
		Lodging tax											23.93 I
		Taxi DCA/Lodging											25.00 T
		Taxi Lodging/DOI											8.00 T
		Taxi DOI/Lodging											11.00 T
07/15		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging tax											23.93 I
		Taxi Lodging/DOI											6.75 T
		Taxi Lodging/DCA											25.00 T
07/16	8:00 am	Depart Washington, DC											
	10:48 am	Arrive Seattle, WA					48.00		48.00			48.00	
										SUBTOTALS ▶		$490.00	$123.61
										TOTALS ▶		$490.00	$123.61

165 | 60 | 1

330 = 490

160

If additional space is required, continue on another SF 1012-A BACK, leaving title 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 ▶ $613.61

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 Regulation (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 [illegible] 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Fearn1
2. 07/10/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Mickey Fearn
5. OFFICIAL STATION Seattle, WA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, WA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:
Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/14/09 Ending on or about 07/16/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    (a) [X] Administratively determined to be the advantage of the Government
    (b) A showing of advantage to the Government
    (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Baggage, taxi fare, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1400.00
21. Per Diem		200.00
22. Other		100.00
23. TOTAL	$	1700.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (YYLE)

28. Pamela Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0815
Folio # :
Cashier # : 52
Page # : 1 of 1

SATO
Milton L Fearn

US

Arrival : 07-15-09
Departure : 07-16-09

Date	Description	Additional Information	Charges	Credits
07-15-09	Room Charge		165.00	
07-15-09	Room Tax		23.93	
		Total	**188.93**	**0.00**
		Balance Due	**188.93**	

Guest signature X_____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month. (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $.50 (Mon - Sat) and $2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

The MELROSE Hotel
WASHINGTON, D. C.

Milton L Fearn

Room No. : 528
Arrival : 07-14-09
Departure : 07-15-09
Page No. : 1 of 1

07-15-09

Date	Text	Charges	Credits
07-14-09	Room Charge	165.00	
07-14-09	Room Tax	23.93	
	Total	188.93	0.00
	Balance		188.93

Signature: _____

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 for any part or the full amount of these charges.

A daily copy of the USA TODAY is included with your stay. If you do not wish to receive the newspaper, please contact the front desk and a $.75 credit will be applied to your folio.

Thank you for choosing The Melrose Hotel, Washington D.C. !

2430 Pennsylvania Avenue, NW Washington, D.C. 20037-6986
202-955-6400 1-800 MELROSE Facsimile 202-955-5765
www.melrosehotel.com

TAXICAB RECEIPT

Time: 6:30 PM
Date: 7-14-09

Origin of trip: DOT

Destination: Fairmount

Fare: 11.00 Sign: [signature]

TAXICAB RECEIPT

Time: 9:00 PM
Date: 7-14

Origin of trip: Union Station

Destination: Fairmount

Fare: 11:00 Sign: _____

receipts

TAXICAB RECEIPT

Time: 5:30
Date: 7/14

Origin of trip: Reagan Airport

Destination: Melrose Hotel

Fare: 25.00 Sign: [signature]

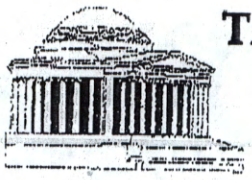
TAXICAB RECEIPT

Time: 7:30 PM
Date: 7-14

Origin of trip: ~~Melrose~~ Fairmont

Destination: Union Station

Fare: 11.00 Sign: _____



TAXICAB RECEIPT

Time: 10:00

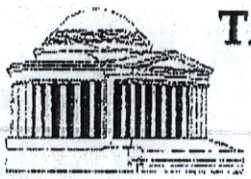
Date: 7-14-09

Origin of trip: Melrose

Destination: DOI

Fare: 9.00 Sign: _____

DC TRIP / CAPPED
AMBASSADOR CAB
CAB # 603
07/15/09 FR 3911
START END MILES
14:31 14:40 1.8
FARE FOR FA RATE
RATE 1: $ 6.75
EXTRA: $ 0.00
TOTAL: $ 6.75
THANKS
DC TAXICAB COMM
TEL 202 645-6018



TAXICAB RECEIPT

Time: 6:00 am

Date: 7-15-09

Origin of trip: Fairmount

Destination: Reagan Airport

Fare: 25.00 Sign: _____

July 13, 2009

Carlson Wagonlit Travel SatoTravel.

For: MILTON L FEARN GDOIOS

To: NGMSDOI
ETKT 10JUL."INVITATIONAL"

Sales Person: 77
Locator: NPTSMY
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday July 14, 2009

Alaska Airlines — Flight Number: 4
Class of Service:Coach Class K
Depart: SEATTLE/TACOMA,WA — 8:40 Am July 14, 2009
Arrive: WASHINGTON/NATL,DC — 4:40 Pm July 14, 2009
Total Flight Time: — 5 Hours 0 Minutes Non-Stop
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LDXPSE
Reserved Seat: FEARN/MILTON L 17A
ARR-TERMINAL B

Tuesday July 14, 2009

WASHINGTON/NATL,DC
THE MELROSE HOTEL WASHINGTON
2430 PENNSYLVANIA AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-9556400
Fax Number: 1-202-7758489
Number of Rooms: 1
Rate: 165.00 USD Per Night
Check In: Jul 14, 2009
Check Out: Jul 15, 2009
Confirmation Number: 153335Y033754
Cancellation Policy: Cancel 1 day prior

Wednesday July 15, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 165.00 USD Per Night
Check In: Jul 15, 2009
Check Out: Jul 16, 2009
Confirmation Number: 50681826

Cancellation Policy: Cancel 1 day prior

Thursday July 16, 2009

Alaska Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: FEARN/MILTON L 8B
DEP-TERMINAL B

Flight Number: 1

8:00 Am July 16, 2009
10:48 Am July 16, 2009
5 Hours 48 Minutes Non-Stop

Confirmation Number: LDXFSE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
FEARN MILTON L	4891/0277681380156	733.03USD	54.97US	7.20ZP	14.00XT	809.20
FEARN MILTON L	4891/8900501157505	28.25				28.25
FEARN MILTON L	4889/0277681380154	733.03USD	54.97US	7.20ZP	14.00XT	809.20
FEARN MILTON L	4889/8900501157504	28.25				28.25
					Total Amount:	1,674.90

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//10JUL
LODGING DECLINED//10JUL

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 910000/9T Machils, Gary

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 07-16-2009 b. TO 07-18-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Machils1 b. DATE(S) 07-10-2009

e. PRESENT DUTY STATION: Moscow, ID

f. RESIDENCE (City and State): (b) (6)

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

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)	TO (f)

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Traveler was in travel status on personal business that brought him to Washington, DC. Therefore no air fare was purchased by the government for this travel.

RECEIVED AUG 19 2009

21104900
21T 4785
21T 1405

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: G Machils DATE AMOUNT CLAIMED $ 551.86

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: Connie Stone DATE 8.12.09

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

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 $ 551.86

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

8/24/09

..0..

..0..

64.×
75.%
48.00+

..0..

48.00+
64.00+
48.00+
160.00 *

..0..

165.00+
165.00+
160.00+
490.00 *

490.00
.....*

..0..

23.93+
23.93+
..0..

490.00+
47.86+
14.00+
551.86 *

..0..

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. Machlis1

TRAVELER'S LAST NAME Machlis

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
07/16		Arrive Washington, DC					48.00	165.00	213.00			213.00	
		Lodging tax											23.93
07/17		Washington, DC					64.00	165.00	229.00			229.00	
		Taxi Lodging/DOI											7.00
		Taxi DOI/Lodging											7.00
		Lodging tax											23.93
07/18		Depart Washington, DC en route Moscow, ID					48.00		48.00			48.00	
		SUBTOTALS										$490.00	$61.86
		TOTALS										$490.00	$61.86

MILEAGE RATE: $

165/60 160 330

If additional space is required, continue on another SF 1012-A BACK, leaving th 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 Regulation (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 ▶ $551.86

This form was electronically produced by Elite Federal Forms, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Machlis1
2. 07/10/09 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Gary E. Machlis
5. OFFICIAL STATION Moscow, ID
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Moscow, ID
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

Traveler is flying to Washington, DC on personal business, at no expense to the government for air fare. This document authorizes per diem, lodging and incidental expenses only.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/17/09 Ending on or about 07/18/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. Privately owned at a mileage rate of cents, subject to:
    - (a) Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. X Other (specify)
    Lodging, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	0.00
21. Per Diem		400.00
22. Other		100.00
23. TOTAL	$	500.00

24. CHARGED TO:
2009 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REGISTERED SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit travel | Sato Travel

July 10, 2009

For: GARY MACHLIS GDOIOS

To: NGMSDOI
INVOICE 14JUL"INVITATIONAL".

Sales Person: 77
Locator: MNKIXO
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
PIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday July 16, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 165.00 USD Per Night
Check In: Jul 16, 2009
Check Out: Jul 18, 2009
Confirmation Number: 50640598
Cancellation Policy: Cancel 1 day prior

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MACHLIS GARY	4866/8900501157502	17.50				17.50
					Total Amount:	17.50

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW.
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 1050
Folio # : 263810
Cashier # : 49
Page # : 1 of 1

SATO
Gary Machlis

US

Arrival : 07-16-09
Departure : 07-18-09

Date	Description	Additional Information	Charges	Credits
07-16-09	In Room Dining - Dinner	#1050 : CHECK #5172	22.68	
07-16-09	Room Charge		165.00	
07-16-09	Room Tax		23.98	
07-17-09	Room Charge		165.00	
07-17-09	Room Tax		23.98	
07-18-09	Visa	(b) (6) [redacted]		400.74
	Total		**400.74**	**400.74**
	Balance Due		**0.00**	

food

room charge

personal

Guest signature X_____

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1-800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agency or association fails to pay for the full amount of the charges. On late balance subject to a service charge at the rate of 1.5% per month, (18.56% per annum). All accounts not paid delinquent may be subject to collection and all other costs associated with the bill. Account is payable on presentation of departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $99 (New York and Singapore) credit to my account, via participating hotels.

Thank you for choosing to stay with Fairmont Hotels & Resorts

2009-06-05 16:29 FAX 2022085627 >> 3038606634 P.01/04

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
a. FROM 04-16-2009
b. TO 04-19-2009

TRAVELER (PAYEE)

6. a. Name (Last, first, middle initial)
91000117
Danforth, Gerald

b. SOCIAL SECURITY NO. (b) (6)

c. MAILING ADDRESS (Include ZIP Code) (b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Francis1
b. DATE(S) 04-14-2009

e. PRESENT DUTY STATION
Oneida, WI

f. RESIDENCE (City and State) (b) (6)

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:
RECEIVED JUN 05 2009

10. CHECK NO.

11. PAID BY

TOT-0

Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon. If cash is used shown 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)

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)	TO (f)
215.20	JS	Economy	04-15-2009	Phoenix, AZ	Washington, DC
964.80	JA	Economy	04-15-2009	Washington, DC	Phoenix, AZ
28.25			JUN 4 2009		

211D-305.00
211I 308.10
211J 40.00

0167401702872
0167401702871
ticket agent fee

Invitational travel. Air fare purchased with corporate card. Traveler was in travel status in Phoenix, AZ when travel commenced.

Traveler remained in Washington, DC 2 additional days at no extra cost to the government.

375.31

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 5/11/09 AMOUNT CLAIMED $ 375.31

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; id. 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 [signature] DATE 5/12/09

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 $ 375.31

375.31

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

6/10/09 BY

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. Francis

TRAVELER'S LAST NAME Danforth

DATE 2009 (a)	TIME (How and arr/dep) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/16	12:30 pm	Depart Phoenix, AZ											
	7:28 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Taxi DCA/Lodging											20.00
		Hotel tax											30.31
4/17		Interview at DOI											
4/18		Personal time											
		Taxi Lodging/DCA											20.00
4/19	4:57 pm	Depart Washingto, DC											
	5:50 pm	Arrive Green Bay, WI					48.00		48.00			48.00	
									SUBTOTALS			$305.00	$70.31
									TOTALS			$305.00	$70.31

20/64

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 $375.31

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 Regulation (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.

This form was electronically produced by Elite Federal Forms, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. Freedom
2. 04/14/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Gerald Danforth

5. OFFICIAL STATION Green Bay, WI

6. TITLE Invitational

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Phoenix, AZ
9. TO: Washington, DC and Green Bay, WI

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

Traveler is currently in travel status in Phoenix, AZ. The proposed travel will fly him from Phoenix to DC, and then home to Green Bay, WI. The government saves $400 by following the proposed itinerary, rather than flying the traveler round-trip to/from Tucson.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 4/16/09 Ending on or about 4/17/09

MODE OF TRAVEL

13. ✕ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ✕ Privately owned
    - (a) ✕ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ✕ Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	935.00
21. Per Diem		100.00
22. Other		100.00
23. TOTAL	$	1135.00

24. CHARGED TO:
2009 1000 DDD1 68

25. _____ (FIELD CERTIFYING SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

TAXICAB RECEIPT

Time: _____

Date: 4/12

Origin of trip: Reagan Airport

Destination: McTaR

Fare: 20.00 Sign: [signature]

TAXICAB RECEIPT

Time: _____

Date: 4/12

Origin of trip: McTaR

Destination: Airport

Fare: 20.00 Sign: [signature]

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

DANFORTH, GERALD
(b) (6)

Room 109/NK1K
Arrival Date 4/16/2009 8:15:00PM
Departure Date 4/17/2009 12:54:00PM

Adult/Child 1/0
Room Rate 209.00

RATE PLAN L-SGV
HHR (b) (6)
AL
CNR

Folio

CONFIRMATION NUMBER : 5293980

4/17/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/16/2009	1357486	GUEST ROOM	209.00
4/16/2009	1357486	SUITE TAX	$30.31
4/17/2009	1357706	VS (b) (6)	($239.31)
		** BALANCE **	0.00

The Hilton Family

Hilton

CONRAD

DOUBLETREE

ACCOUNT NO.

VS (b) (6)

CARD MEMBER NAME

DANFORTH, GERALD

ESTABLISHMENT NO. & LOCATION

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE	FOLIO NO./CHECK NO.
04/16/09 20:17:00	169915 A

AUTHORIZATION	INITIAL
06186C	

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT	-239.31

Official Sponsor

Carlson Wagonlit Travel SatoTravel

For: GERALD DANFORTH GDOIOS

To: NGMSDOI
ETKT 15APR.

EZEUOQ

Sales Person: 77
Locator: EZEUOQ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD (b) (6)
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday April 16, 2009

US Airways
Class of Service:Coach Class Y
Depart: PHOENIX, AZ
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: DANFORTH/GERALD 13D
DEP-TERMINAL 4

Flight Number: 42
12:13 Pm April 16, 2009
7:28 Pm April 16, 2009
4 Hours 15 Minutes Non-Stop
Confirmation Number: B92J4C
ARR-TERMINAL C

Sunday April 19, 2009

United Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: CHICAGO/OHARE
Total Flight Time:
Equipment: Boeing 737-300
Meal Service: None
Status: Confirmed
DEP-TERMINAL C
STAR ALLIANCE

Flight Number: 621
2:33 Pm April 19, 2009
3:39 Pm April 19, 2009
2 Hours 6 Minutes Non-Stop
Confirmation Number: PW21BM
ARR-TERMINAL 1

Sunday April 19, 2009

United Airlines
Class of Service:Coach Class Y
Depart: CHICAGO/OHARE
Arrive: GREEN BAY, WI
Total Flight Time:
Equipment: CRJ
Meal Service: None
Status: Confirmed
Reserved Seat: DANFORTH/GERALD 13A
DEP-TERMINAL 2
*ORD-GRB OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES

Flight Number: 6072
4:57 Pm April 19, 2009
5:50 Pm April 19, 2009
53 Minutes Non-Stop
Confirmation Number: PW21BM

2009-09-15 15:43 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. NAME (Last, first, middle initial): 91000 0215 Danforth, Gerald

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 05-28-2009 b. TO 05-30-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S): Danforth1 b. DATE(S): 06-27-2009

e. PRESENT DUTY STATION: Oneida, WI

f. RESIDENCE (City and State): Oneida, WI

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 shown 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)
See attached eticket	310.40	AA	Economy	05-27-2009	Green Bay, WI	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler interviewed for position and participated in meetings. Air fare purchased with corporate card.

SEP 15 2009

SEP 15 2009

2110 57200 12042
211I [redacted]82
211T [redacted] 33

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 9/8/09 AMOUNT CLAIMED ▶ $ 731.62

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 ▶ [signature] DATE 9.10.09

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

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

16. 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
Certifier's initials: $

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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

d. NET TO TRAVELER ▶ $ 731.62

9/10/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

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 for actual expense travel only

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

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to waiters, 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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Danforth1

TRAVELER'S LAST NAME

Danforth

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE (a)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	DINNER (f)	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)
2009										
(a)	30.31 +									
05/28	30.31 +									
	7.00 +									
	8.00 +									
	15.00 +									
	15.00 +									
	..0..									
	15.00 +									
	18.00 +			48.00	209.00	257.00			257.00	
05/29	105.62 +									15.00 I
	530.00 +									30.31 I
	..0..									18.00 I
	..0..									
05/30	15.00 +									
	30.31 +									
	30.31 +									
	7.00 +									
	8.00 +									
	15.00 +									
	15.00 +									
	120.62 *			64.00	209.00	273.00			273.00	
	..0..									30.31 I
										7.00 I
										8.00 I
										15.00 I
	15.00 +									
	18.00 +									
	120.62 +									
	578.00 +									
	731.62 *			48.00		48.00			48.00	
						SUBTOTALS ▶		$578.00	$123.62	
						TOTALS ▶		$578.00	$108.62	

Enter grand total of columns (l), (m) and (n), below and to the left of this form.

1012-A BACK, leaving its front blank.

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.

TOTAL AMOUNT CLAIMED ▶ $731.62

Form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

[redacted]

120.62

108.62

33

2009-09-17 12:46 [illegible]

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, tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellhops, 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Danforth1

TRAVELER'S LAST NAME

Danforth

DATE 2009 (a)	TIME (Hour and minutes) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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)
05/30		Baggage fee											15.00
		Airport Parking											15.00
												SUBTOTALS ▶	$30.00
												TOTALS ▶	$578.00	$153.62

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 ▶ **$731.62**

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 Regulation (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 [illegible] 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 reportable 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Danforth1
2. 5/27/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Gerald Danforth
5. OFFICIAL STATION Greenbay, Wisconsin
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Greenbay, Wisconsin
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational travel

11. PER DIEM ALLOWANCE:
Per diem in accordance with the Federal Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 5/28/09 Ending on or about 5/30/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) A showing of advantage to the Government
- (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	816.90
21. Per Diem		156.00
22. Other		150.00
23. TOTAL	$	1122.90

24. CHARGED TO:
2009 1000 DDD01 68

25. (DISBURSING OFFICER)

26. (REQUESTED DESIGNATION)
27. Invitational (TITLE)

28. (AUTHORIZING OFFICER)
29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
Washington, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

(b) (6)

Room 507/NK1K
Arrival Date 5/28/2009 6:41:00PM
Departure Date 5/30/2009

Adult/Child 1/0
Room Rate 209.00

RATE PLAN L-SGV
HH# (b) (6) GOLD
AL: NW #484446336
CAR:

Folio

CONFIRMATION NUMBER : 87415486

5/30/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
5/28/2009	1368151	GUEST ROOM	$209.00
5/28/2009	1368151	SUITE TAX	$30.31
5/29/2009	1368394	GUEST ROOM	$209.00
5/29/2009	1368394	SUITE TAX	$30.31
5/30/2009	1368447	VS (b) (6)	($478.62)
		** BALANCE **	$0.00

You have earned approximately 5376 Hi Ionors points and approximately 430 miles with Northwest Airlines for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 H

Thank you for choosing Doubletree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!

ACCOUNT NO.
VS (b) (6)

CARD MEMBER NAME
DANFORTH, GERALD

ESTABLISHMENT NO. & LOCATION

CARD MEMBER'S SIGNATURE
X

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS PAID BILL MAY BE RESOLD OR RETURNED FOR A CASH REFUND.

DATE OF CHARGE	FOLIO NO./CHECK NO.
05/28/09 16:41:00	200871 A

AUTHORIZATION 718210 INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -478.62

The Hilton Family

Hilton

Conrad

DoubleTree

Embassy Suites

Hampton

Hilton Garden Inn

Hilton Grand Vacations Club

Homewood Suites

USA Official Sponsor

Taxi Cab Receipts

DATE: 5/29 TIME: 2:45 PM

TRIP ORIGIN: DOI

DESTINATION: Hotel

FARE: $ 8.00 SIGNATURE [signature]

TAXICAB RECEIPT

Time: 6:30 PM

Date: 5/28/09

Origin of trip: Airport

Destination: Hotel

Fare: 18.00 Sign: [signature]

TAXICAB RECEIPT

Time: 5:00 PM

Date: 5/28

Origin of trip: Hotel

Destination: Airport

Fare: 15.50 Sign: [signature]

STANDARD PARKING
AT
AUSTIN STRAUBEL AIRPORT
GREEN BAY, WI

Rcpt# 27205
05/30/09 12:28
05/28/09 11:40 — 05/30/09 12:26
Tkt# 098105
LT 010108 $ 15.00
Total Fee $ 15.00
Amt Paid $ 15.00
[redacted]
Approval No. :210390
Reference No. :029200
Change Due $ 0.00

THANK YOU

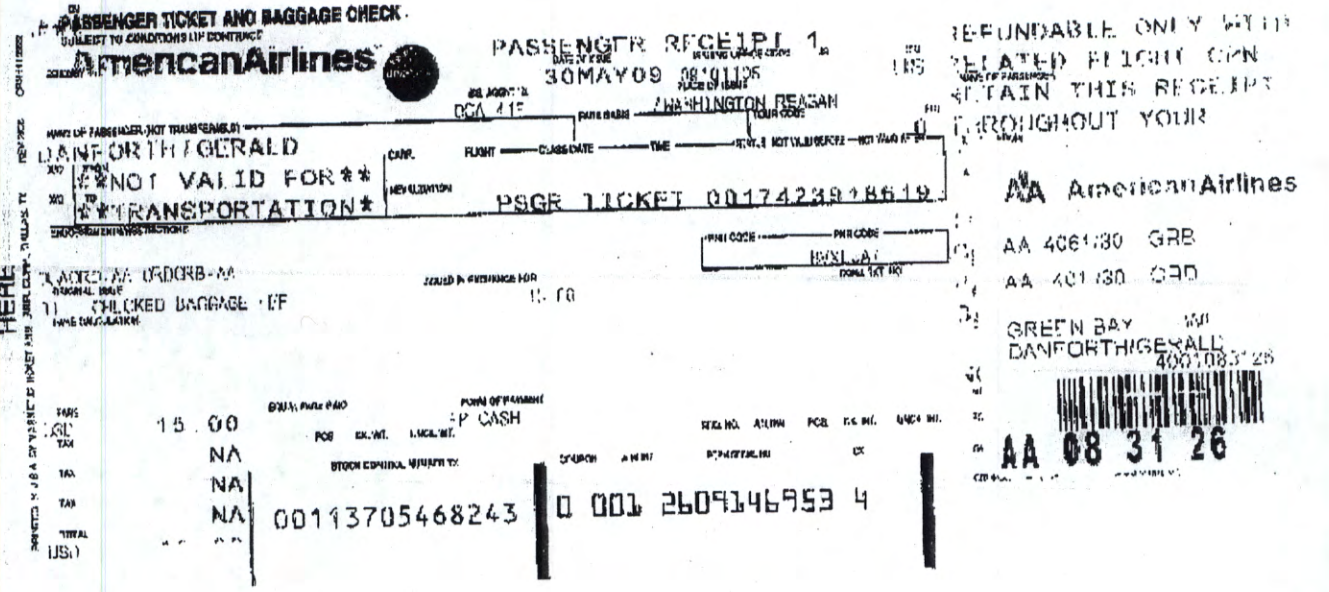
Taxi Cab Receipts

DATE: 5/29 TIME: 1:30

TRIP ORIGIN: Hotel

DESTINATION: DOI

FARE: $ 7.00 SIGNATURE [signature]



PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
AmericanAirlines
PASSENGER RECEIPT 1
30MAY09 08:01:26
DCA 415
WASHINGTON REAGAN
DANFORTH/GERALD
NOT VALID FOR
**TRANSPORTATION*
PSGR TICKET 00174239786191
CHECKED BAGGAGE 1F
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USD
CP CASH
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REFUNDABLE ONLY WITH
RELATED FLIGHT OPN
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ROUGHOUT YOUR
AmericanAirlines
AA 4061/30 GRB
AA 401/30 ORD
GREEN BAY WI
DANFORTH/GERALD
4001083126
AA 08 31 26
Do not expose to excessive heat or direct sunlight.
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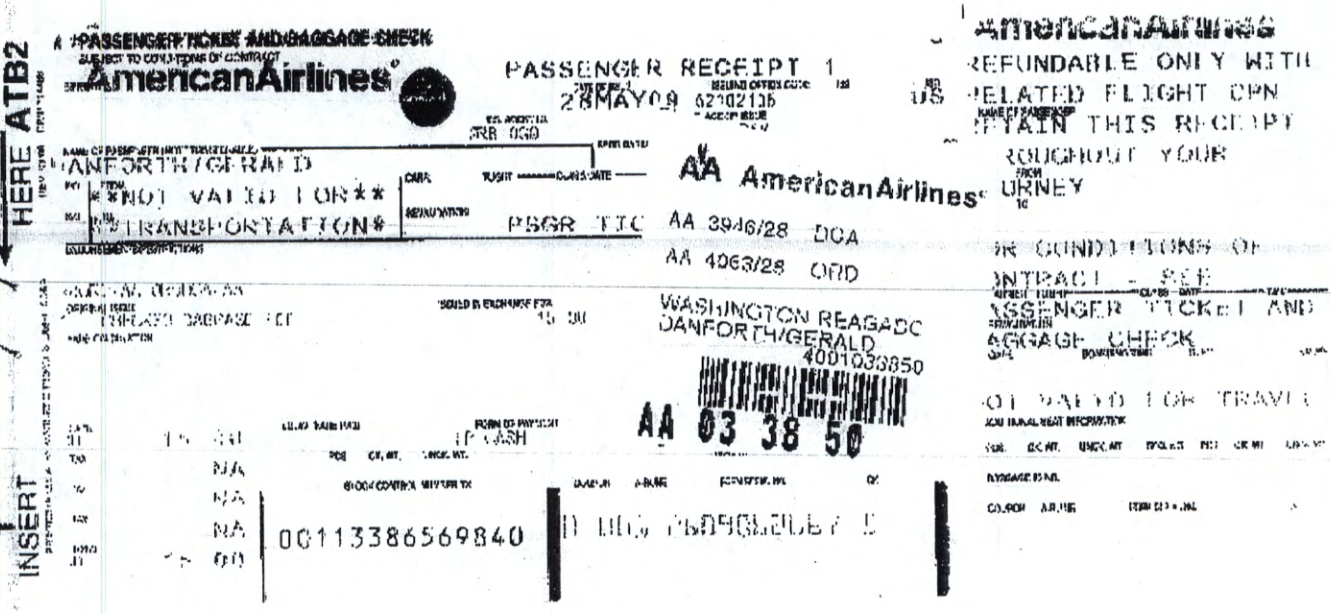

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
AmericanAirlines
PASSENGER RECEIPT 1
28MAY09 07:02:16
ORD 060
DANFORTH/GERALD
NOT VALID FOR
**TRANSPORTATION*
PSGR TIC
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AA 4063/28 ORD
CHECKED BAGGAGE 1F
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WASHINGTON REAGADC
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ASSENGER TICKET AND
AGGAGE CHECK
OT VALID FOR TRAVEL
Do not expose to excessive heat or direct sunlight.
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Print this Page Close this page

your travel details pinpointed

sabre virtuallythere

PREPARED FOR:
GERALD DANFORTH

TRIP TO	WASHINGTON REAGAN, DC
RESERVATION CODE	BVXLJA
TRAVEL DATES	May 28 - May 30

Itinerary Details

Travel Arranger Priority Comments
YOUR ESTIMATED AIRFARE ON 27MAY AT 1550 IS 310.40

Thursday May 28	GRB GREEN BAY, WI	ORD CHICAGO OHARE, IL

AMERICAN AIRLINES AA 4063	DEPARTING AT 12:50PM	ARRIVING AT 01:45PM
OPERATED BY AMERICAN EAGLE	TERMINAL NOT AVAILABLE	TERMINAL TERMINAL 3

Passenger Name	Seats	Frequent Flyer Number
GERALD DANFORTH	15B / Confirmed	

AIRLINE RESERVATION CODE	BVXLJA	DURATION	00HR(S) :55MIN(S)
STATUS	CONFIRMED	CLASS	ECONOMY
AIRCRAFT	ERJ-145 JET	STOPS	0
MEALS	FOOD FOR PURCHASE	MILEAGE	0181
SMOKING	NO		

Please verify flight times prior to departure

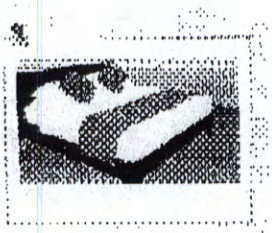
Thursday May 28	ORD CHICAGO OHARE, IL	DCA WASHINGTON REAGAN, DC

AMERICAN AIRLINES AA 3946	DEPARTING AT 02:45PM	ARRIVING AT 05:25PM
OPERATED BY AMERICAN EAGLE	TERMINAL TERMINAL 3	TERMINAL TERMINAL B

Passenger Name	Seats	Frequent Flyer Number
GERALD DANFORTH	15C / Confirmed	

AIRLINE RESERVATION CODE	BVXLJA	DURATION	01HR(S) :40MIN(S)
STATUS	CONFIRMED	CLASS	ECONOMY
AIRCRAFT	CRJ-700 CANADAIR REGIONAL JET	STOPS	0
MEALS	FOOD FOR PURCHASE	MILEAGE	0594
SMOKING	NO		

Please verify flight times prior to departure



DTREE GUEST STES WA (DOUBLETREE HOTELS)
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
WASHINGTON REAGAN, DC
US
Phone 1-202-785-2000
Fax 1-202-785-9485

Check In	Thursday May 28	Check Out	Saturday May 30

CONFIRMATION	87415486	ROOM TYPE	SATO TRAVEL GOVERNMENT PROGRAM
ROOM(S)	1	NUMBER OF GUESTS	1
BASIC RATE	209.00USD / NIGHT	CORPORATE DISCOUNT	0560009417
GUARANTEE	ROOM IS GUARANTEED FOR LATE ARRIVAL	CANCELLATION INFORMATION	CANCEL BY 4:00PM ON DAY OF ARRIVAL TO AVOID A PENALTY.
STATUS	CONFIRMED	CLIENT ID	

FACTS ZD0406 19771

Saturday May 30	DCA WASHINGTON REAGAN, DC	ORD CHICAGO OHARE, IL

AMERICAN AIRLINES AA 0401	DEPARTING AT 09:45AM TERMINAL TERMINAL B	ARRIVING AT 10:50AM TERMINAL TERMINAL 3

Passenger Name	Seats	Frequent Flyer Number
GERALD DANFORTH	Check-In Required	

AIRLINE RESERVATION CODE	BVXLJA	DURATION	02HR(S) :05MIN(S)
STATUS	CONFIRMED	CLASS	ECONOMY
	MCDONNELL DOUGLAS		

AIRCRAFT	MD-80 JET	STOPS	0
MEALS	FOOD FOR PURCHASE	MILEAGE	0594
SMOKING	NO		

Please verify flight times prior to departure

Saturday May 30	ORD CHICAGO OHARE, IL	GRB GREEN BAY, WI
AMERICAN AIRLINES AA 4061	DEPARTING AT 11:30AM	ARRIVING AT 12:20PM
OPERATED BY AMERICAN EAGLE	TERMINAL TERMINAL 3	TERMINAL NOT AVAILABLE

Passenger Name	Seats	Frequent Flyer Number
GERALD DANFORTH	11B / Confirmed	

AIRLINE RESERVATION CODE	BVXLJA	DURATION	00HR(S) :50MIN(S)
STATUS	CONFIRMED	CLASS	ECONOMY
AIRCRAFT	ERJ-145 JET	STOPS	0
MEALS	FOOD FOR PURCHASE	MILEAGE	0181
SMOKING	NO		

Please verify flight times prior to departure

Notes

SATO TRAVEL AFTER HOURS EMERGENCY 866-687-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-688-2554
CAR DECLINED/A//27MAY

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TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Office of Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TA400051-GA

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): Griles, Steven

b. SOCIAL SECURITY NO.: 910000040 (b) (6)

6. PERIOD OF TRAVEL: a. FROM: 10/10/2003 b. TO: 10/13/2003

c. MAILING ADDRESS (Include ZIP Code):
DOI
1849 C St, NW, MS 7229
Washington, DC 20240

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S): TA400051 b. DATE(S): 10/14/2003

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6)

10. CHECK NO.:

8. TRAVEL ADVANCE
a. Outstanding: $ .00
b. Amount to be applied: $ .00
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 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)
E0067512412966	354.00 DL	Y,Q	10/09/2003	Wash/National	Savannah, GA
Omega Service Fee	24.69		JAN 29 2009	ground transportation from Georgia to FL	
Same Ticket	0.00			Jacksonville, FL	Wash/National

2110 18550
2111 T4600
2111 I2589

COMMENTS:
Trip Number 1. Actual Subsistence is requested for lodging in lieu of lodging per diem not to exceed 300% of the prescribed rate in accordance with Federal Travel Regulations. The room was pre-arranged by the organizer of the event.
COMMENTS continued on next page APPROVED:

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. Where applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ DATE 10/20/03 AMOUNT CLAIMED ▶ $ 257.39

NOTE: Falsification of an item in any purpose 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; id. 1001).

14. This voucher is approved. Long distance phone 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 JAN 17 2003

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): $ 0.00

d. NET TO TRAVELER ▶ $ 257.39

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

18. ACCOUNTING CLASSIFICATION
SEE NEXT PAGE FOR ACCOUNTING CLASSIFICATIONS
2009 1000 DDDO1 008

1/30/09

1012-16 NSN 7540-00-634-4160 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

2009-01-29 14:44 FAX 2022085627 >> 303969631 P 3

SCHEDU
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CLAIMED

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10/13	

If additional s

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Chap. 57 as am
E.O. 11609 of J
November 22,
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costs of such re
used by officers
performance of
appropriate Fe

30.00 -

(Unlisted items are self explanatory)

Complete only for actual expense travel

Col. (b) 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 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.

5/30

Complete this information if this is a continuation sheet. PAGE 2 OF TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO.
TA400051

TRAVELER'S LAST NAME
Griles

ITEMIZED SUBSISTENCE EXPENSES

MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)
BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)				
			23 25		139 00	162.25	
			23 25			23.25	

TRAVEL VOUCHER

(b) (6) [redacted]

Griles, Steven

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
TA400051 10/14/2003

ACCOUNTING CLASSIFICATION :
SIO-2004.1000DDD01.68.... - 257.39 NR- 463.00

COMMENTS: (cont'd)

APPROVED: _____

NOTE: Sat. and Sunday were personal days- no per diem or lodging were claimed f or those days. Monday was a personal day too; however, 3/4 day per diem was cla imed, since that is the amount that would have been claimed had he returned to D .C. on Sat. morning.

10/20/03 ACCOUNTING DETAIL | Doc No: TA400051-GA
Copyright 1998 Gelco Information Network, Inc. | Griles, Steven (b) (6)

ACCOUNTING CLASS CODE			TRIP 1
COM CARRIER-408			378.69
FUEL-GOVCC-			11.59
HOTEL TAXES-			15.29
LODGING-409			139.00
M&IE-409			46.50
OTHER-409			10.60
RENTAL CAR-409			71.97
TAXI CASH-			46.00
SIC	0.00	0.00	719.64

Organization:
2004.1000DDD01.....

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		719.64
NON-REIMBURSABLE EXPENSES		462.25
TOTAL AMOUNT CLAIMED		257.39
GOV'T ADVANCE OUTSTANDING	0.00	
GOV'T ADVANCE APPLIED	0.00	
		0.00
NET TO TRAVELER (GOVT)		257.39
GOV'T CHARGE CARD EXPENSES	154.29	
GOV'T CHARGE CARD ATM ADV	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	154.29	
PAY TO GOV'T CHARGE CARD		154.29
PAY TO TRAVELER		103.10

Exception to SF 1012

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).

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 (41 CFR 301-304), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of Nov. 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, Nov. 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.

Jekyll Island Club Hotel

A Landmark Experience

Page: 1
Date: 11-Oct-03

Jekyll Island Club Hotel
371 Riverview Drive
Jekyll Island, GA 31527

Arr Date 10-Oct-03
Dep Date 11-Oct-03

Guest Name Griles, Steven
Address US Department of Interior
City, State, Zip 1849 C Street NW
Washington, DC 20240

Room 2204
Account Id 115920
Plan RACK

Date	Description	Reference	Charges	Credits	Balance
01-Oct-03	MASTERCARD	5568160000247739	0.00	154.29	-154.29
10-Oct-03	GRAND DINING RM	#10180000	49.20	0.00	-105.09
10-Oct-03	ROOM CHARGE	Room 2204	139.00	0.00	33.91
10-Oct-03	ROOM SALES TAX 6%	Room 2204	8.34	0.00	42.25
10-Oct-03	OCCUPANCY TAX 5%	Room 2204	6.95	0.00	49.20
10-Oct-03	DAILY RESORT FEE	Room 2204	10.00	0.00	59.20
10-Oct-03	SALES TAX	Room 2204	0.60	0.00	59.80
11-Oct-03	MASTERCARD	(b) (6)	0.00	59.80	0.00

Total Folio Page 1 0.00

Transaction Recap

Description	Recap Total
ROOM CHARGE	139.00
ROOM SALES TAX 6%	8.34
OCCUPANCY TAX 5%	6.95

X _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown above and agrees to perform the obligations and terms in the cardholder agreement with the seller.

Merchant Jekyll Island Club Hotel
371 Riverview Drive
Jekyll Island GA 31527

Merchant Id 890001946703

Card Number (b) (6)
Exp 7/31/2004
Auth Code 032077
Validation Code
Retrieval Reference # 328320228759
Transaction Identifier 1010MCFFBI3GX

CORPORATE HQ	703-359-8200	MD Baltimore	410-347-4500	NY Buffalo	716-[illegible]	Pittsburgh	412-281-4080	Virginia Beach	757-490-0040
CA Los Angeles	626-961-4722	Greenbelt	301-345-4870	New York City	212-563-3500	York	717-699-2108	Richmond	804-747-7788
Sacramento	916-441-6892	Rockville	301-984-8663	NC Jacksonville	910-455-5077	TN Memphis	901-821-9442	WI Madison Dayton	608-270-9228
San Francisco	415-365-4777	MA Boston	617-227-0008	PA Harrisburg	717-234-2136	TX Dallas / Irving	972-869-2869	Milwaukee HQ	414-325-5000

009440 ITINERARY RECEIPT
PAGE NO. 1
PNR: 1P-2DU2XD

OMEGA WORLD TRAVEL
Mail payments to: Dept 0570, McLean, VA 22109-0575

AMERICAN	800-433-7300	SW	800-435-9792
AMERICA WEST	800-235-9292	UNITED	800-241-6522
CONTINENTAL	800-525-0202	USAIR	800-428-4322
DELTA	800-221-1212	WORLDSPAN	800-950-5000
NORTHWEST	800-225-2525		

CRUISE.COM
EXPERT ADVICE
LOWEST PRICE
888-333-3116

1849 C STREET NW
WASHINGTON DC 20240

GRILES/JSTEVEN

ARLENE BDJ@DOIGECY 090CT03

* ELECTRONIC TICKET * POSITIVE IDENTIFICATION REQUIRED AT CHECK-IN
**REQUEST TERMS/CONDITIONS OF TRAVEL AND CARRIER LIABILITY NOTICES FROM
TRAVEL AGENCY OR THE TRANSPORTING CARRIER.**
ISSUED BY-OMEGA-DEPARTMENT OF THE INTERIOR WASHINGTON DC

A FR 10OCT LV WAS/R.REAGAN NATL 705A DELTA 1263Y OK
AR ATLANTA 902A BAGS ALLOWED- 2PIECE 0STOP 738
** AIBLE SEATING REQUESTED **

A FR 10OCT LV ATLANTA 1005A DELTA 731Y OK
AR SAVANNAH 1106A BAGS ALLOWED- 2PIECE 0STOP 757
** AISLE SEATING REQUESTED **

C FR 10OCT AVIS CONFD-14754247DS4
SAVANNAH INTL AIR-TERMINAL PICKUP-10OCT FRI/DL0731-1106
SAVANNAH GEORGIA RETURN-13OCT MON/1800
PHONE- 912 964-1781
RATE-(GUARANTEED) USD 57.00 DAILY UNLIMITED MILEAGE
EXTRA DAY CHARGE 57.00 UNLIMITED MILEAGE
EXTRA HOUR CHARGE 19.00 UNLIMITED MILEAGE
APPROX TOTAL 298.09 USD INCLUDES TAXES-FEES-SURCHARGES
1 PREMIUM CAR
CORPORATE ID-A555500
CONCESSION RECOVERY FEE MAY APPLY

A MO 13OCT LV JACKSONVILLE FLA 650P DELTA 5494Q OK
AR WAS/R.REAGAN NATL 837P BAGS ALLOWED- 2PIECE 0STOP JET
OPERATED BY COMAIR

TICKET NUMBER(S): E0067512412966
SERVICE FEE MCO: 890811B312715

AIR FARE 301.39
TAX 52.61

"To avoid inconvenience - Please verify departure times directly with carrier on day of travel"
Terms and conditions plus important travel information on reverse side

WS - May-02

AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED

BUSINESS TRAVELER / RETAIL BRANCH OFFICE COPY

Rockville 301-881-3888 NC Jacksonville
415-355-4777 WA Seattle 617-... PA Harrisburg TX Dallas/Irving 972-869-9663 Milwaukee HQ

ITINERARY RECEIPT
PAGE NO. 2
PNR: 1P-2DU2XD

OMEGA WORLD TRAVEL
Mail payments to: Dept 0876, McLean, VA 22109-0876

AMERICAN 800-433-7300	SW 800-435-9792	CRUISE.COM
AMERICA WEST ...800-235-9292	UNITED 800-241-6522	EXPERT ADVICE LOWEST PRICE
CONTINENTAL 800-525-0280	USAIR 800-428-4322	
DELTA 800-221-1212	24 HOUR ..800-864-8242	888-333-3116
NORTHWEST 800-225-2525		

1849 C STREET NW
WASHINGTON DC 20240

GRILES/JSTEVEN

ARLENE DOJ@DOISECY 09OCT03

TOTAL AIR FARE	354.00
SERVICE FEE	24.69
AMOUNT CHARGED	378.69

THIS AMOUNT WILL BE CHARGED TO CREDIT CARD: CA

****
PLEASE CHECK-IN FOR DOMESTIC FLIGHTS 1 HOUR PRIOR
TO SCHEDULED DEPARTURE
CHECK-IN FOR INTERNATIONAL FLIGHTS IS 2 HOURS
PRIOR TO SCHEDULED DEPARTURE
****
LET US KNOW HOW WE ARE DOING...AT YOUR CONVENIENCE
PLEASE TAKE A MOMENT TO COMPLETE OUR USER SURVEY
AT WWW.DOITRAVEL.COM/ONLINE UNDERSCORE SURVEY.HTML
****
US-202-208-6291 DORIS-
REMEMBER TICKETS ARE WORTH MONEY...PLEASE NOTIFY YOUR TMC
OR AGENCY TRAVEL COORDINATOR OF UNUSED TICKETS OR CANCELLED TRIPS.
PLEASE DO NOT WRITE ON UNUSED TICKETS.
BA-6358
FOR TRAVEL ASSISTANCE BETWEEN THE HOURS OF
 - PLEASE CALL 877-434-1547
FOR AFTER HOURS EMERGENCY ASSISTANCE PLEASE CALL
800-964-6342 AND ADVISE I.D. CODE W---06

THANK YOU FOR BOOKING WITH OMEGA WORLD TRAVEL.

"To avoid inconvenience - Please verify departure times directly with carrier on day of travel"
Terms and conditions plus important travel information on reverse side

AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED

WS • May-02

BUSINESS TRAVELER / RETAIL BRANCH OFFICE COPY

10/11/03 09:12
STN # 21661? 0650

GRILES /STI N
MC FLEET
(b) (6)
9

AUTH# 00068342
INV # 0351585
CREDIT
PUMP#02 UNLEAD
GALLONS 6.821
@ $1.699/GAL
FUEL $11.59

TL NOTAX $11.59
TAX PD $0.00
TOTAL $11.59

DATE _____ AMOUNT $ 23.00
RECEIVED FROM _____
FROM _____
DESTINATION From Airport
CAB # _____ DRIVER I.D. # _____
DRIVERS NAME _____

DATE _____ AMOUNT $ 25.00
RECEIVED FROM _____
FROM _____
DESTINATION To Airport
CAB # _____ DRIVER I.D. # _____
DRIVERS NAME _____

AVIS

291285853

Car Rental - Return not to
Savannah but to Jacksonville

AVIS

291285853

Car Rental- return not to Savannah but to Jacksonville

ITINERARY

J. STEVEN GRILES
DEPUTY SECRETARY

U.S. DEPARTMENT OF THE INTERIOR

GEORGIA'S COLONIAL COAST BIRDING AND NATURE FESTIVAL

JEKYLL ISLAND, GEORGIA

October 10-12, 2003

FRIDAY, OCTOBER 10, 2003

7:05 am	LV Wash/National via Delta Airlines #1263
9:02 am	AR Atlanta, Georgia
9:30 am	Radio Interview at the airport
10:05 am	LV Atlanta via Delta # 731
11:06 am	AR Savannah, GA

Refuge Staff, Refuge Bill Hartwig and Deputy Regional Director Mitch King (Cell (b) (6)) will meet you at the airport

Rental Car:

Avis
Confirmation #14754247US4

Tour Savannah NWR and Harris Neck NWR with Refuge Manager Donny Browning, Refuge Chief Bill Hartwig and Mitch King.

1:30 pm Harris Neck Wildlife Refuge – Media Availability

7:30-9 pm Keynote Address
Centennial Celebration
Jekyll Island Convention Center

Hotel Accommodation:

Hotel Reservation Jekyll Island Club
371 Riverview Drive
Jekyll Island, GA 31527

Confirmation # 113917

$13/night, plus $10 resort fee

Jacket required for dinner in the dining room -- reservations suggested for dinner.

SATURDAY, OCTOBER 11, 2003

Personal Day

Hotel Accommodation:

Comfort Suites at World Golf Village
475 Commerce Lake Drive
St. Augustine, FL 32095

Phone: 904/940-9500
Fax: 904/940-9600

SUNDAY, OCTOBER 12, 2003

Personal Day

Comfort Suites at World Golf Village

MONDAY, October 13, 2003

Personal Day

6:50 pm LV Jacksonville, FL, via Delta #5434
8:37 pm AR Wash/National Airport

Contact # Savannah NWR (b) (6) [redacted]
Steve Griles Cell # (b) (6) [redacted] Pager # (b) (6) [redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-2028
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TA400051
2. 09-23-2003 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME J. Steven Griles SSN: (b) (6) [redacted] 5. OFFICIAL STATION Washington, DC

6. TITLE Deputy Secretary of the Interior 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Such places in the contiguous United States, Alaska, Hawaii, Puerto Rico, and U.S. Territories as may be necessary

10. PURPOSE AND REMARKS:

Official business as maybe required. I certify that travel herein was reviewed and determined to be essential for accomplishment of Departmental programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374-DM 5, and are fully documented and approved via form DI 2000.

11. PER DIEM ALLOWANCE:

Per diem or actual subsistence expenses within a high cost area are authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 10-01-2003 Ending on or about 09-30-2004

MODE OF TRAVEL

13. ☒ Common carrier 14. ☐ Extra fare 15. ☐ Government-owned conveyance
16. ☒ Privately owned at a mileage rate of .36 cents, subject to:
- (a) ☒ Administratively determined to be the advantage of the Government
- (b) ☐ A showing of advantage to the Government
- (c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family 19. ☐ Shipment household goods and personal effects
18. ☒ Other *(specify)*
Registration/ATM fees/excess baggage/taxi-shuttle/metro fares/rental cars-fuel, conference rooms, telephone calls, faxes, etc., in accordance with FPMR 101.7 et seq.

ESTIMATED COST
20. Transportation $
21. Per Diem
22. Other
23. TOTAL $
24. CHARGED TO:

2004 1000 DD D01

25. Subject to availability of funds (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. Deputy Secretary of the Interior (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

2009-01-29 15:00 FAX 2022003021 P 2

TRAVEL VOUCHER (Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT / BUREAU DIVISION OR OFFICE: Office of Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TA400051FLTX

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): 91000041 Griles, Steven

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): DOI, 1849 C St, NW, MS 7229, Washington, DC 20240

d. OFFICE TELEPHONE NO.: 202/208-6291

6. PERIOD OF TRAVEL: a. FROM 10/15/2003 b. TO 10/19/2003

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA[illegible] b. DATE(S) 10/20/2003

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6)

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
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 fined show claim on reverse side)

I hereby assign 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 (g)	ISSUING CARRIER (Initials) (h)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
001 75262527	654.00 AQ	Q,L		Wash/Nat'l	Miami, FL
B4				* Helicopter from Miami to Marco Island, FL and return Miami Int'l Airport	
Omega Servic	24.69			* (See attached DI 2000)	
e Fee			JAN 29 2009	Miami, FL	Dallas/Ft. Worth
Same Ticket	0.00			Dallas/Ft. Worth	Wash/Dulles
Same ticket	0.00				
1					

2110 626.50
2111 351.22
2111 35.00

COMMENTS:
Trip Number 1. Actual Subsistence is requested for lodging in lieu of lodging pe
2111 35.00
COMMENTS continued on next page

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 OCT 21 AMOUNT CLAIMED ▶ 1013.72

NOTE: Falsification of an item in the expense account(s) is forfeiture of claim (26 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 phone 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 ▶ [signature] DATE JAN 17 2009

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): $ 0.00

d. NET TO TRAVELER ▶ $ 1012.72

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

SEE NEXT PAGE FOR ACCOUNTING CLASSIFICATIONS

2009 1000 DDDO1 68

1/30/09

1012-16 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

TRAVEL VOUCHER

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
TA400051 10/20/2003

(b) (6) [redacted]
Griles, Steven

ACCOUNTING CLASSIFICATION :
SIO-2004.1000DDD01.....68 1,012.72 NR- 679.00

COMMENTS: (cont'd)
r diem not to exceed 300% of the prescribed rate in accordance w/Federal Travel Regulations. In Houston the hotel was pre-arranged by the organizer of the event. The government rate at the Marriott in Miami was $112/night.

APPROVED: BW _____

[illegible]
14.00 +
3.25 +
14.00 +
15.90 +
35.00 +
243.71 +
0.10 -
386.22 *

386.22
.... *

0.

0.

386.22 +
626.50 +
1,012.72 *

192.75 +
626.50 -

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 relationships 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 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 2 OF TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO. TA400051

TRAVELER'S LAST NAME Griles

MILEAGE RATE 0.030

DATE 20 03 (a)	TIME (Hour and a/m/p/m) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/15	6:52A	D-:Wash/National A				34/25							
10/15		Airline Flight											
10/15		Airline Flight			98/42	35 25	34 50	112 00	147.25			147 25	14 56 I
10/15	9:14A	A-:MIAMI,FL											
10/15		Taxes for Lodging											
10/16	3:45P	D-:MIAMI,FL										249 00	
10/16		Airline Flight				43 00	42	106 00	149.00				15 00 I
10/16	5:51P	A-:FORT WORTH,TX											14 00 I
10/16		Taxes for Lodging											
10/16		Parking-~~gov~~pcc (non-airport)			42/42	42 00	42	106 00	149.00			149 00	15 00 I
10/17		Subsistence											14 00 I
10/17		Taxes for Lodging											3 25 I
10/17		Parking-~~gov~~pcc (non-airport)										149 00	
10/17		Laundry/Dry Cleaning				43 00	42	106 00	149.00				4 00 X
10/18		Subsistence											15 00
10/18		Parking-~~gov~~pcc (non-airport)											
10/18		Taxes for Lodging											
10/19	11:35A	D-:FORT WORTH,TX											35 00 I
10/19		Airline Flight											
10/19		Taxi - Cash-IAD to home										32 25	
10/19	3:36P	A:Wash/Dulles Airp				32 25	32 25		32.25				243 71
10/19		Subsistence						4 00					386 22
10/19		rental car PCC											
						19275			SUBTOTALS ▶		0 00	626 50	
									TOTALS ▶				

If additional space is required, continue on another 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. 386 22

TOTAL AMOUNT CLAIMED ▶

STANDARD FORM 1012 BACK (10-77)

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, 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.

-622.75 < 375

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 relationships 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 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 fares (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: TRIP# PAGE 3 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TA400051

TRAVELER'S LAST NAME Griles

DATE 20 03 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
										SUBTOTALS ▶	0.00	01.00	0.00
										TOTALS ▶	0.00	626.50	385.22

If additional space is required, continue on another 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 ▶ 1,012.72

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 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.

10/21/08 ACCOUNTING DETAIL Doc No: TA400051FLTX
Copyright 1998 Gelco Information Network, Inc. Griles, Steven (b) (6)

ACCOUNTING CLASS CODE			TRIP 1
COM CARRIER-408			678.69
HOTEL TAXES-			62.26
LODGING-409			430.00
M&IE-409			196.50
MISC-GOVCC-			45.25
OTHER-409			278.71
SIO	0.00	0.00	1,691.41

Organization:
2004.1000DDD01.....

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,691.41
NON-REIMBURSABLE EXPENSES		678.69
TOTAL AMOUNT CLAIMED		1,012.72
GOV'T ADVANCE OUTSTANDING	0.00	
GOV'T ADVANCE APPLIED	0.00	
		0.00
NET TO TRAVELER (GOVT)		1,012.72
GOV'T CHARGE CARD EXPENSES	537.51	
GOV'T CHARGE CARD ATM ADV	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	537.51	
PAY TO GOV'T CHARGE CARD		537.51
PAY TO TRAVELER		475.21

Exception to SF 1012

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).

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 (41 CFR 301-304)., E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of Nov. 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, Nov. 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.

2009-01-29 12:04 FAX 2022065821 >> 3039696691 P 8/20

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1820
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 4, 1949

TRAVEL AUTHORIZATION

1. No. TA400051

2. 09-23-2003 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME J. Steven Griles SSN: (b) (6) [redacted]

5. OFFICIAL STATION Washington, DC

6. TITLE Deputy Secretary of the Interior

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC

9. TO: Such places in the contiguous United States, Alaska, Hawaii, Puerto Rico, and U.S. Territories as may be necessary

10. PURPOSE AND REMARKS:

Official business as maybe required. I certify that travel herein was reviewed and determined to be essential for accomplishment of Departmental programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374-DM 5, and are fully documented and approved via form DI 2000.

11. PER DIEM ALLOWANCE:

Per diem or actual subsistence expenses within a high cost area are authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 10-01-2003 Ending on or about 09-30-2004

MODE OF TRAVEL

13. ☒ Common carrier

14. ☐ Extra fare

15. ☐ Government-owned conveyance

16. ☒ Privately owned at a mileage rate of .36 cents, subject to:

(a) ☒ Administratively determined to be the advantage of the Government

(b) ☐ A showing of advantage to the Government

(c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

18. ☑ Other *(specify)*
Registration/ATM fees/excess baggage/taxi-shuttle/metro fares/rental cars-fuel, conference rooms, telephone calls, faxes, etc., in accordance with FPMR 101.7 et seq.

19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation $

21. Per Diem

22. Other

23. TOTAL $

24. CHARGED TO:

2004 1000 DD D01

25. Subject to availability of funds (FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)

27. Deputy Secretary of the Interior (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

(December 1993)

U.S. DEPARTMENT OF THE INTERIOR
REPORT OF PAYMENT ACCEPTED FROM A NON-FEDERAL SOURCE UNDER 31 U.S.C. §1353

IMPORTANT NOTICE: Upon completion, form must be sent to the Bureau or Office Deputy Ethics

OGE USE ONLY

This report implements 31 U.S.C. §1353. It does not supersede other reports that may have to be filed when travel or travel expenses are accepted under other authority. For definitions and policies, see 41 C.F.R. Part 304-1.

1. Bureau/Office
Office of the Secretary

2. For Report of this Event
Page 1 of 2

3. Event (Identify meeting or similar function for which payment will be accepted under 31 U.S.C. §1353 for employee and/or
First groundbreaking for Everglades restoration -- Southern Golden Gate Estates Hydrologic Restoration

4. Sponsor of Event
S. Florida Water Management District, DOI, FL Division of Forestry, FL Dept. of Environ. Protection and U.S. Army COE

5. Location of Event
Marco Island, Florida

6. Dates of Event: From: Oct 16 2003 To: Oct 16 2003

7. Nature of Event
Groundbreaking for Everglades restoration--Deputy Secretary Griles will give remarks at the event.

8. Employee
J. Steven Griles
Title: Deputy Secretary, DOI
Travel Dates:
From: 10-15-2003 To: 10-16-2003

9. Accompanying Spouse (If Applicable)
N/A
Position:
Travel Dates:
From: To:

10. Non-Federal Sources of Payment (Identify all non-Federal sources from which payment will be accepted under 31 U.S.C. §1353 for this employee and/or accompanying spouse in connection with this event.)
A. S. Florida Water Management District
B.
C.
D.

11. Nature of Payments (Itemize on back of form.)
In Kind

12. Nature of Payments (Indicate total amount of payments to be accepted under 31 U.S.C. §1353 for this employee and/or accompanying spouse in connection with this event.)
Total of Payments to Agency by Check $
Total of Payments Provided in Kind $ $220.50

13. Employee Certification. The statements made in this report are true, complete, and correct to the best of my knowledge

Employee's Signature
10-15-2003
Date

14. Ethics Review and Approval. Based on the information provided to me, I have determined that this travel situation

Authorized Approving Official's
DAEO
Title
10-15-03
Date

This form was electronically produced by Elite Federal Forms, Inc.

11. Nature of Payments. For each payment accepted, identify (a) nature of benefit; (b) mode of payment; (c) individual for whom provided; (d) non-Federal source; and (e) amount of payment. When describing mode of payment, use "C" for check or "K" for in kind. Use "E" for employee or "S" for spouse when identifying individual for whom payment was provided, and use applicable letter from question 10 to identify non-Federal source. To value benefits provided in kind, use cost to other participants for waiver of conference or training fee. For transportation or lodging, use cost to donor or consult rate for similar benefit in effect at time benefit provided. For travel on private or chartered aircraft, determine value by computing total constructive cost of transportation using premium class air fare. For meals and other benefits, use cost to donor or reasonable approximation.

(a) Nature of Benefit	(b) C or K	(c) E or S	(d) A,B,C or D	(e) $
Example: Round-trip commercial air transportation between Washington, DC and Chicago	K	E	A	470.00
Helicopter flight from Miami Int'l Airport to the event on Marco Island & return to Miami Int'l Airport	K	E	A	$220.50

MIAMI AIRPORT Marriott

1201 Northwest LeJeune Road, Miami, Florida 33126 (305) 649-5000

GUEST FOLIO

ROOM	NAME	RATE	DEPART	TIME	ACCT#
708	GRILES/J	112.00	10/16/03	12:00	13088
TYPE			ARRIVE	TIME	
WNK		19	10/15/03	22:03	
ROOM CLERK	ADDRESS		PAYMENT		
45	(b) (6) [redacted]		PASSPORT:		MR#: 725509350

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
10/15	RM REV	708, 1	112.00		
10/15	STA TAX	708, 1	14.56		AB
10/16	BK CARD			$126.56	

TO BE SETTLED TO: MASTER CARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

SUMMARY OF TAXES

	DESCRIPTION	TAXED AMOUNT	TAX
E	8.3 STATE PARKING T	.00	.00
F	20% CITY TAX PARKING	.00	.00
G	9.0% F&B TAX	.00	.00
H	7.0% BUS CTR TAX	.00	.00
I	WFB TAX	.00	.00
K	WATER	.00	.00
L	WATER TAX	.00	.00
M	COFFEE TAX	.00	.00

NET CHARGES	TAX	CREDITS	FOLIO
126.56	.00	.00	126.56

EXP. REPORT SUMMARY

10/15 ROOM&TAX	126.56

Pay for your stays at 2,300 Marriott hotels with any Visa card from 9/15/03-1/31/04 and earn double Marriott Rewards points, beginning with your second Visa-paid stay. Visit Marriottrewards.com or call 1-888-MARRIOTT to register.

MARRIOTT REWARDS ACCOUNT # (b) (6) [redacted]
DATE 10/15/03 - 10/16/03 REVENUE IF APPLICABLE $112.00
BASE POINTS EARNED: 1120 ADDITIONAL POINTS MAY APPLY
FOR ACCOUNT ACTIVITY CALL 801-468-4000
OR LOG ON TO WWW.MARRIOTTREWARDS.COM.

1201 Northwest LeJeune Road
Miami, Florida 33126
(305) 649-5000

THIS IS YOUR RECEIPT! It is not necessary to come to the Front Desk if this statement is correct. All transactions process electronically and do not require a credit card voucher. Please call 4444 to check-out. Thank you for staying with us.

ESTE ES SU RECIBO! No es necesario ir a recepcion, si su cuenta esta correcta. Todas las transacciones son procesadas electronicamente y no requieren comprobante de su tarjeta de credito. Favor de llamar al 4444 para confirmar su salida (check out). Gracias por su alojamiento con nosotros.

009-01-29 15:06 FAX 2022080021 P.02/02

RENAISSANCE WORTHINGTON HOTEL
FORT WORTH, TEXAS

Renaissance Worthington Hotel
200 Main Street
Fort Worth, TX 76102
817/870-1000

For your protection, please write "Paid In Full" across a credit card receipt or this express check out. Please attach this statement as a receipt. Any additional charges will be posted to the total amount charged to your credit card. If you need an updated receipt or credit card correction, please stop by the Front Desk. Thank you.

GUEST FOLIO

1128 GRILES/J — 106.00 10/19/03 12:00 — 7040 ACCT#

ROOM NKNG — NAME — RATE — DEPART 10/16/03 19:20

TYPE 73 (b) (6) [redacted]

ARRIVE — TIME

ROOM CLERK — ADDRESS — PAYMENT

MR#: 725509350H

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
10/16	LOUNGE	71531128	12.75	
10/16	VALETPRK	BOB	14.00	
10/16	ROOM TR	1128, 1	106.00	
10/16	STATETAX	1128, 1	6.36	
10/16	CITY TAX	1128, 1	9.54	
10/17	ATHLETIC	92601128	1.50	
10/17	LAUNDRY	58218	3.25	
10/17	VALETPRK	BOB	14.00	
10/17	ROOM TR	1128, 1	106.00	
10/17	STATETAX	1128, 1	6.36	
10/17	CITY TAX	1128, 1	9.54	
10/18	ATHLETIC	92841128	1.50	
10/18	ATHLETIC	92861128	1.50	
10/18	KALAMATA	65991128	12.74	
10/18	VALETPRK	BOB	14.00	
10/18	ROOM TR	1128, 1	106.00	
10/18	STATETAX	1128, 1	6.36	
10/18	CITY TAX	1128, 1	9.54	
10/19	BK CARD			$440.94

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE RENAISSANCE WORTHINGTON!
TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK OR
PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT.

94/42

Actual loss approved

MARRIOTT REWARDS ACCOUNT # (b) (6) [redacted]
DATE 10/16/03 - 10/19/03 REVENUE IF APPLICABLE $389.99
BASE POINTS EARNED: 3900 * ADDITIONAL POINTS MAY APPLY
FOR ACCOUNT ACTIVITY CALL 800-468-4000
OR LOG ON TO WWW.MARRIOTTREWARDS.COM.

RENAISSANCE WORTHINGTON HOTEL
FORT WORTH, TEXAS

Renaissance Worthington Hotel
200 Main Street
Fort Worth, TX 76102
817/870-1000

This statement is your only receipt. You have agreed to use it each or by approved persons, check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credit column opposite any credit card entry is the reference on such account will be charged to the credit card number set forth above. If the credit card company will be in the total amount) if for any reason the credit card company does not make payment on this account you will owe us such amount. If you are dissatisfied, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection including attorney fees.

Signature X _____

AVIS. We try harder®

TRANSACTION RECORD

RENTAL NUMBER	CAR NUMBER	CAR GROUP
2182268976	3689784	H

GRILLES, JSILVLN
WIZ = D9842W AWD D2[illegible]3700
CV (b) (6)

OUT D-W 1600[illegible]1037/1613 MI	=	[illegible]
IN DTW 1500[illegible]1037/1014 MI	=	[illegible]
140 MI@ .00	=	
HR@ 20.00	=	
3 DY@ 59.99	=	179.97
DISCOUNT 12.2	=	21.96
$5/DY SURCHG	=	15.00
ONE WAY FEE/MISC	=	
11.11% FEE	=	17.56
LDW	=	
TAXABLE SUBTO	=	190.55
TAX 15.300%	=	28.56
UEL SERVICE	=	24.60
TOTAL CHARGES	=	243.71

*CONCESSION RECOVERY FEE
*CFC$4/DY&RLG FEE$1/DAY
TAX INCLUDES 5% PROJECT TAX

* Please check your car for personal effects. *

* Please check your car for personal effects. *

Thank you for renting from Avis.
We value your business. Have a safe trip.

[redacted]

Form DI-1958
(Rev. Dec. 1998)

ACCEPTANCE OF FREE ATTENDANCE AT WIDELY-ATTENDED EVENTS DEPARTMENT OF THE INTERIOR

This form is used to document approval for an employee to accept free attendance from a Prohibited Source at a widely-attended event. See back of this form for instructions.

Part A: To Be Completed By Employee

Name (please print) J. Steven Griles	**Position Title** Deputy Secretary of the Interior
Name or Description of Event Centennial Celebration of the National Wildlife Refuges	**Location of Event** Fort Worth Zoo, Fort Worth, Texas
Purpose of Event Benefitting the NWR's of Texas	**Are you scheduled to be a speaker, panelist or exhibitor at this event?** No
Sponsor(s) of Event Ramona S. Bass & Daniel A. Pedrotti	**Source of free attendance (if other than the sponsor)**
Estimate value of your free attendance $150.00	**Date(s) of Event** October 18, 2003

The information stated above is accurate to the best of my knowledge. I hereby request approval to attend the above stated event.

Employee's Signature: _____ Date: _____

Bureau/Office: Office of the Secretary

Part B: To Be Completed by the Agency Designee: (See back of form for instructions)

I have approved this employee's request. I have determined that (check only one):

[ ] The event will be a widely attended a gathering and the source of the employee's free attendance is the sponsor of the event. I have also determined that the above named employee will participate as a speaker, panelist or exhibitor at the event and will present information on behalf of the Department at the event.

[x] The event will be a widely attended gathering and the source of the employee's free attendance is the sponsor of the event. I have also determined that the attendance of the above named employee at this event will be in the interest of the Department because it will further the Department's programs and operations.

[ ] The event will be a widely attended gathering and the source of the employee's free attendance is NOT the sponsor of the event. I have determined that the employee's free attendance is valued at $250 or less, and more that 100 persons are expected to attend the gathering. I have also determined that the Department's interest in the employee's participation in the event outweighs the concern that acceptance of the gift of free attendance may or may appear to improperly influence the employee in the performance of his or her official duties.

Signature of Agency Designee: Margie Freeman Dinnwiddie **Date:** 10/15/03

OMEGA WORLD TRAVEL

GRILES/JSTEVEN

Attention: DORIS

15-Oct-2003 2:35 pm

The booking locator is L43HY. The fare is $487.00.

Air American Airlines — Flight# 2255 — Class: G
15-Oct-2003 06:52pm Wednesday
From: Washington Natl DC, USA — To: Miami FL, USA
Meal: Dinner — Seats: Seat:24D
Equip: Boeing 757 Jet — Status: Confirmed
Arrival: 15-Oct-2003 Wednesday 09:14pm
American Airlines locator: EWAPMO
AA Frequent Flyer# (b) (6) -GRILES/JSTEVEN
** AMERICAN ELECTRONIC TKT NBR 001 7526252784 **

Air American Airlines — Flight# 1317 — Class: Q
16-Oct-2003 03:45pm Thursday
From: Miami FL, USA — To: Dallas/Ft Worth TX, USA
Meal: Snack/brunch — Seats: Seat:25B
Equip: McDonnel Douglas MD — Status: Confirmed
Arrival: 16-Oct-2003 Thursday 06:51pm
American Airlines locator: EWAPMO
AA Frequent Flyer# (b) (6) -GRILES/JSTEVEN

Car Avis Rent A Car — Type: Full Sz Auto Ac
16-Oct-2003 Thursday
Pick Up: Dallas/Ft Worth TX, USA — Rate: 57.50USD
Confirmation: 15428527US4 PEXP
Return: 19-Oct-2003
Arrival Time: 1751
Dropoff Time: 11:35am

Hotel Renaissance Worthington Hotel
16-Oct-2003 Thursday
200 MAIN STREET FT WORTH TX 76102
Phone: 817-870-1000 — Fax: 817-338-9176
Number of Rooms: 1 — Rate: 106.00USD
Confirmation: 84116210 — Room Guaranteed
Check Out: 19-Oct-2003 Sunday
Cancellation note: GTD TO MASTER CARD- CANCEL BY 4 PM TO AVOID BILLING

$106.77 for AA

Air United Airlines — Flight# 1168 — Class: L
19-Oct-2003 11:35am Sunday
From: Dallas/Ft Worth TX, USA — To: Washington Dulles DC, USA
Meal: Lunch — Seats: Seat:Unavail07A
Equip: Boeing 737-500 Jet — Status: Confirmed
Arrival: 19-Oct-2003 Sunday 03:36pm
United Airlines locator: WGJM66
UA Frequent Flyer# (b) (6) GRILES/JSTEVEN

MISC
30-Sep-2004 Thursday
ASSOCIATE NAME RETAIN TO KEEP ACTIVE

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OMEGA WORLD TRAVEL

The booking locator is L43IHY. The fare is $487.00.

*****AIR PRICE SHOWN ON PNR IS BASED PER PERSON *****

****

PLEASE CHECK-IN FOR DOMESTIC FLIGHTS 1 HOUR PRIOR
TO SCHEDULED DEPARTURE
CHECK-IN FOR INTERNATIONAL FLIGHTS IS 2 HOURS
PRIOR TO SCHEDULED DEPARTURE
****

LET US KNOW HOW WE ARE DOING...AT YOUR CONVENIENCE
PLEASE TAKE A MOMENT TO COMPLETE OUR USER SURVEY
AT WWW.DOITRAVEL.COM/ONLINE_UNDERSCORE_SURVEY.HTML
****

U8-202-208-6291 DORIS-
S*E217*
U7-D
REMEMBER TICKETS ARE WORTH MONEY...PLEASE NOTIFY YOUR TMC
OR AGENCY TRAVEL COORDINATOR OF UNUSED TICKETS OR CANCELLED TRIPS.
PLEASE DO NOT WRITE ON UNUSED TICKETS.
BA-8358
FOR TRAVEL ASSISTANCE BETWEEN THE HOURS OF
- PLEASE CALL 877-434-1547
FOR AFTER HOURS EMERGENCY ASSISTANCE PLEASE CALL
800-964-6342 AND ADVISE I.D. CODE W--OS
FARE THIS ITINERARY $654
TRANSACTION FEE $24.69
TOTAL $678.69 CONFIRMATION-AA/EWAPMO UA/WGJM66
AIRLINE TOLL FREE1-AA/800-433-7300 UA/800-241-6522
TO VIEW YOUR ITINERARY ON LINE
PLEASE ACCESS MYTRIPANDMORE.COM
YOUR WORLDSPAN LOCATOR IS L43IHY

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ITINERARY

J. STEVEN GRILES
DEPUTY SECRETARY
U.S. DEPARTMENT OF THE INTERIOR

Marco Island, Florida

Dallas, Texas

WEDNESDAY, OCTOBER 15, 2003

6:52 pm	LV Wash/National via AA #2255	Seat: 24-D
9:14pm	AR Miami	Dinner

Hotel Accommodation:

Marriott Miami Airport
1201 NW Le Jeune RD
Miami, FL 33126

Phone: 305/649-5000
Fax: 642-3369

Confirmation #86728888
Rate: $107, plus tax/night

THURSDAY, OCTOBER 16, 2003

Attend the first groundbreaking for Everglades restoration:

CASUAL CLOTHES

7:30 am	Pickup at hotel by Signature Flight Support 305/526-6344
8 a.m.	Depart Miami International Airport via helicopter
10 a.m.	Remarks Southern Golden Gate Estates Hydrologic Restoration
12 noon	Depart via helicopter for Miami International Airport

3:45 pm	LV Miami via AA #1317	Seat: 25-B
5:51 pm	AR Dallas/Ft. Worth	Snack/Brunch

Full Size Avis Rental Car
$57.50/day
Confirmation # 15428627US4 PEXP

DIRECTIONS FROM THE AIRPORT TO THE HOTEL:

Take South Exit to 183 West to 121 South.

Follow 121 South to downtown Fort Worth

Take Belknap Exit, Go 1 mile.

Turn left on 2nd St. – hotel is on the left

Hotel Accommodation:

Renaissance Worthington Hotel
200 Main Street
Ft. Worth, TX 76102

Phone: 817/870-1000
Fax: 338-9176

Confirmation # 84116210
$106/night

FRIDAY, OCTOBER 17, 2003

HOLD FOR PRESS EVENTS (Ruff to fill in)

1:00 pm Interview w/The Dallas Morning News
Randy Loftis (b) (6)
508 Young Street (corner of Young & Houston St)
Dallas, TX

2:00pm Interview w/First, Texas State Radio Network
Contact: Barbara Schwarz at (b) (6) or (b) (6)

Hotel Accommodation:

Renaissance Worthington Hotel
200 Main Street
Ft. Worth, TX 76102

Phone: 817/870-1000
Fax: 338-9176

Confirmation # 84116210
$106/night

SATURDAY, OCTOBER 18, 2003

Centennial Celebration of the National Wildlife Refuge System

Celebrating Partnerships and Benefiting the National Wildlife Refuges of Texas

Ft. Worth Zoo
1989 Colonial Parkway

4:20 pm Press Conference in *Texas Wild!* With a proclamation by Texas Governor Rick Perry and the announcement of grant awards.

Keep in mind it takes 20 minutes to ride the train (if you don't want to walk) to Texas Wild! Exhibit.
Location: deck of the Bluebonnet Café in *Texas Wild!*

5:30 pm Tour of *Texas Wild!*

7:00 pm Special VIP Reception in the Play Barn in *Texas Wild!*
(for Whooping Crane benefit level and above)

Dress: Texas Casual

7:30 pm Gala Begins in Texas Wild! At the Fort Worth Zoo
Parking at Main Zoo Entrance on Colonial Parkway.
(Please be aware the Governor will be leaving at 8 p.m.)

Featuring live animals from the Fort Worth Zoo and the Peregrine Fund

Hotel Accommodation:

Renaissance Worthington Hotel
200 Main Street

Phone: 817/870-1000
Fax: 338-9176

Ft. Worth, TX 76102

Confirmation # 84116210
$106/night

SUNDAY, OCTOBER 19, 2003

11:35 am	LV Dallas/Ft. Worth via UA #1166	
3:36 pm	AR Wash/Dulles	Lunch

Contact Numbers:

Steve Griles: (b) (6) (cell) / (b) (6) (pager)

Rock Salt: (b) (6) (cell)

Kevin Berger: (b) (6) (cell)

Ann Klee: (b) (6) (cell)

ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipient of these payments should bring this information to the attention of their financial institution when preparing this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under provisions 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: U.S. DEPARTMENT OF THE INTERIOR, OFFICE OF THE SECRETARY
INTERIOR SERVICE CENTER, FINANCIAL MANAGEMENT SERVICES

AGENCY IDENTIFIER: 001

AGENCY LOCATION CODE (ALC): 14-0001

ACH FORMAT: [X] CCD+ [ ] CTX [ ] CTP

ADDRESS: 1849 C STREET, N.W., MS-1315, WASHINGTON, DC 20240

CONTACT PERSON NAME: ACCOUNTS PAYABLE

TELEPHONE NUMBER: (202) 208-5723

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: J. Staten Grules

SSN NO OR TAXPAYER ID NO (TIN): (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER: (202) 669-1089

FINANCIAL INSTITUTION INFORMATION

NAME: Citibank

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

NINE DIGIT ROUTING TRANSIT NUMBER (RTN): (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE: (b) (6) [redacted]

DEPOSITOR ACCOUNT NUMBER: (b) (6) [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT: [√] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

1000
OG- code

TOTAL P.02

03-17 11:11 FAX 2022085627 >>

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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): 21000 0047 Christopher Henderson
b. SOCIAL SECURITY NO. (b) (6)
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240 (Address is wrong)
d. OFFICE TELEPHONE NO. Christy Stewart 208-7471
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 02-16-2009
b. TO: 02-18-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Henderson 1
b. DATE(S): 02-17-2009

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: MAR 17 2009

10. CHECK NO.

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (Use 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)	TO (f)
			MAR 17 2009		
			MAR 12 2009		
219.80	UA	Economy	02-17-2009	Washington, DC	Denver, CO

corporate card used to purchase air fare. Invitational travel. Traveler was on personal travel in Washington DC when he was asked by DOI officials to stay in the DC area to interview for a possible position at the Department. This voucher reimburses the traveler for hotel expenses incurred and the traveler's air fare back to Denver. Traveler has since become a DOI employee.

21102098
21I3031

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. Where 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

AMOUNT CLAIMED ▶ $ 239.31

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; id. 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. 680).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 3/10/09

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 ▶ $ 239.31

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68 PAC

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

NO M+IE Claimed

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, 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 expenses 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. Henderson 1

TRAVELER'S LAST NAME Henderson

DATE 2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/17		In travel status. Personal travel, no per diem											
								209.00	209.00			209.00	
		Hotel tax											30.31
2/18	9:00 am	Official appointment at DOI											
	12:22 pm	Depart Washington, DC											
	2:22 pm	Arrive Denver											
										SUBTOTALS		$209.00	$30.31
										TOTALS		$209.00	$30.31

MILEAGE RATE: ¢

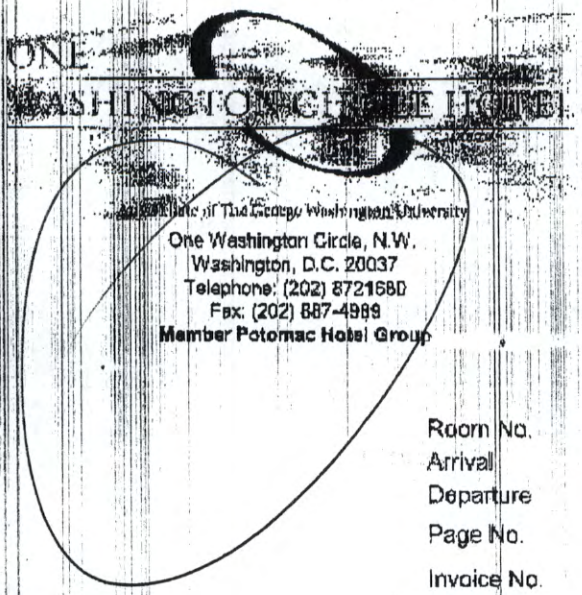
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED $239.31

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 Regulation (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 principal 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 transferred 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.

2009-03-17 11:13 FAX



An Affiliate of The George Washington University
One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 872-1680
Fax: (202) 887-4989
Member Potomac Hotel Group

Christopher Henderson

US

Room No.	:	303
Arrival	:	02-17-09
Departure	:	02-18-09
Page No.	:	1 of 1
Invoice No.	:	
Conf. No.	:	434732
Crs. No.	:	115032688

A/R Number :
Group Code :
Company Name : Utell

Date	Text	Charges USD	Credits USD
02-17-09	Room Charge	209.00	
02-17-09	Room Tax (14.5%)	30.31	
02-18-09	American Express		239.31
	Total	**239.31**	**239.31**

Balance **0.00 USD**

209/64

REMARKS
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 for part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must reconcile within five days after my departure.
SIGNATURE _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1948

TRAVEL AUTHORIZATION

1. No. Henderson 1
2. 2/17/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Christopher Henderson 521-31-9028 5. OFFICIAL STATION Denver, CO

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Denver, CO

10. PURPOSE AND REMARKS:

Traveler flew from Denver to DC on personal business. Departmental officials then asked traveler to remain for interview for possible position. Official portion of travel began at opening of business on Tuesday, February 17, 2009.

11. PER DIEM ALLOWANCE:

Per Diem as authorized in accordance with Federal Travel Regulations as issued by GSA.

12. PERIOD OF TRAVEL: Beginning on or about 2/17/09 Ending on or about 2/18/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. Privately owned at a mileage rate of cents, subject to;
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	219.60
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	669.60

24. CHARGED TO:
2009 1000DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (TITLE)

28. _____ (APPROVING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Sabre Reservation Code:	**ICRYDQ**	Issuing agent:	WASHINGTON DC
Ticket number:	0167401702509	Issuing agent:	N3KB/AKS
Issuing airline:	UNITED AIRLINES	IATA number:	09581283
Date issued:	16FEB09	Invoice number:	0004300
Customer number:	S321BGK		

Passenger: **HENDERSON/JOHN C [GDCIOS]**

16FEB09	**UNITED AIRLINES**	**UA 923**
From:	WASHINGTON DULLES, DC	Departs: 1222P
To:	DENVER, CO	Arrives: 222P
	Economy	Confirmed
	Seat: Check-In Required	
	Not valid after: 30SEP	Fare basis: VDG

Form of payment: Credit Card - Mastercard: (b) (6) [redacted]

Endorsement / restrictions: NONE

Fare calculation line
WAS UA DEN194.42VDG USD194.42END ZPIAD XT2.50AY 4.50XFIAD4.5

Fare:	**USD**	**194.42**		
Taxes/fees/charges				
Taxes/fees/charges:	**USD**	**14.58**	**US**	**US Transportation Tax**
Taxes/fees/charges:	**USD**	**3.60**	**ZP**	**US Segment Tax**
Taxes/fees/charges:	**USD**	**7.00**	**XT**	**Combined Taxes**
Total:	**USD**	**219.60**		

Positive identification required for airport check in

Notice:
Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Important legal notices

Copyright and Trademark Notices

Print this page

Itinerary

JOHN C HENDERSON
Reservation code: ICRYDQ

Travel Arranger Priority Comments:

YOUR ESTIMATED AIRFARE ON 16FEB AT 1611 IS 219.60
TICKET PURCHASED WITH CA... (b) (6)
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
NAME/INVOICE AND TICKET NUMBERS APPEAR
IN THE PRICING BOX
****

Notes:

THANK YOU FOR BOOKING WITH SATO TRAVEL
PLEASE NOTE OUR PHONE NUMBERS FOR YOUR ACCOUNT
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL SATO OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 OPT 2 MON-FRI 8AM-8PM EST
FOR TRAVEL ASSISTANCE WHILE IN TRAVEL STATUS ONLY
CALL SATOTRAVEL AT 866-508-7324
SATO FAX TO SEND TRAVEL ORDERS IS 877-834-3469
AIRFARES SUBJECT TO CHANGE AND AIRLINE FUEL SURCHARGES
PRIOR TO TICKETING.
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL FREE 877-698-2554
CAR DECLINED/A59//16FEB
LODGING DECLINED/59/16FEB
A59/16FEB/PER DIEM IN WAS IS 209.00

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
082	BS	1

Batch Totals ••0••

Input Date	Number of Documents	
3/23/09	2	1,210•70+ 239•31+ 1,450•01 * ••0••

System Checked By: BS **Date** _____

Batch Approval

Approved By: _____

Date Approved: _____

7-309

3/23/09

9100000043

NO New Card

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER PAYEE
a. NAME (Last, first, middle initial): Tompkins, Hilary 14370
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION
f. RESIDENCE (City and State)

6. PERIOD OF TRAVEL: a. FROM 2/16/09 b. TO 2/17/09

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

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 FEB 27 2009

10. CHECK NO.

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 (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
4295016740170250 4	645.95 UA	Y	2/13 FEB 27 2009	Albuquerque, NM	Washington, D.C

2110-30500
~~211 5702~~
211I 6063

Corporate card used for airfare and ticket agent fee amounting to 28.25.

Approved signing official

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

TRAVELER SIGN HERE: Hilary Tompkins DATE 2/24/09 AMOUNT CLAIMED $365.23

NOTE: Falsification of an item in an expense account vorites a forfeiture of claim (31 U.S.C. 3514) 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, 18. 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: Deputy Chief of Staff DATE 2/26/09

17. FOR FINANCE OFFICE USE ONLY COMPUTATION
a. CHECK ENTRY FAN (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 $ 365 23

18. 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

18. ACCOUNTING CLASSIFICATION
2009-1000 DDD01 68

3/03

1012-114

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

2009-02-27 11:39 FAX 2022085627 >> 303969631 P 3/11

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 (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 2 OF PAGES

TRAVEL AUTHORIZATION NO. TAHilaryTompkins01

TRAVELER'S LAST NAME Tompkins

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: $ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/16	7:23Am	Depart Albuquerque, NM											
2/16		Lodging at the One Washington Circle Hotel						209.00	48.00			257.00	
2/16		Room taxes											30.31
2/16		Parking charge											26.71
2/16		Parking taxes											3.21
2/17		Depart Washington Dulles Airport							48.00			48.00	

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

		SUBTOTALS	0 / $305.09 / $60.23
		TOTALS	

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

TOTAL AMOUNT CLAIMED	$365.32

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 (25 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.

STANDARD FORM 1012 BACK (10-77)

Carlson Wagonlit Travel SaloTravel

February 13, 2009

For: HILARY TOMPKINS GDODS

To: NGMSDOI

Sales Person: KS
Locator: JGYSYZ
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday February 16, 2009

United Airlines
Class of Service: Coach Class Y
Depart: ALBUQUERQUE, NM
Arrive: WASHINGTON/DULLES
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: TOMPKINS/HILARY 23F
STAR ALLIANCE

Flight Number: 782
7:23 Am February 16, 2009
12:52 Pm February 16, 2009
3 Hours 29 Minutes Non-Stop
Confirmation Number: TM73MY

Monday February 16, 2009

NATIONAL
Pick Up: February 16, 2009 12:52 PM
Return: February 17, 2009 6:10 Pm
Daily Rate: 33.00 USD
Unlimited Free Miles
Confirmation Number: 187988159COUNT

Intermediate Car
Location: WASHINGTON/DULLES
WASHINGTON/DULLES
Extra Days: 33.00 Extra Hours: 11.00

Monday February 16, 2009

WASHINGTON/NATL,DC
UTELL INTERNATIONAL ONE WASHINGTON CIRCLE HOTEL
ONE WASHINGTON CIRCLE NW
WASHINGTON DC 20037
Phone Number: 202-872-1680
Fax Number: 202-887-4989
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Feb 16, 2009
Check Out: Feb 17, 2009
Confirmation Number: 113057775
Cancellation Policy: Cancel 1 day prior

Tuesday February 17, 2009

United Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: TOMPKINS/HILARY 18C
STAR ALLIANCE

Flight Number: 783

6:10 Pm February 17, 2009
8:38 Pm February 17, 2009
4 Hours 28 Minutes non-stop

Confirmation Number: TM73MY

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
TOMPKINS HILARY	4295/0167401702504	556.28USD	41.72US	7.20ZP	12.50XT	617.70
TOMPKINS HILARY	4295/8908140616838	28.25				28.25
					Total Amount:	645.95

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2564

An Affiliate of The George Washington University
One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 8721680
Fax: (202) 887-4869
Member Polomac Hotel Group

Hilary Tompkins

US

		Room No.	: 201
		Arrival	: 02-16-09
		Departure	: 02-17-09
		Page No.	: 1 of 1
A/R Number	:	Invoice No.	:
Group Code	:	Conf. No.	: 433017
Company Name	: Utell	Crs. No.	: 113057775

Date	Text	Charges USD	Credits USD
02-16-09	Lodgenet Movie #201 : VIDEO 94057SERVIC	13.99	
02-16-09	5.75% Sales and Use Tax	0.80	
02-16-09	10% gross receipt tax	1.40	
02-16-09	Parking Charge	26.79	
02-16-09	Parking Tax (12%)	3.21	
02-16-09	Room Charge	209.00	
02-16-09	Room Tax (14.5%)	30.31	
	Total	**285.50**	**0.00**
	Balance	**285.50 USD**	

Personal Card

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TAHilary Tompkins01
2. 02-12-2009 (DATE)
3. OS (BUREAU OR OFFICE)
4. NAME Hilary Tompkins
5. OFFICIAL STATION Washington, DC
6. TITLE
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Such places in the contigous US, AK, HI, PR, and US Territories as may be necessary, and return. Accomplish & missions. Off. business
Interview for a position

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.
Speaker/Presenter at Conference, Summits, ect.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

*****Subject to Availability of Funds*******

12. PERIOD OF TRAVEL: Beginning on or about 02-16-2009 Ending on or about 02-17-2009

MODE OF TRAVEL

13. [X] Common carrier
14. [ ] Extra fare
15. [ ] Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
   (a) [X] Administratively determined to be the advantage of the Government
   (b) [ ] A showing of advantage to the Government
   (c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
18. [ ] Other *(specify)*
19. [ ] Shipment household goods and personal effects

ESTIMATED COST

20. Transportation $
21. Per Diem
22. Other
23. TOTAL $
24. CHARGED TO:

2009-1000 DDD01 68

25. (ISSUING OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. Hilary Tompkins (TITLE)
28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Renee Stone, Depy COS (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

District of Columbia - FY 09

(October 1, 2008 through September 30, 2009)

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of $70.00 for lodging and $39.00 for meals and incidental expenses (M&IE).

State Tax Rates & Exemption Forms

Properties at Per Diem (FedRooms)

View a state map with highlighted areas showing where rates listed below apply. Standard CONUS rates apply elsewhere.

Select another State

Primary Destination	County	Lodging	M&IE	Total	Effective Date
District of Columbia (October 1 - October 31)	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland) (See also Maryland and Virginia)	233	64	297	10/1
District of Columbia (November 1 - June 30)	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland) (See also Maryland and Virginia)	209	64	273	11/1
District of Columbia (July 1 - August 31)	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of	159	64	223	7/1

	Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland) (See also Maryland and Virginia)				
District of Columbia (September 1 - September 30)	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince Georges in Maryland) (See also Maryland and Virginia)	233	64	297	48.0

Printer Friendly format

To: **Shelia Wilson**
Branch of Accounting Operations, FNMS
National Business Center

From: Iris Straitt, Scheduling and Advance Office

Date: 2-12-09

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Hilary Tompkins	2/16-17/09	2009-1000-DDD01-68

Account Name: Division of Financial Management Services

P.01

TRANSACTION REPORT

FEB-27-2009 FRI 08:46 AM

FOR: DOI-OS-DENVER

3039696631

RECEIVE DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
FEB-27	08:40 AM	FAX	6'18"	11	FAX RX	OK		

FINANCIAL MANAGEMENT AND BUDGET DIRECTORATE FAX# 202-208-56

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barbara Smith Fax: 303-969-6631

From: Barbara Martin Date: 2/27/2009

Re: Enclosed is a travel voucher for Hilary Tompkins Pages:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

NATIONAL BUSINESS CENTER
Products and Services
P.O. Box 272025—MS D-2777
DENVER, COLORADO
303-969-7780 Ext. 2181
303-969-6631 FAX

TO: Barbara Martin

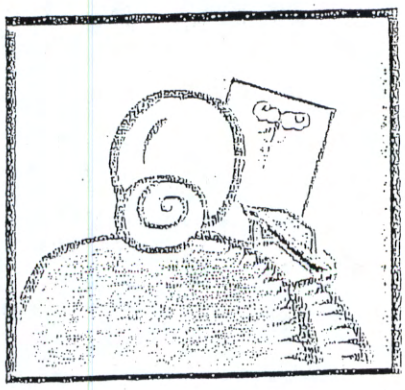
FAX NUMBER 202-208-5627

TOTAL # OF PAGES 2

MESSAGE: 3/3/09

Any Questions, please feel free to call

Thanks Barbara Smith



Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division	Julian Date	Prep Unit	Sequence Number
TV	O	062	BS	1

Batch Totals

••0••

73•50+
365•23+
438•73 *

Input Date	Number of Documents
3/03/09	2

System Checked By: BS **Date** 3/3/9

Batch Approval

Approved By: _____

Date Approved: _____

8-4-9

Pd 03/04/9

2009-03-05 17:32 FAX 2022085627 >> 3039696651 P [illegible]

10000044

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. Department of the Interior, Office of the Secretary	2. TYPE OF TRAVEL: [ ] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. Tompkins - 2; 4. SCHEDULE NO.

5. a. Name (Last, first, middle initial): Tompkins, Hilary C. 9100000044 [redacted]

b. MAILING ADDRESS (Include ZIP Code): [redacted]

d. OFFICE TELEPHONE NO. 505-341-9570

c. PRESENT DUTY STATION: N/A

e. RESIDENCE (City and State): [redacted]

6. PERIOD OF TRAVEL: a. FROM 1/26/09 b. TO 1/26/09

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Tompkins-2 b. DATE(S) 02-19-2009

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

10. CHECK NO.

11. PAID BY

TOT-T

Traveler's initials

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)

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)	TO (f)
286 70	UA	Economy	01-27-2009	Albuquerque, NM	Denver, CO and return

100.00 approved 3/12/09

MAR 12 2009

MAR - 4 2009

Traveler was asked by DOI officials to fly to Denver for an interview for a possible position with the Department.

Traveler paid for Airline Ticket with Personal Credit Card

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. [illegible] claimed is based on the [illegible] lodging [illegible] by this voucher.

TRAVELER SIGN HERE: Hilary Tompkins DATE 2/24/09 AMOUNT CLAIMED $ 322 45

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; id. 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: Rennie Stone DATE 2/26/09

17. FOR FINANCE OFFICE USE ONLY — COMPUTATION: $ <36.75

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) $ 285.70

NET TO TRAVELER $ ~~322.45~~

3/12/9

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

18. ACCOUNTING CLASSIFICATION: 2009 1006 DBB01 65

1012-116 NSN 7540-00-634-4160 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

[illegible]

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes expenses 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, tips, and daily total.

Col. (h) Show expenses, such as laundry, cleaning and pressing of clothes, ... (other than for meals).

(i) Compute the 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), long distance telephone calls for Government business ...

Complete this information if this is a continuation sheet.	PAGE 2 OF 2 PAGES
TRAVEL AUTHORIZATION NO.	Tompkins-2
TRAVELER'S LAST NAME	Tompkins

DATE 20__ (a)	TIME (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE / NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/20/09		Air Fare											285.70
1/21/09		3/4 per diem ($49 per day)					36.75					36.75	
										SUBTOTALS		$36.75	$285.70
										TOTALS			322.45

...uired, continue on another SF 1012-A BACK, leaving the front blank.

...acy Act of 1974, the following information is provided ... ion on this form is authorized by 5 U.S.C. Chap. 57 as ... Travel Regulation (FPMR 101-7), E.O. 11609 of July 22, ... 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. ... mary purpose of the requested information is to determine ... to enable individuals for allowable travel and/or relocation ... 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 ... investigations or prosecutions, when pursuant to a requirement by the 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 10 on the front of this form.

TOTAL AMOUNT CLAIMED 322.45 ~~$285.70~~

STANDARD FORM 1012 BACK (10-77)

285.75+
36.75+
322.50 *

36•75 −

Hertz

UNITED

E2724638678

Reservation complete: See details below

Your ticket(s) have been issued as an E-Ticket

Your e-ticket was issued

- You will receive a confirmation email in a few minutes
- To check in for your flight use EasyCheck-InOnline
  Available 1-24 hours before domestic flights and 2-24 hours before international flights
- View the Traveler guide to learn about itinerary changes, travel tips, meal and entertainment offerings

Your confirmation number is VLJ9W2

EasyCheck-In Online
Register for united.com
Join Mileage Plus

Flight information

Fri, Jan 30, 2009 - Albuquerque, NM (ABQ) to Denver, CO (DEN)

United 6265 Operated by: United Expressskywest Airlines	Depart: ABQ 10:18 AM Arrive: DEN 11:35 AM	Non-stop 1h 17m Bombardier CRJ-200 349 miles traveled	Fare basis code: QA Booking class: Q Economy 339 Award miles No Meal Service	Seats:10D Download to calendar

Fri, Jan 30, 2009 - Denver, CO (DEN) to Albuquerque, NM (ABQ)

United 6543 Operated by: United Expressskywest Airlines	Depart: DEN 5:15 PM Arrive: ABQ 7:35 PM	Non-stop 1h 19m Bombardier CRJ-200 349 miles traveled	Fare basis code: QA Booking class: Q Economy 339 Award miles No Meal Service	Seats:10A Download to calendar

View ticket price breakdown / Fare rules

Additional information: Check-in information
Please note that valid, government-issued photo identification must be presented at check-in.

View printable e-receipt | Create new itinerary | EasyUpdate | Flight pacing chart

Passenger(s)

Name	HILARY C MRS TOMPKINS
Type	Adult
Email	HILARY@PRINDLE.NET
Phone	5053419570

Flight	Seat
6265	10D
6543	10A

Purchase summary

Ticket price

Credit card: Visa xxxxxxxxxxx8881 Receipt number VLJKW2 285.70 USD

Total: 285.70 USD

Billing / Delivery information
HILARY C TOMPKINS
(b) (6)
[redacted]

Purchase notes

UNITED.COM
Thank you for booking at united.com where you'll always enjoy:

United's guaranteed lowest fares Learn more
No booking fees

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Compatible browsers | Terms and conditions | Privacy | Special Terms and Conditions | © 2008 United Air Lines, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1820
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 3, 1948

TRAVEL AUTHORIZATION

1. No. Tompkins-2
2. 1/30/09 (DATE)

3. Office of the Secretary/SIC (BUREAU OR OFFICE)

4. NAME Hilary C. Tompkins

5. OFFICIAL STATION Albuquerque, NM

6. TITLE Invitational Travel

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Denver, CO and return

10. PURPOSE AND REMARKS:

Traveler was asked by DOI officials to fly to Denver for an interview for a possible position with the Department.

11. PER DIEM ALLOWANCE:

In accordance with Federal Travel Regulations.

12. PERIOD OF TRAVEL: Beginning on or about 1/30/09 Ending on or about 1/30/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. Privately owned at a mileage rate of cents, subject to:
   (a) X Administratively determined to be the advantage of the Government
   (b) A showing of advantage to the Government
   (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other (specify)
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation		$ 286.75
21. Per Diem	3/4 day	86.75
22. Other		
23. TOTAL		$ 373.50

24. CHARGED TO:
2009 1000 DDD 01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (TITLE)

28. Rebecca Adams (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

P.01

TRANSACTION REPORT

MAR-05-2009 THU 02:38 PM

FOR: DOI-OS-DENVER

3039696631

RECEIVE DATE START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
MAR-05 02:34 PM	FAX	3'38"	6	FAX RX	OK		

United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

TAKE PRIDE IN AMERICA

March 11, 2009

To: Memorandum for the Record

From: Renee Stone
Deputy Chief of Staff

Subject: Approval for personal credit card usage

This memo grants approval for Hilary Tompkins to use her personal credit card to purchase an airline ticket (value over $100) to fly from Albuquerque, NM, to Denver, CO, on January 30, 2009, for an interview for a possible position with the Department of the Interior. Due to transition and staffing issues, Departmental staff did not make the invitational travel arrangements for Ms. Tompkins and she purchased her own ticket with her own funds. The attached voucher reimburses Ms. Tompkins for the expenses, and this memo approves purchase of the airline ticket with Ms. Tompkins' personal credit card.

1970-01--14224 -4:-49 FAX 2022085627 >> 5058696657 Pg=1/2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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) 91000097
Tompkins, Hilary

b. SOCIAL SECURITY NO. (b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 04-20-2009
b. TO 04-23-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Tompkins-4
b. DATE(S) 04-17-2009

e. PRESENT DUTY STATION
Albuquerque, NM

f. RESIDENCE (City and State)
(b) (6)

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

10. CHECK NO.

11. PAID BY

Traveler's Initials ▶

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)

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (letters) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
See attached	617.70	UA	Economy	04-17-2009	Albuquerque, NM	Washington, DC and return
Ticket agent fees	28.25					

2110-85100
211I 9093

Invitational travel. Traveler was in Washington, DC to prepare for and to participate in her confirmation hearing. Air fare purchased with corporate card.

5/19/9 ACH [redacted]000

941.93

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 ▶ Hilary Tompkins DATE 5/7/09

AMOUNT CLAIMED ▶ $ 941.93

NOTE: Falsification of an item on 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; id. 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 ▶ Penny Stone DATE 5/12/09

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): $

NET TO TRAVELER ▶ $ 941.93

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

18. ACCOUNTING CLASSIFICATION

5/21/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

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, 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 subsistance 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 subsistance, etc.

Complete this information if this is a continuation sheet — PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. Tompkins-4

TRAVELER'S LAST NAME Tompkins

MONTH (a)	TIME (Hour and anytime) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAK (d)	DINNER (e)	TOTAL (f)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2009												
	7:15 am	Depart Albuqu			00							
4/20												
	12:53 pm	Arrive Washir			00	48.00	209.00	257.00			257.00	30.31
		Hotel Tax										
		Official Busin			00	64.00	209.00	273.00			273.00	30.31
4/21		Hotel Tax		64	X							
		Official Busin			00	64.00	209.00	273.00			273.00	30.31
4/22		Hotel Tax		75	%							
	6:05 pm	Depart Washi		48	00 +							
4/23												
	8:30 pm	Arrive Albuq			00	48.00		48.00			48.00	
				48	00 +							
				64	00 +							
				64	00 +							
				48	00 +							
				224	00 *							
					00							
				209	00 +							
				209	00 +							
				209	00 +							
				224	00 +							
				851	00 *							
				851	00							
					*							
					00							
				30	31 +							
				30	31 +							
				30	31 +							
				851	00 +							
				941	93 *							
					00							

SUBTOTALS ▶ $851.00 $90.93

TOTALS ▶ $851.00 $90.93

If additional space is req ... *aving 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 ▶ $941.93

In compliance with the Privacy Act of ... Solicitation of the information on this ... implemented by the Federal Travel R... 22, 1971, E.O. 11012 of March 27, 19... U.S.C. 5711(b) and 5706. The prima... determine payments or reimburseme... and/or allowable expenses incurred ... and to record and maintain costs of ... The information will be used by offic... information in the performance of t... disclosure to appropriate Federal, S... prosecutions, or when pursuant to a requirement by this agency ... in the hiring or firing of an employee, the issuance of a security ... investigations of the performance of official duty while in ... ...ties. Your Social Security Account Number (SSN) is solicited ...rity of the Internal Revenue Code (25 U.S.C. 6011(b) and 6109). ... November 22, 1943, for use as a tax payer and/or employee ...mber; disclosure is MANDATORY on vouchers claiming travel ...allowance expense reimbursement which is, or may be, taxable ...ure of your SSN and items requested information is voluntary in ...ses, however, failure to provide the information (other than SSN) ...and the claim may result in delay or loss of reimbursement.

...ally produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

RB properties, inc.

Tompkins, Hilary

Arrival Date: 04/20/09
Departure Date: 04/24/09
Folio Number: 3
Folio Window: 10H200

Room Number: 505

Date	Transaction		Description		Charges	Payments
04/20/09	ROOM	1	Room Charge	--	209.00	
04/20/09	RMTX	1	Room Tax	--	30.31	
04/21/09	ROOM	1	Room Charge	--	209.00	
04/21/09	RMTX	1	Room Tax	--	30.31	
04/22/09	MOVIE	1	Movie	IF	15.04	
04/22/09	ROOM	1	Room Charge	--	209.00	
04/22/09	RMTX	1	Room Tax	--	30.31	
04/23/09	ROOM	1	Room Charge	--	209.00	
04/23/09	RMTX	1	Room Tax	--	30.31	
04/24/09	PYVISA	1	(b) (6)	ZZ		972.28
			Subtotals		$ 972.28	972.28

PAID IN FULL --- THANK YOU!

STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
TOMPKINS HILARY	4493/0167401702700	556.28USD	41.72US	7.20ZP	12.50XT	617.70
TOMPKINS HILARY	4493/8908144782851	28.25				28.25
					Total Amount:	645.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//17APR

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1948

TRAVEL AUTHORIZATION

1. No. Tompkins-4
2. 04/17/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Hilary Tompkins 5. OFFICIAL STATION Albuquerque, NM

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Albuquerque, NM
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational Travel. Traveler will meet with DOI officials to prepare for confirmation hearings.

11. **PER DIEM ALLOWANCE:**

Per diem allowance in accordance with the Federal Travel Regulation as issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 04/20/09 **Ending on or about** 04/23/09

MODE OF TRAVEL

13. X Common carrier 14. Extra fare 15. Government-owned conveyance
16. X Privately owned at a mileage rate of cents, subject to:
- *(a)* X Administratively determined to be the advantage of the Government
- *(b)* A showing of advantage to the Government
- *(c)* Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. X Other *(specify)*
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	650.00
21. Per Diem		800.00
22. Other		200.00
23. TOTAL	$	1650.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FEDN. DEPT. OFFR. SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (APPROVING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

1970 01 14224 4/15 FAX 2022085627 >> 5059050051 P 2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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

3. VOUCHER NO.
91000009

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
Hoffman, Barry

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 03-28-2009
b. TO 03-30-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Hoffman
b. DATE(S) 03-26-2009

e. PRESENT DUTY STATION
Los Angeles, CA

f. RESIDENCE (City and State)
(b) (6)

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 shown 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)
See attached ticket	UA	Economy	03-27-2009	Los Angeles	Washington, DC and return
456.20					
Ticket agent fee 28.25					

MAY 15 2009

Invitational travel. Air fare purchased with corporate card.

2110 22500
211I 2016
211T 3082

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 5/11/09 AMOUNT CLAIMED ▶ $ 292.98

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 ▶ [signature] DATE 5/15/09

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 ▶ $ 292.98

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/14

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, 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 (item (e), (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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Hoffman

Hoffman

TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: $	AMOUNT CLAIMED		
2009		MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
	(Hour and am/pm)	BREAKFAST	LUNCH	DINNER	TOTAL							
	(a) (b)	(c) (d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
3/29	7:55 am Depart Los Angeles											
	3:44 pm Arrive Washington, DC					46.00	139.00	187.00			187.00	
	Taxi (AD/Lodging											30.82
	Hotel Tax											20.16
	Taxi Lodging/I											7.00
3/30												
	5:50 pm Depart Wash											
	8:20 pm Arrive Los A					46.00		46.00			46.00	

the westin grand, washington d.c.
2350 m street n.w. washington, dc 20037
phone 202.429.0100 fax 202.429.9759
http://westin.com/washingtondc

guest

Barry Hoffman

(b) (6)

room	804
rate	139.00
no. pers.	1
folio	273174 EX-A
page	1
arrive	29-MAR-09 17:37
depart	30-MAR-09
payment	VI

travel agent/charge to

date	reference	description	charges/credits	amount
29-MAR-09	RT804	Room Tax		20.16
29-MAR-09	1	Internet Service In Room		9.95
29-MAR-09	803	Parking Valet - Overnight		31.25
29-MAR-09	803	Tax Other		3.75
30-MAR-09	VI	Visa Card	204.11-	
		Balance Due	0.00	

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
29-MAR-09	159.16	0.00	9.95	35.00	204.11	0.00
Total	159.16	0.00	9.95	35.00	204.11	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest you have earned at least 360 Starpoints for this visit C501163675

Barry Hoffman
FOLIO 273174 29-MAR-09

WESTI

YELLOW CAB COMPANY OF D.C., INC.
1639 BLADENSBURG ROAD N.E. WASHINGTON, D.C. 20002

GENERAL OFFICE: 546-7900
TAXICAB SERVICE: **544-1212**

DRIVER _____

TIME 12:30 pm. DATE _____

FROM Hotel @ 23rd St NW

TO 1849 C St. NW

FARE $ 7.00 CAB # _____

ID # _____ THANK YOU!

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Hoffman
2. 03/26/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Barry Hoffman 5. OFFICIAL STATION Los Angeles, CA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Los Angeles, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 03/29/09 Ending on or about 03/30/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	500.00
21. Per Diem		300.00
22. Other		100.00
23. TOTAL	$	900.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (TRAVELER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Print this Page Close this page

PREPARED FOR:
BARRY HOFFMAN

your travel details pinpointed

sabre virtuallythere

TRIP TO
RESERVATION CODE GZKHVB
TRAVEL DATES

Itinerary Details

Travel Arranger Priority Comments
TICKET ISSUED TO CORP CARD - (b) (6)
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Notes

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//26MAR

Need
TA
Signature

GZKHVB.TXT

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS GZKHVB

SALES PERSON: 77 ITINERARY DATE: 27 MAR 09
GZKHVB PAGE: 01

TO: NGMSDOI
ETKT 26MAR**INVITATIONAL**.

FOR: HOFFMAN/BARRY REF: GDOIOS

YOUR ESTIMATED AIRFARE ON 26MAR AT 1645 IS 456.20

29 MAR 09 - SUNDAY

AIR	UNITED AIRLINES	FLT:946	ECONOMY	FOOD FOR PURCHASE
	LV LOS ANGELES		755A	EQ: BOEING 777
	DEPART: TERMINAL 7			04HR 49MIN
	AR WASHINGTON DULLES		344P	NON-STOP
				REF: RTXD94

30 MAR 09 - MONDAY

AIR	UNITED AIRLINES	FLT:947	ECONOMY	FOOD FOR PURCHASE
	LV WASHINGTON DULLES		550P	EQP: BOEING 777
				05HR 30MIN
	AR LOS ANGELES		820P	NON-STOP
	ARRIVE: TERMINAL 7			RE : RTXD94

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//26MAR

Carlson Wagonlit Travel - Local Presence, Global Power

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
G10000088

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
Iseman, Tom

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 04-16-2009
b. TO 04-17-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Valesquez1
b. DATE(S) 04-14-2009

e. PRESENT DUTY STATION
Denver, CO

f. RESIDENCE (City and State)
(b) (6)

10. CHECK NO.

11. PAID BY
TDY

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

Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
0167401702674	230.20	FR	Economy	04-15-2009	Denver, CO	Washington, DC
4227401702673	219.60	UA	Economy	04-15-2009	Washington, DC	Denver, CO
ticket agent fee	28.25					

Invitational travel. Corporate card used to purchase air fare.

MAY 7 2009

211D 300.00
211T 28.00
211I 3031

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 ▶ Thomas McIsman DATE 5-2-09 AMOUNT CLAIMED ▶ $ 363.31

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 ▶ Renee Stone DATE 5/6/09

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
Certifier's initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER ▶ $ 363.31

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/13/9

B

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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) (through (g) (h) Show amount incurred for each meal, including tax, tips, and daily total meal cost.

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 2 OF 2 PAGES

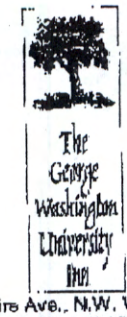
TRAVEL AUTHORIZATION NO.

lseman1

TRAVELER'S LAST NAME

lseman

DATE 2009 (e)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
4/16	4:30 pm	Depart Denver, CO											
	9:41 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel tax											30.31
		Taxi DCA/Lodging											13.00 T
		Taxi DOI/DCA											15.00 T
4/17	4:40 pm	Depart Washington, DC											
	5:50 pm	Arrive Denver, CO					48.00		48.00			48.00	



824 New Hampshire Ave., N.W. Washington, D.C. 20037
(202) 337-6620
Member Potomac Hospitality Services

Tom Iseman

US

209/64

Room No.	:	812	
Arrival	:	04-16-09	
Departure	:	04-17-09	
Page No.	:	1 of 1	
Folio No.	:		
Conf. No.	:	382807	

A/R Number :
Group Code :
Company Name :

Date	Text	Charges USD	Credits USD
04-16-09	Rooms	209.00	
04-16-09	Room Tax	30.31	
	Total	**239.31**	**0.00**
	Balance	**239.31 USD**	

REMARKS:
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 for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.
SIGNATURE

_____

TAXICAB RECEIPT

Time: $13.00
Date: 10:30p 4/12

Origin of trip: DCA - National

Destination: George Washington Hotel

Fare: $13.00 Sign:

TAXICAB RECEIPT

Time: 4-17 3:60
Date: $15.00

Origin of trip: DOI

Destination: National Airport.

Fare: $15.00 Sign:

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Iseman1
2. 04/14/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Tom Iseman 5. OFFICIAL STATION Denver, CO

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowance according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 04/16/09 Ending on or about 04/17/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - *(a)* [X] Administratively determined to be the advantage of the Government
    - *(b)* A showing of advantage to the Government
    - *(c)* Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	500.00
21. Per Diem		100.00
22. Other		100.00
23. TOTAL	$	700.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (TRAVEL AUTHORIZING OFFICIAL'S SIGNATURE)

26. _____ (INCUMBENT'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

April 15, 2009

Carlson Wagonlit Travel Satoltravel.

For: TOM ISEMAN GDOIOS

To: NGMSDOI
ETKT 15APR.

Sales Person: 77
Locator: FBWQCW
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday April 16, 2009

Frontier Airlines — Flight Number: 720
Class of Service:Coach Class Y
Depart: DENVER, CO — 4:30 Pm April 16, 2009
Arrive: WASHINGTON/NATL,DC — 9:41 Pm April 16, 2009
Total Flight Time: — 3 Hours 11 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed — Confirmation Number: FBYZRI
Reserved Seat: ISEMAN/TOM 14D
ARR-TERMINAL C

Thursday April 16, 2009

WASHINGTON/NATL,DC
UTELL INTERNATIONAL GEORGE WASHINGTON UNIV INN
824 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 202-337-6620
Fax Number: 202-337-2540
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 16, 2009
Check Out: Apr 17, 2009
Confirmation Number: 114672433
Cancellation Policy: Cancel 1 day prior

Friday April 17, 2009

United Airlines — Flight Number: 625
Class of Service:Coach Class V
Depart: WASHINGTON/NATL,DC — 4:40 Pm April 17, 2009
Arrive: CHICAGO/OHARE — 5:50 Pm April 17, 2009
Total Flight Time: — 2 Hours 10 Minutes Non-Stop
Equipment: 752
Meal Service: None
Status: Confirmed — Confirmation Number: RKPKNY
Reserved Seat: ISEMAN/TOM 17D

DEP-TERMINAL C
STAR ALLIANCE

ARR-TERMINAL 1

Friday April 17, 2009

United Airlines
Class of Service:Coach Class V
Depart: CHICAGO/OHARE
Arrive: DENVER, CO
Total Flight Time:
Equipment: 777
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL 1
STAR ALLIANCE

Flight Number: 253

6:47 Pm April 17, 2009
8:25 Pm April 17, 2009
2 Hours 38 Minutes Non-Stop

Confirmation Number: RKPKNY

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ISEMAN TOM	4464/0167401702674	194.42	35.78			230.20
ISEMAN TOM	4464/8908144782829	28.25				28.25
ISEMAN TOM	4463/4227401702673	194.42USD	14.58US	3.60ZP	7.00XT	219.60
					Total Amount:	478.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//14APR

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Shaw, James
b. SOCIAL SECURITY NO: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Silverthorne, CO
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 05-31-2009
b. TO: 06-01-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Shaw1
b. DATE(S): 05-29-2009

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

RECEIVED JUL 22 2009

10. CHECK NO.

11. PAID BY

TDY

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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 procedure (FPMR 101-7)

	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)
See attached ticket	743.20	UA	Economy	05-29-2009	Denver, CO	Washington, DC and return
TMC	28.25					

Invitational travel. Air fare purchased with corporate card.

JUL 21 2009

2110 308-00
211I 3031

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 lowest cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ James W Shaw DATE 7/13/09 AMOUNT CLAIMED ▶ $ 335.31

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 ▶ Renee Stone DATE 7-16-09

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

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): 5
d. NET TO TRAVELER ▶ $ 335.31

7/24/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Col. (c) If this 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, 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 there is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Shaw1

TRAVELER'S LAST NAME

Shaw

2009 (a)	TIME (Hour and zone) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	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)
05/31	1:40 pm	Depart Denver, CO											
	8:50 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging tax											30.31
06/01	6:00 pm	Depart Washington, DC											
	7:56 pm	Arrive Denver, CO					48.00		48.00			48.00	
												305.00	30.31
									SUBTOTALS ▶		$305.00	$30.31	
									TOTALS ▶		$305.00	$30.31	

0.00 *

60. X

75. %

48.00 +

0.0

48.00 +

48.00 +

96.00 *

96.00 +

209.00 +

305.00 *

305.00 +

30.31 +

335.31 *

If adv... In comp... Subsist... implem... 22, 1973... U.S.C. 6... determi... and/or re... and in re... The infor... information... disclosed...

SF 1012-A BACK, leaving to front blank.

...ies. 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 or 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 taxes and/or retention 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 this information (other than SSN) required to support this claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ $335.31

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1021
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 5, 1949

TRAVEL AUTHORIZATION

1. No. Shaw1
2. 5/29/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME James Shaw
5. OFFICIAL STATION Denver, Colorado
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, Colorado
9. TO: Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel

Traveler will interview for a position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 6/31/09 **Ending on or about** 6/1/09

MODE OF TRAVEL

13. [X] **Common carrier**
14. **Extra fare**
15. **Government-owned conveyance**
16. [X] **Privately owned** **at a mileage rate of** **cents, subject to:**
    - *(a)* [X] **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. [X] **Other** *(specify)*
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	1010.70
21. Per Diem		96.00
22. Other		100.00
23. TOTAL	$	1206.70

24. **CHARGED TO:**
2009 1000 DDD01 68

25. (FOR USE BY GSA OR BIA ONLY)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
Washington, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-5485
Reservations
www.doubletree.com

Name & Address

SHAW, JAMES

Room 402/NK1K
Arrival Date 5/31/2009 8:46:00PM
Departure Date 6/1/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH#
AL
BONUS AL CAR

Confirmation: 8745238e

6/1/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
5/31/2009	1368625	GUEST ROOM	$209.00
5/31/2009	1368625	SUITE TAX	$30.31
		WILL BE SETTLED TO AX(b) (6)	$239.31
		EFFECTIVE BALANCE OF	$1.00
		ESTIMATED CURRENCY TOTAL	

EXPRESS CHECK-OUT

Good Morning: We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - + pay at the time of purchase.
  - + charge purchases to your room, then stop by the Front Desk for an updated statement.
  - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION 21005136	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

JZZWRI

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS JZZWRI

SALES PERSON: 77 ITINERARY DATE: 29 MAY 09
JZZWRI PAGE: 01

TO: NGMSDOI
ETKT 29MAY**INVITATIONAL**.

FOR: SHAW/JAMES REF: GDOIOS

YOUR ESTIMATED AIRFARE ON 28MAY AT 1647 IS 743.20

31 MAY 09 - SUNDAY

AIR	UNITED AIRLINES	FLT:660	ECONOMY	FOOD-BEV/PUR
	LV DENVER		140P	EQ: AIRBUS A319
				03HR 19MIN
	AR WASHINGTON DULLES		659P	NON-STOP
				REF: LF5TXE
HOTEL	WASHINGTON REAGAN		OUT-01JUN	CORP ID-0560009417
	DOUBLETREE HOTELS		1 NIGHT	
	DTREE GUEST STES WA		1 ROOM	1 KINGBED 2 ROOM SUITE-KI
	801 NEW HAMPSHIRE AVE NW		HI SPEED 9.95-DAY-SWEET DREAMS	
	WASHINGTON DC 20037		RATE-209.00USD PER NIGHT	
	PONE 1-202-785-2000		CANCEL BY 04P DAYOF ARRIVAL	
	FAX 1-202-785-9485			
	GUARANTEED LATE ARRIVAL			
	CONFIRMATION 87452386			
	ZD040619771			

01 JUN 09 - MONDAY

AIR	FRONTIER AIRLINES	FLT:725	ECONOMY	FOOD FOR PURCHASE
	LV WASHINGTON REAGAN		600P	EQP: AIRBUS A320
	DEPART: TERMINAL C			03HR 56MIN
	AR DENVER		756P	NON-STOP
				REF: JMRFXJ
	SHAW/JAMES	SEAT-9C		

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//28MAY

Carlson Wagonlit Travel - Local Presence, Global Power

2009-04-20 13:59 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Janea Ashanti Scott
b. SOCIAL SECURITY NO.: 910000059 (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Beverly Hills, CA
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 03-19-2009
b. TO: 03-20-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Scott Invitational
b. DATE(S): 03-17-2009

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

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
0167401702534 533.20	UA	Economy	03-17-2009	Los Angeles, CA	Washington, DC
8908140616865 28.25				ticket agent fee	

2110-305.00
211I 3031
211T 138.20

Invitational travel. Corporate card used to purchase airline ticket.

RECEIVED APR 20 2009

APR 16 2009

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. Where applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE: Janea A. Scott DATE

AMOUNT CLAIMED: $ 473.51

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; id. 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: Connie Stone DATE 9/15/09

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 $ 473.51

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

18. ACCOUNTING CLASSIFICATION
2009 1000 00001 68

4/31/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4160

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, tips, and daily total meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellhops, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. ScottInvitational

TRAVELER'S LAST NAME Scott

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
	9:32 a.m.	Depart Los Angeles											
	5:20 p.m.	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Taxi Dulles/Lodging											61.20
		Hotel Tax											30.31
		Taxi Lodging/DOI											7.00
		Taxi DOI/Lodging											7.00
		Taxi Lodging/Dulles											63.00
	6:40 p.m.	Depart Washington, DC											
	8:18 p.m.	Arrive Los Angeles, CA					48.00		48.00			48.00	
		SUBTOTALS										$305.00	$158.51
		TOTALS										$305.00	$168.51

209/64

96.00 209

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 ▶ **$473.51**

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 Regulation (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.

OMB No. 1510-0056

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: US Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS: 1849 C Street, NW

Washington, DC 20240

CONTACT PERSON NAME: Accounts Payable

TELEPHONE NUMBER: (202) 208-5723

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Janea Ashanti Scott

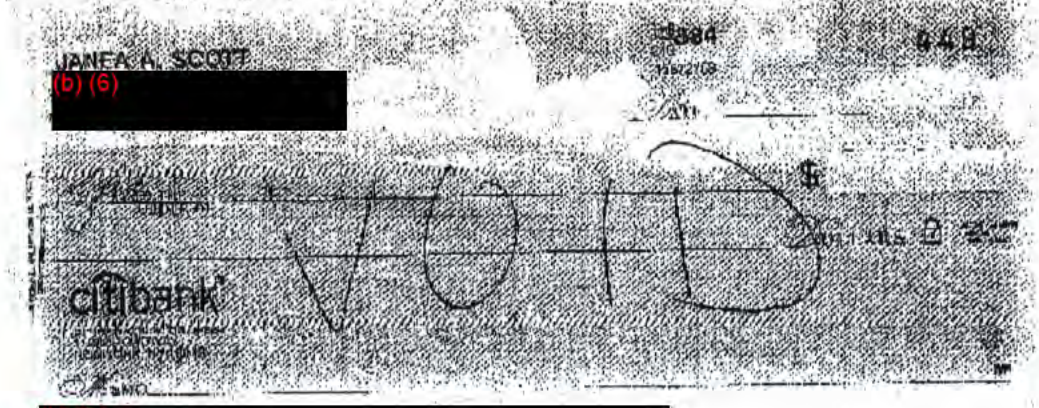
SSN, EIN, OR TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER: (310) 728-9469

FINANCIAL INSTITUTION INFORMATION



ER:

X NUMBER:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER: ( )

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Scott Invitational
2. 3/17/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Janea Ashanti Scott
5. OFFICIAL STATION Beverly Hills, CA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Los Angeles, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler will interview for a possible position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

In accordance with Federal Travel Regulations as published in the Federal Register. Lodging not to exceed 300% per diem.

12. PERIOD OF TRAVEL: Beginning on or about 03/19/2009 Ending on or about 03/20/2009

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	550.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1000.00

24. CHARGED TO:
2009 1000 DDD01 68

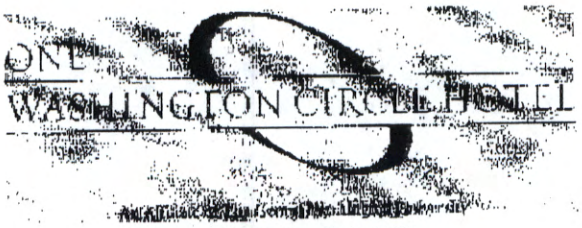
25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renna Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)



One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 872-1680
Fax: (202) 887-4989
Member Potomac Hotel Group

Jane A Scott

US

Room No.	:	202	
Arrival	:	03-19-09	
Departure	:	03-20-09	
Page No.	:	1 of 1	
Invoice No.	:		
Conf. No.	:	442240	
Crs. No.	:	111724681	

A/R Number :
Group Code :
Company Name : Utell

Date	Text	Charges USD	Credits USD
03-19-09	Room Charge	209.00	
03-19-09	Room Tax (14.5%)	30.31	
	Total	**239.31**	**0.00**
	Balance	**239.31 USD**	

REMARKS:
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 for any or the full mount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.
SIGNATURE

The Churchill Hotel
on Connecticut Avenue
Washington, DC

1914 Connecticut Avenue N.W.
Washington, D.C. 20009
Tel. (202) 797-2000 • 1-800-424-2464
Fax: (202) 462-0944
www.TheChurchillHotel.com

TAXI DRIVER'S CUSTOMER RECEIPT

Time: _____ Date 3/20/09

Cab # _____ ID # _____

Origin of Trip One Washington Place Hotel

Destination DOI Fare ($) 7.00

Taxi Cab Receipts

DATE: 3/20/09 TIME: _____

TRIP ORIGIN: DOI

DESTINATION: One Washington Place Hotel

FARE: $ 7.00 SIGNATURE _____

Taxi Cab Receipts

DATE: 3/20/09 TIME: 4pm

TRIP ORIGIN One Washington Place Hotel

DESTINATION: Dulles

FARE: $ 63.00 SIGNATURE _____

$8 tip + $55 fare

snackbox**receipt** $5 flight no: _____ date 3/20/09 UNITED

March 17, 2009

Carlson Wagonlit Travel SatoTravel

For: JANEA SCOTT GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: GCUESY
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday March 19, 2009

United Airlines
Class of Service:Coach Class Y
Depart: LOS ANGELES,CA
Arrive: WASHINGTON/DULLES
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: SCOTT/JANEA 22B
DEP-TERMINAL 7
STAR ALLIANCE
MIDDLE SEAT ONLY AVAILABLE AT TIME OF BOOKING.

Flight Number: 324

9:32 Am March 19, 2009
5:20 Pm March 19, 2009
4 Hours 48 Minutes Non-Stop

Confirmation Number: WLF8TT

Thursday March 19, 2009

WASHINGTON/NATL,DC
OTELL INTERNATIONAL ONE WASHINGTON CIRCLE HOTEL
ONE WASHINGTON CIRCLE NW
WASHINGTON DC 20037
Phone Number: 202-872-1680
Fax Number: 202-887-4989
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 19, 2009
Check Out: Mar 20, 2009
Confirmation Number: 111724681
Cancellation Policy: Cancel 1 day prior

Thursday March 19, 2009

Other Service
Mar 19, 2009 - Mar 19, 2009
Departure City: WASHINGTON/NATL,DC
HOTEL GUARANTEED CANCEL 24HOURS PRIOR TO AVOID BILLING

Friday March 20, 2009

United Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES

Flight Number: 967

5:40 Pm March 20, 2009

Arrive: LOS ANGELES,CA 8:16 Pm March 20, 2009
Total Flight Time: 5 Hours 36 Minutes Non-Stop
Equipment: 777
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: NZF8TT
Reserved Seat: SCOTT/JANEA 36E
ARR-TERMINAL 7
STAR ALLIANCE
MIDDLE SEAT ONLY AVAILABLE AT TIME OF BOOKING.

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
SCOTT JANEA	4325/0167401702534	476.28USD	35.72US	7.20ZP	14.00XT	533.20
SCOTT JANEA	4325/8908140616966	28.25				28.25
					Total Amount:	561.46

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2564
CAR DECLINED/KS/16MAR

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 910000082 Scott, Janea

b. SOCIAL SECURITY NO.: (b) (6)

8. PERIOD OF TRAVEL: a. FROM 04-23-2009 b. TO 04-24-2009

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW Washington, DC 20240

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Scott REL b. DATE(S) 04-14-2009

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6)

10. CHECK NO.

11. PAID BY

6. 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

TRT

Traveler's initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
See attached e-ticket	266.60	UA	Economy	04-23-2009	Los Angeles, CA	Washington, DC
ticket agent fee	26.25					

Travel took less than 12 hours. No per diem.

Air fare purchased with corporate card.

MAY 4 2009

21108

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 ▶ Janea A. Scott DATE 4/29/09 AMOUNT CLAIMED ▶ $ 00.00

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 ▶ Janea Stone DATE 4/30/09

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 ▶ $ 00.00

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 ▶ DATE

18. ACCOUNTING CLASSIFICATION

2009 1000 0DD01 68

5/9/09

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Scott REL

Scott

2009	TIME (Hour and a/p/m) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
4/23	4:47 pm	Depart Los Angeles, CA											
4/24	12:37 am	Arrive Washington, DC											

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

SUBTOTALS ▶

TOTALS ▶

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 Regulation (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 officials 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 circumstances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

April 23, 2009

Carlson Wagonlit Travel SatoTravel

For: JANEA SCOTT GDOIDS

To: NGMSDOI
ETKT 22APR**RELOCATION**.
ETKT 23APR.

Sales Person: 77
Locator: CGJZGY
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday April 23, 2009

United Airlines — Flight Number: 210
Class of Service:Coach Class Y
Depart: LOS ANGELES,CA — 4:47 Pm April 23, 2009
Arrive: WASHINGTON/DULLES — 12:37 Am April 24, 2009
Total Flight Time: — 4 Hours 50 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: P4C9ZY
DEP-TERMINAL 7
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
SCOTT JANEA	4518/0167401702725	238.14USD	17.86US	3.60ZP	7.00XT	266.60
SCOTT JANEA	4518/6906144782871	28.25				28.25
SMITH JANEA	4510/0167401702717	238.14USD	17.86US	3.60ZP	7.00XT	266.60
SMITH JANEA	4510/6906144782864	28.25				28.25

↳ ticket voided

Total Amount: 589.70

SATO TRAVEL AFTER HOURS EMERGENCY 866-687-8816
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-898-2554
CAR DECLINED/A//22APR
LODGING DECLINED//22APR

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 6, 1949

New Appointee

TRAVEL AUTHORIZATION

1. No. Scott REL

2. 04/14/09 (DATE)

3. Office of the Secretary (Bureau or Office)

4 NAME Janea A. Scott

5. OFFICIAL STATION Washington, DC

6. TITLE Special Assistant to the Counselor

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM. Beverly Hills, CA

9. TO. Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Beverly Hills, CA , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 04/11/09

11. PER DIEM ALLOWANCE:

Enroute travel, No per diem will be allowed for enroute travel as it is under 12 hours. Allowed taxi to and from the airport. Authorized shipment of POV.

12. PERIOD OF TRAVEL: Beginning on or about: **April 24, 2009** Ending on or about: **April 24, 2011**

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra Fare 15. ☐ Government-owned conveyance

16. ☐ Privately owned: at a mileage rate of: cents, subject to

(a) ☒ Administratively determined to be to the advantage of the Government

(b) ☒ A showing of advantage to the Government

(c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90days

18. ☒ Other (Specify):
- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☒ Shipment of POV By GBL
- ☐ Real Estate Expenses
- ☐ Non GBL / Self shipment
- ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$	839.00
21	Per Diem	$	0.00
22.	Other	$	16,554.61
23.	TOTAL	$	17,393.61

24. CHARGED TO:

25. 4/21/09 (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

2009 1000 DDD01 68

U.S. DEPARTMENT OF THE INTERIOR

NATIONAL BUSINESS CENTER

Office of the Secretary

Computation Form for Employee Estimate of Total Relocation Costs and Travel Advances

Name of Employee: **Janea A. Scott**

Travel Authorization #:

Object Class		Estimate of costs to be computed by NBC	Employee expenses (actual)	Taxable
213C	Enroute - Airfare $589.00 One-way travel	$589.00		
213D	M&IE en route Employee 0 days @ 36.00 = 0.00 Spouse days @ 26.25 = N-A Unaccompanied spouse days @ 39.00 = N-A Dependent >12 X X days @ 28.25 = N-A Dependent <12 X X days @ 10.50 = N-A	$0.00 New Appointee - Family not authorized M&IE expenses		$0.00
213D	Lodging en route Employee 0 days @ 70.00 = 0.00 Spouse days @ 52.50 = N-A Unaccompanied spouse days @ 70.00 = N-A Dependent >12 X X days @ 52.50 = N-A Dependent <12 X X days @ 35.00 = N-A	$0.00 New Appointee - Family not authorized lodging expenses		
213P	Transportation en route 1st POV miles @ = 0.00 2nd POV miles @ = 0.00 Taxable Mileage = 27 Taxi $100.00 Parking	$150.00		$0.00
213W	Transportation / Househunting POV miles @ = N-A Rental Car + Gas Airfare Tax Parking	New Appointee		N-A
213V	Perdiem / Househunting Locality Rate Rate = Employee days @ 0.00 = N-A Spouse days @ 0.00 = N-A Unaccompanied spouse days @ 0.00 = 0.00 H/H Fixed Rate (Locality Rate) Employee and Spouse @ 6.25 = N-A Employee or spouse only @ 5 = N-A	New Appointee		N-A
1212	Temporary Quarters Allowance Employee days @ 109.00 = N-A Spouse days @ 81.75 = N-A Unaccompanied spouse days @ 109.00 = N-A Dependent >12 X X days @ 81.75 = N-A Dependent <12 X X days @ 54.50 = N-A 2nd 30 days TQ T.Q. Fixed Rate (Locality Rate) Employee .75 days @ = N-A Family (#) @ .25 days @ = N-A	New Appointee		N-A
1216	Miscellaneous Allowance N-A Employee without immediate family N-A Employee with immediate family N-A Claim actual expenses	New Appointee		N-A
224F	Shipment of Household Goods 10,000 lbs/GBL = 10,942.21	$10,942.21		
224F	U-Haul	$0.00		
224F	Temporary Storage of Household Goods 30 Days = 2,864.40 Allowed a total of 90 days for storage Storage over 30 days (months) 1,440.00	$4,304.40		$1,440.00
224L	Shipment of POV - Government Bill of Lading (GBL) 1,308.00	$1,308.00		
1213	Real Estate N-A Sale 7% NTE 10% N-A Purchase 3% NTE 5% Un-expired lease or lease break	New Appointee		N-A
1215	Relocation Income Tax Allowance (RITA) 33.3333333% of subtotal of column C	New Appointee		Subtotal $1,440.00
	TOTAL Total Estimated Costs: (amount obligated) Total Advance Requested	$17,393.61	$0.00	

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91000060

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Joe Childers
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL
a. FROM: 03-25-2009
b. TO: 03-25-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Childers1
b. DATE(S): 03-24-2009

e. PRESENT DUTY STATION: Lexington, KY

f. RESIDENCE (City and State): (b) (6)

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

10. CHECK NO.

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 shown 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)
593.79	DL	Economy	03-24-2009	Lexington, KY	Washington, DC
28.25					Ticket agent fee

0067401702543
8908140616975

Corporate card used to purchase airline ticket for this invitational travel. No per diem; travel was less than 12 hours.

APR 16 2009

217.00

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 ▶ J. F. Childers DATE 4/1/09

AMOUNT CLAIMED ▶ $ 18.00

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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone DATE 4/15/09

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

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 ▶ $ 18.00

4/23/09

18. ACCOUNTING CLASSIFICATION

2009 1000 DDDD1 68

1012-116

This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

BS

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, 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.

Completes this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. Childers1

TRAVELER'S LAST NAME Childers

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
3/25	9:47 am	Depart Lexington											
	12:35 p.m.	Arrive Washington, DC											
		Taxi Fare											15.00
		Metro Fare											3.00
	8:00 p.m.	Depart Washington, DC											
	9:38 p.m.	Arrive Lexington, KY											
										SUBTOTALS ▶			$18.00
										TOTALS ▶			$18.00

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $18.00

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 Regulation (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.

STANDARD FORM 1012 BACK (10-77)

This form was electronically produced by Elite Federal Forms, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Childers1
2. 03/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joe F. Childers, Jr.
5. OFFICIAL STATION Lexington, KY
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Lexington, KY
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a possible position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with the Federal Travel Regulation.

12. PERIOD OF TRAVEL: Beginning on or about 03/25/09 Ending on or about 03/25/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. X Privately owned
    - (a) Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. X Other *(specify)*
    Taxi Fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	625.00
21. Per Diem		48.00
22. Other		50.00
23. TOTAL	$	723.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel Sato Travel.

For: JOE CHILDERS GDOIOS

To: NGM8DOI
ETKT 23MAR""INVITATIONAL"".
ETKT 24MAR.

Sales Person: 77
Locator: LVGJYE
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday March 25, 2009

Delta Airlines
Class of Service:Coach Class K
Depart: LEXINGTON, KY
Arrive: CINCINNATI, OH
Total Flight Time:
Equipment: CRJ
Meal Service: None
Status: Confirmed
Reserved Seat: CHILDERS/JOE 11A
ARR-TERMINAL 3
*LEX-CVG OPERATED BY COMAIR INC

Flight Number: 6412

9:47 Am March 25, 2009
10:35 Am March 25, 2009
48 Minutes Non-Stop

Confirmation Number: 25JQK3

Wednesday March 25, 2009

Delta Airlines
Class of Service:Coach Class K
Depart: CINCINNATI, OH
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: CR7
Meal Service: None
Status: Confirmed
Reserved Seat: CHILDERS/JOE 4C
DEP-TERMINAL 3 ARR-TERMINAL B
*CVG-DCA OPERATED BY COMAIR INC

Flight Number: 6751

11:15 Am March 25, 2009
12:35 Pm March 25, 2009
1 Hour 20 Minutes Non-Stop

Confirmation Number: 25JQK3

Wednesday March 25, 2009

Delta Airlines
Class of Service:Coach Class K
Depart: WASHINGTON/NATL,DC
Arrive: LEXINGTON, KY
Total Flight Time:
Equipment: CRJ
Meal Service: None
Status: Confirmed

Flight Number: 6739

8:00 Pm March 25, 2009
9:36 Pm March 25, 2009
1 Hour 36 Minutes Non-Stop

Confirmation Number: 25JQK3

Reserved Seat: CHILDERS/JOE 11B
DEP-TERMINAL B
*DCA-LEX OPERATED BY COMAIR INC

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
CHILDERS JOE	4334/0067401702543	522.80USD	39.19US	10.80ZP	21.00XT	593.79
CHILDERS JOE	4334/6908140616975	28.25				28.25
					Total Amount:	622.04

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//23MAR
LODGING DECLINED//23MAR

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
114	BS	1

Batch Totals

Input Date	Number of Documents	Net Total Required)
4/23/09	4	

18•00 +
356•01 +
166•10 +
163•00 +
703•11 *

System Checked By: BS Date 4/23/09

Batch Approval

Approved By: _____

Date Approved: _____

8-3-9

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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)
91000170
Reynolds, John

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 07-15-2009
b. TO 07-15-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Reynolds1
b. DATE(S) 07-14-2009

e. PRESENT DUTY STATION
Crozet, VA

f. RESIDENCE (City and State)
(b) (6)

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

10. CHECK NO.

11. PAID BY
TDI
Traveler's Initials ▶

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)

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)	TO (f)

Invitational travel. Traveler met with DOI officials to evaluate his qualifications for a Secretarial appointment. Traveler purchased bus fare with personal funds.

21TB1.20

No card

JUL 28 2009

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 ▶ Jim Reynolds DATE 7/2/09

AMOUNT CLAIMED ▶ $ 61.20

NOTE: Falsification of an item in this 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; id. 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 ▶ Renee Stone DATE 7-27-09

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

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 ▶ $ 61.20

8/3/09 m

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

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, 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, telegram other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Reynolds1

TRAVELER'S LAST NAME

Reynolds

DATE 2009 (a)	TIME (How and a/p/m) (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)
07/15	8:50 am	Depart Charlottesville, VA via Greyhound Bus											
		Round trip bus fare											30.20 / 30.20
	11:59 am	Arrive Washington, DC											
		Taxi Union Station/DOI											11.00 / 31.00
		Taxi DOI/Union Station											11.00 /
	5:05 pm	Depart Washington, DC											
	8:45 pm	Arrive Charlottesville, VA											
									SUBTOTALS ▶				61.20
									TOTALS ▶				61.20

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 ▶ $61.20

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 Regulation (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(a) 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 the investigation 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(a) 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Reynolds1
2. 07/14/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME John Reynolds
5. OFFICIAL STATION Crozet, VA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Crozet, VA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will meet with Departmental officials. The traveler is a candidate for an appointment by the Secretary to the Presidio Trust. The meeting with Departmental officials is to evaluate the candidate's qualifications and discussions regarding the Trust.

Traveler will travel via Greyhuond Bus from. Permission to purchase bus ticket with personal credit card is granted.

11. PER DIEM ALLOWANCE:

Per diem according to Federal Travel Regulations issued by GSA and published in the Federal Register

12. PERIOD OF TRAVEL: Beginning on or about 07/15/09 Ending on or about 07/15/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
   - (a) [X] Administratively determined to be the advantage of the Government
   - (b) [ ] A showing of advantage to the Government
   - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Mileage to bus station
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	40.00
21. Per Diem		48.00
22. Other		20.00
23. TOTAL	$	108.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (PASSENGER'S SIGNATURE)

26. _____ (CERTIFIER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

[illegible] 0043 GREYHOUND LINES, INC.

RECEIPT & ITINERARY ** NOT GOOD FOR TRAVEL **

FROM: CHARLOTTESVI VA DEPART: Wed 15JUL09
TO: WASHINGTON DC REYNOLDS JOHN J CONF#: [illegible]
ROUND TRIP [illegible]

*** CITY ***	ARRIVAL	LAYOVER	DEPARTURE	SCHEDULE
CHARLOTTESVI VA			08:50a 15JUL09	GL[illegible] 39[illegible]
WASHINGTON DC	11:[illegible] 15JUL09		[illegible] 15JUL09	GL[illegible] 3927
CHARLOTTESVI VA	[illegible] 15JUL09			GL[illegible] 3927

FARE PRICE: $39.[illegible]
[illegible]
VISA
AUTH CODE: [illegible]
[illegible] 2[illegible] [illegible]

** VOID IF DETACHED **

TAXICAB RECEIPT

Date: 7/15/09 Time: [illegible]

Trip Origin: Union Station

Destination: [illegible]

Fare: [illegible] Signature: [illegible]

Thank you for your business!

TAXICAB RECEIPT

Time: [illegible]

Date: 7/15/09

Origin of trip: [illegible]

Destination: Union Station

Fare: [illegible] Sign: [illegible]

MB

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [x] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER / PAYEE

a. NAME (Last, first middle initial): ~~Pizarchik~~ Pizachiek, Joseph G. 910000136

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL: a. FROM 3/20/09 b. TO 5/20/09

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Pizarchik b. DATE(S) 5/19/09

e. PRESENT DUTY STATION: Harrisburg, PA

f. RESIDENCE (City and State)

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

10. CHECK NO.

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)
POV				Harrisburg, PA	Washington, DC Harrisburg, PA
6/20/09			JUN 24 2009		211 P 191.28

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: Joseph G. Pizarchik DATE 6-15-9 AMOUNT CLAIMED $ $239.28

NOTE: Falsification of an item in an expense account works a forfeiture of claim (31 U.S.C. 3514) 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; id. 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: Kenna Stone DATE 6-22-09

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES IF ANY (Explain and show symbol) $ 48 00

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's Initials) $

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

d. NET TO TRAVELER $ 191 28

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

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD91 68

7/4/9

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 (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. (i) 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
Pizarchik

DATE 19 (a)	TIME (Hour and a/p.m.) (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 (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5/20	9:15 a.m.	Depart Harisburg, PA							48.00			48.00	
5/20		No lodging claimed, traveler drove on 5/20/09 and retu											
5/20		Interview at DOI											
5/10 5/20		Arrive Harrisburg, PA 282 round trip miles from PA/DC DC/PA 282 x .55 = 155.10											155.10
5/20	10:35 p.m.	Gas for trip											36.18
									SUBTOTALS		0	$48.00	$191.28
									TOTALS				

Under 12 Hours

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	239.28

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.

STANDARD FORM 1012 BACK (10-77)

2009-06-26 13:31 FAX 2022085627 >> 303 969 7281 P 3/10

To: **Sheila Wilson**
Branch of Accounting Operations, FNMS
National Business Center

From: Jameila Anderson
Office of the Secretary

Date: May 18, 2009

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Jameila Anderson on 202-208-7351 if you have any questions.

Traveler	Travel Period	Cost Center
Joseph Pizarchik	May 20, 2009	2009-1000-DDD01-68

Account Name: Division of Financial Management Services

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Pizarchik1
2. 05/19/09 (Date)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joseph Pizarchik 5. OFFICIAL STATION Harrisburg, PA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Harrisburg, PA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational travel

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register. No lodging is needed because traveler is commuting POV and it will be a one day trip.

12. PERIOD OF TRAVEL: Beginning on or about 5/20/09 Ending on or about 5/20/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. ✗ Privately owned at a mileage rate of 55 cents, subject to:
   (a) Administratively determined to be the advantage of the Government
   (b) A showing of advantage to the Government
   (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	143.00
21. Per Diem		48.00
22. Other		50.00
23. TOTAL	$	241.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (TRAVEL AUTHORIZING OFFICIAL'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Pamela Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
183	BS	A

Batch Totals

••0••

Input Date	Number of Documents
7/2/09	2

2,084.36 +
191.28 +
2,275.64 *

System Checked By: RD Date _____

Batch Approval

Approved By: _____

Date Approved: _____

8-3-9

2009-08-19 14:29 FAX 2022085627 >> 3039696651 P 11/16

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
910000182
Pizarchik, Joseph

b. SOCIAL SECURITY NO.
(b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)
(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION
Harrisburg, PA

f. RESIDENCE (City and State)
(b) (6) [redacted]

6. PERIOD OF TRAVEL
a. FROM 7-28-09 07-~~[illegible]~~
b. TO 07-31-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Pizarchik2
b. DATE(S) 07-22-2009

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

RECEIVED AUG 19 2009

10. CHECK NO.

11. PAID BY

TDT-O

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

AGENT'S VALUATION OF TICKET	ISSUING CAR-RIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOM-MODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
Card not Used Yet					

AUG 7 2009

2110 719.00
2111 192.25
2110 ~~[illegible]~~
151.25

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 ▶ Joseph G. Pizarchik DATE 8-6-09

AMOUNT CLAIMED ▶ $ 1,062.04

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 ▶ Renee Stone DATE 8-6-09

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

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 ▶ $ 1,062.04

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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) (time) (g) Show amount incurred for each meal, including tax, 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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Plzarchik2

TRAVELER'S LAST NAME

Plzarchik

2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
0	2:00 pm	Depart Harrisburg, PA via POV											
							48.00	165.00	213.00	134	73.70	213.00	
		••0••											23.93 F
													40.00 I
07							64.00	165.00	229.00			229.00	
		64.• X											23.93 I
		75.• %											40.00 I
		48.00 +											
		••0••								3	1.65		
07							64.00	165.00	229.00			229.00	
		48.00 +											23.93 I
		64.00 +											40.00 I
		64.00 +											
		48.00 +											
		224.00 *					48			3	1.65		
		••0••											
		165.00 +											
		165.00 +											
		165.00 +											
		224.00 +											
		••0••											
		134.00 +											
		134.00 +											
		268.• X											
		0.55 =											
		147.40 +											
		0.55 +											
		••0••											
		134.00 +											
		134.00 +											
		268.• X											

2240 455

SUBTOTALS ▶ $77.00 $671.00 $191.79

TOTALS ▶

-715.80

14129

012-A BACK, leaving its front blank.

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 ▶

[redacted]

orm was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

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) through (g): Show amount incurred for each meal, including tax, 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).

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

(l) 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. (l) 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Pizarchik2

TRAVELER'S LAST NAME

Pizarchik

TIME 2009 (a)	(Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (l)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (j)	SUBSISTENCE (m)	OTHER (n)
07/31		Mileage Lodging/DOI								1	0.55		
	2:00 pm	Depart Washington, DC											
	4:30 pm	Arrive Residence					48.00		48.00	134	73.70	48.00	

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

	MILEAGE	SUBSISTENCE	OTHER	
SUBTOTALS ▶	$74.25	$48.00		
TOTALS ▶	$151.25	$719.00	$191.79	

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 Regulation (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 (j), (m) and (n), below and in item 13 on the front of this form

TOTAL AMOUNT CLAIMED ▶ $1,062.04

Total FAX P [redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. Pizarchik2
2. 07/22/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joseph G. Pizarchik 5. OFFICIAL STATION Harrisburg, PA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Harrisburg, PA
9. TO: Washington, DC

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will conduct meetings on Capitol Hill prior to his confirmation hearing.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register

12. PERIOD OF TRAVEL: Beginning on or about 07/28/09 Ending on or about 07/31/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. ✘ Privately owned at a mileage rate of cents, subject to:
    - (a) ✘ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ✘ Other (specify)
    Hotel parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	150.00
21. Per Diem		850.00
22. Other		60.00
23. TOTAL	$	1060.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0641
Folio # : 266071
Cashier # : 161
Page # : 1 of 1

Joseph Pizarchik
Bureau of Mining and Reclamation
Harrisburg, PA 17101
US

Arrival : 07-28-09
Departure : 07-31-09

Date	Description	Additional Information	Charges	Credits
07-28-09	Room Charge		165.00	
07-28-09	Room Tax		23.93	
07-28-09	Garage	*Valet #12599*	40.00	
07-29-09	Room Charge		165.00	
07-29-09	Room Tax		23.93	
07-29-09	Garage	*Valet #12599*	40.00	
07-30-09	Room Charge		165.00	
07-30-09	Room Tax		23.93	
07-30-09	Garage	*Valet #12599*	40.00	
07-31-09	Visa	(b) (6) [redacted]		686.79
		Total	**686.79**	**686.79**
		Balance Due	**0.00**	

Guest signature X_____
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1-800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month. [18.56% per annum] All accounts delinquent upon request may be subject to legal fees and all other costs associated with this bill. Account is payable on presentation or departure.

I have enjoyed delivery of The New York Times. Had I refused, I would have been charged for a 3.00/day - Sat. or 25.00 (Sun) credit to my account. [At participating hotels]

Thank you for choosing to stay with Fairmont Hotels & Resorts

2009-09-01 15:27 FAX 2022085627 >> 3035650651 P.4/4

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

91000019

2. TYPE OF TRAVEL: [ ] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

6. a. Name (Last, first, middle initial): Pizarchik, Joseph

b. SOCIAL SECURITY NO.: (b) (6)

5. PERIOD OF TRAVEL: a. FROM 08-03-2009 b. TO 08-06-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

No card

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Pizarchik3 b. DATE(S) 07-31-2009

e. PRESENT DUTY STATION: Harrisburg, PA

f. RESIDENCE (City and State): (b) (6)

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

RECEIVED AUG 31 2009
RECEIVED SEP 01 2009

10. CHECK NO.

11. PAID BY

TOTO

Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

AGENT'S VALUATION OF TICKET (e)	ISSUING CARRIER (initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)

Invitational travel. Traveler prepared for his confirmation hearing and testified before the U.S. Senate.

AUG 26 2009

2110-71900
211I 19089
211P 15125

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 ▶ Joseph A. Pizarchik DATE 8-12-9 AMOUNT CLAIMED ▶ $ 1,061.14

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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone DATE 8-19-09

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

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 ▶ $ 1,061.14

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

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, 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.

(o): Show expenses, such as: taxi/limo/airline 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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Pizarchik3

TRAVELER'S LAST NAME

Pizarchik

2009 (a)	TIME (Hour and minute) (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: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/03	6:00 am	Depart Harrisburg, PA via POV											
	10:30 am	Arrive Washington, DC					48.00	165.00	213.00	136	74.25	213.00	
		Lodging Tax											23.63
		Hotel Parking											40.00
08/04		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging Tax											23.93
		Hotel Parking											40.00
		POV Lodging/DOI								1	0.55		
		POV DOI/Lodging								1	0.55		
08/05		Washington, DC					64.00	165.00	229.00			229.00	
		Lodging Tax											23.93
		Hotel Parking											40.00
										SUBTOTALS ▶	$75.35	$871.00	$190.69
										TOTALS ▶			

If additional space is required, continue on another SF 1012-A BACK, leaving its 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 Regulation (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 in 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 [illegible] 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 the 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 ▶

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, 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Pizarchik3

TRAVELER'S LAST NAME

Pizarchik

2009 (c)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (a)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		POV Lodging/DOI								1	0.55		
		POV DOI/Lodging								1	0.55		
09/08		POV Lodging/DOI								1	0.55		
	9:30 pm	Depart Washington, DC via POV											
	11:30pm	Arrive Harrisburg, PA					48.00		48.00	135	74.25	48.00	

224.80 4.95

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

	MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS	$75.90	$48.00	
TOTALS	$161.25	$710.00	$190.89

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 Regulation (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.

140.84 wrong AAC

TOTAL AMOUNT CLAIMED ▶ $1,061.14

This form was electronically produced by Elite Federal Forms, Inc.

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0818
Folio # :
Cashier # : 18
Page # : 1 of 1

Joseph Pizarchik

US

Arrival : 08-03-09
Departure : 08-06-09

Date	Description	Additional Information	Charges	Credits
08-03-09	Room Charge		165.00	
08-03-09	Room Tax		23.93	
08-03-09	Garage		40.00	
08-04-09	Room Charge		165.00	
08-04-09	Room Tax		23.93	
08-04-09	Garage		40.00	
08-05-09	Room Charge		165.00	
08-05-09	Room Tax		23.93	
08-05-09	Garage		40.00	
08-06-09	Visa	(b) (6) [redacted]		686.79
		Total	686.79	686.79
		Balance Due	0.00	

Guest signature X

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1-800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a service of 1 1/2% per month, (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with collection. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Hotel Pressing. Additional fees of (per day $.50 (Mon - Sat) and $2.00 (Sun) shall be my account. (At participating hotels)

Thank you for choosing to stay with Fairmont Hotels & Resorts

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 9, 1949

TRAVEL AUTHORIZATION

1. No. Pizarchik3
2. 07/31/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joseph G. Pizarchik 5. OFFICIAL STATION Harrisburg, PA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Harrisburg, PA
9. **TO:** Washington, DC

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler will testify at his confirmation hearing.

11. **PER DIEM ALLOWANCE:**

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 08/03/09 **Ending on or about** 08/06/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. ☒ Privately owned at a mileage rate of .55 cents, subject to:
    - *(a)* ☒ Administratively determined to be the advantage of the Government
    - *(b)* A showing of advantage to the Government
    - *(c)* Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ☒ Other *(specify)*
    Hotel parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	150.00
21. Per Diem		350.00
22. Other		60.00
23. TOTAL	$	1060.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
245	BS	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
9/2/9		

System Checked By: _____ Date _____

Batch Approval

Approved By: _____

Date Approved: _____

b-5-1-b

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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

3. VOUCHER NO.
9100002097

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
Rodriguez, Julie

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 08-04-2009
b. TO 08-05-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)
NO card -

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) JRodriguez1
b. DATE(S) 08-03-2009

e. PRESENT DUTY STATION
Los Angeles, CA

f. RESIDENCE (City and State)
(b) (6)

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Allotted ☐ Check ☐ Cash)
d. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE
RECEIVED SEP 09 2009

10. CHECK NO.

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 shown 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)
See attached e-ticket	UA	Economy	08-03-2009	Los Angeles, CA	Washington, DC and return
456.20					
TMC fee 28.25					

SEP - 8 2009

Invitational travel. Traveler interviewed for a position at the Department of the Interior. No lodging claimed; traveler stayed with friends. Air fare purchased with corporate card.

211D9600
211T15725

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 8.21.09 AMOUNT CLAIMED ▶ $ 253.25

NOTE: Falsification of an item in an expense account results 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, id. 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 ▶ [signature] DATE 9-4-09

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 ▶ $ 253.25

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/10/09

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

NO lodg charges

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Col. (a) 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, 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.

TRAVEL AUTHORIZATION NO. Jrodriguez1

TRAVELER'S LAST NAME Rodriguez

MILEAGE RATE: 55.0 ¢

DATE 2009 (a)	TIME (Hour and ...)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/04							48.00		48.00			48.00	
													65.00
08/05													15.00
													55.25
08/06							48.00		48.00			48.00	
													22.00
									SUBTOTALS ▶			$96.00	$157.25
									TOTALS ▶			$96.00	$157.25

96

...er SF 1012-A BACK, leaving the front blank.

...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 ▶ $253.25

64• x
75• %
48•00 +
••0••
••0••
48•00 +
48•00 +
96•00 *
••0••
65•00 +
15•00 +
55•25 +
22•00 +
157•25 *
157•25
.... *
••0••
96•00 +
157•25 +
253•25 *
253•25
.... *

This form was electronically produced by Elite Federal Forms, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1029
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. JRodriguez1
2. 08/03/09 (DATE)

3. Office of the Solicitor (BUREAU OR OFFICE)

4. NAME Julie Rodriguez
5. OFFICIAL STATION Los Angeles, CA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Los Angeles, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 08/04/09 Ending on or about 08/05/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
19. Shipment household goods and personal effects
18. [X] Other *(specify)*
    Taxi fare, airport parking

ESTIMATED COST

20. Transportation	$	500.00
21. Per Diem		100.00
22. Other		150.00
23. TOTAL	$	750.00

24. CHARGED TO:
2009 1000 DDD01 66

25. _____ (FROM OF AUTHORIZING OFFICIAL)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

August 3, 2009

Carlson Wagonlit Travel SatoTravel.

For: JULIE RODRIGUEZ GDOIOS

To: NGMSDOI
ETKT 03AUG.

Sales Person: 77
Locator: LZLPTP
Customer Number: [redacted]

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday August 4, 2009

United Airlines — Flight Number: 236
Class of Service: Coach Class Y
Depart: LOS ANGELES, CA — 12:57 Pm August 4, 2009
Arrive: WASHINGTON/DULLES — 9:02 Pm August 4, 2009
Total Flight Time: 5 Hours 5 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: X8CS5C
Reserved Seat: RODRIGUEZ/JULIE 6F
Frequent Flyer Number: [redacted] RODRIGUEZ/JULIE
DEP-TERMINAL 7
STAR ALLIANCE

Wednesday August 5, 2009

United Airlines — Flight Number: 925
Class of Service: Coach Class V
Depart: WASHINGTON/DULLES — 9:57 Pm August 5, 2009
Arrive: LOS ANGELES, CA — 12:23 Am August 6, 2009
Total Flight Time: 5 Hours 26 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: X8CS5C
Reserved Seat: RODRIGUEZ/JULIE 8F
Frequent Flyer Number: [redacted] RODRIGUEZ/JULIE
ARR-TERMINAL 7
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
RODRIGUEZ JULIE	4959/0167681380227	404.65	30.35US	7.20ZP	5.00AY	456.20
RODRKIUEZ JULIE	4959/8900501694858	28.25				28.25
					Total Amount:	484.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C.SECTION 114, AND THE INTELLIGENCE REFORM AND TERRORISM PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION IS VOLUNTARY, HOWEVER, IF IT IS NOT PROVIDED,YOU MAY BE SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY SHARE INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED SYSTEM OF RECORDS NOTICE.FOR MORE ON TSA PRIVACY POLICIES OR TO VIEW THE SYSTEM OR RECORDS NOTICE AND THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA/S WEB SITE AT WWW.TSA.GOV

CAR DECLINED/A//03AUG

2009-09-09 14:58

UNITED

08/04/2009
UA236 LAX-IAD
Record ID: [illegible]

Passenger #. 0682
Transaction Info: [illegible]

Sale

Product	Price	Qty	Amt
Coupon	9.00	1	9.00
Total			9.00
VISA [illegible]			9.00

Castle Care
Smithsonian Castle

TICKS Vanessa

Chk 4097 Aug 08 '09 08:14PM Gst 0

1 Espresso Soda	2.85
Cash	[illegible]
Subtotal	[illegible]
Tax	0.26
Payment	[illegible]
Change Due	[illegible]

Thanks for visiting
Smithsonian Castle Cafe
Come Again!!

TAXICAB RECEIPT

Time: 8:40

Date: _____

Origin of trip: Dulles

Destination: Columbia Hts 11th & Otis

Fare: $45 Sign: _____

TAXICAB RECEIPT

Time: 8:30

Date: _____

Origin of trip: 6th & M NW

Destination: 14th & Otis NW

Fare: $5 Sign: _____

[illegible]

55

UNITED

SALES DRAFT

Product	Price	Qty	Amt
Active	6.00	1	6.00

Federal Financial System (FFS) Supplier Request Form

Client: O/S
Date: 9/16/09

Requestor: BSM:KY
Approver:

☒ New supplier ☐ Change existing supplier

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974, as amended. All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Required Information:

☒ Employee ☐ Non-employee Travel
☐ Non-Federal ☐ Federal ☐ Foreign
☐ Subject to Prompt Pay N-30 ☐ Payment Terms Immediate

Supplier Name:	Julie Rodriguez
DUNS Number:	
Taxpayer ID:	(b) (6)
ALC (if Federal):	
Trading Partner ID: (if Federal)	
Mailing Address	
Bank Name	
Bank Routing Number (ABA):	
Bank Account Number:	
Checking/Savings:	

Optional Information:

Alternate Name:	
Telephone Number:	
Contact Info:	
E-mail Address:	

NBC Use Only:

The above information has been added/updated into FFS and data input verified for accuracy according to procedures.

Data input by: _____ On date: _____

Passed verification by: _____ On date: _____

Verification Notes (include initials/date for each entry): _____

FINANCIAL MANAGEMENT AND BUDGET DIRECTORATE FAX# 202-208-5627

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barb Smith **Fax:** 303-969-6631

From: Barb Martin **Date:** 9/9/2009

Re: Enclosed are vouchers for Julie Rodriguez, Dalel White, Ramon Cruz, Leonore Blitz, Anthony Babauta and Chris Morlandt **Pages:**

cc: must have gotten misplaced during fax transaction -)

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY
US Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: ☒ CCD+ ☐ CTX

ADDRESS:
1849 C Street, NW

Washington, DC 20240

CONTACT PERSON NAME:
Accounts Payable

TELEPHONE NUMBER:
(202) 208-3723

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME
Julie Chavez Rodriguez

SSN NO. OR TAXPAYER ID NO.
(b) (6) [redacted]

ADDRESS
(b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER:
(b) (6) [redacted]

FINANCIAL INSTITUTION INFORMATION

NAME:
Wells Fargo Bank

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:
( )

NINE-DIGIT ROUTING TRANSIT NUMBER:
(b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE

DEPOSITOR ACCOUNT NUMBER:
(b) (6) [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT:
☒ CHECKING ☐ SAVINGS ☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:
( )

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2009)
Prescribed by Department of Treasury
31 U.S.C 3322; 31 CFR 210

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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)
910000223
Rodriguez, Julie Chavez

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 09-10-2009
b. TO 09-13-2009

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Rodriguez Retreat
b. DATE(S) 09-03-2009

e. PRESENT DUTY STATION
Los Angeles, CA

f. RESIDENCE (City and State)
(b) (6)

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 shown 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)
See attached eticket TMC	379.20 28.25	UA	Economy	09-08-2009	Los Angeles, CA	Washington, DC and return

Invitational travel. Traveler attended the senior staff retreat at NCTC September 10-12, 2009. Traveler remained in the Washington, DC area one additional day at no cost to the government. Rental car reimbursement prorated to official use only. Air fare purchased with corporate card.

SEP 25 2009

211 0200
211 R 9511
211 I 43 40

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 9.22.09 AMOUNT CLAIMED ▶ $ 412.51

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 ▶ Reenie Stone DATE 9.24.09

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

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 ▶ $ 412.51

9/25/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

RodriguezRetreat

TRAVELER'S LAST NAME

Rodriguez

DATE 2009 (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)
09/10	6:06 am	Depart Los Angeles, CA											
	2:00 pm	Arrive Washington, DC/IAD											
	3:00 pm	Depart IAD via rental car en route Shepherdstown, WV											
	5:00 pm	Arrive NCTC, Shepherdstown, WV					12.00	121.00	133.00			133.00	
		Toll											3.40 I
09/11		NCTC, Shepherdstown, WV					3.00	121.00	124.00			124.00	
09/12	1:00 pm	Depart Shepherdstown, WV											
	3:00 pm	Arrive Washington, DC					13.00		13.00			13.00	
09/13		Rental car return											95.11 R
	2:50 pm	Depart Washington, DC											
	5:25 pm	Arrive Los Angeles, CA											
		Airport Parking											44.00
									SUBTOTALS ▶			$270.00	$142.51
									TOTALS ▶			$270.00	$142.51

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 ▶ $412.51

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 Regulation (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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. RodriguezRetreat
2. 09/03/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Julie Rodriguez
5. OFFICIAL STATION Los Angeles, CA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Los Angeles, CA
9. **TO:** Shepherdstown, WV and return

10. **PURPOSE AND REMARKS:**

Attend the senior staff retreat

Traveler will remain in Washington, DC one additional day at no cost to the government.

11. **PER DIEM ALLOWANCE:**

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 09/10/09 **Ending on or about** 09/13/09

MODE OF TRAVEL

13. ✗ **Common carrier**
14. **Extra fare**
15. **Government-owned conveyance**
16. ✗ **Privately owned** **at a mileage rate of** **cents, subject to:**
    - *(a)* ✗ **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
19. **Shipment household goods and personal effects**
18. ✗ **Other** *(specify)*
Parking, rental car, taxi fare, baggage fee, fuel

ESTIMATED COST

20. Transportation	$	405.00
21. Per Diem		260.00
22. Other		200.00
23. TOTAL	$	865.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel.

September 8, 2009

For: JULIE RODRIGUEZ GDOIOS

To: NGMSDOI
ETKT 8SEP**INVITATIONAL**.

Sales Person: 77
Locator: KZJXZR
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday September 10, 2009

United Airlines — Flight Number: 324
Class of Service:Coach Class V
Depart: LOS ANGELES,CA — 6:06 Am September 10, 2009
Arrive: WASHINGTON/DULLES — 2:00 Pm September 10, 2009
Total Flight Time: — 4 Hours 54 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: NS97KN
Reserved Seat: RODRIGUEZ/JULIE 20D
DEP-TERMINAL 7
STAR ALLIANCE

Thursday September 10, 2009

BUDGET — Compact
Pick Up: September 10, 2009 2:00 Pm — Location: WASHINGTON/DULLES
WASHINGTON/DULLES
Return: September 13, 2009 2:50 Pm
Daily Rate: 20.00 USD — Extra Days: 50.00 Extra Hours: 15.00
Unlimited Free Miles
Approximate Total: 120.51 3Days 1Hours 46.00Mandatory Charge
Confirmation Number: 46593292US4

Sunday September 13, 2009

United Airlines — Flight Number: 209
Class of Service:Coach Class V
Depart: WASHINGTON/DULLES — 2:50 Pm September 13, 2009
Arrive: LOS ANGELES,CA — 5:25 Pm September 13, 2009
Total Flight Time: — 5 Hours 35 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: NS97KN
Reserved Seat: RODRIGUEZ/JULIE 18B
ARR-TERMINAL 7
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
RODRIGUEZ JULIE	5162/0167696245921	333.02	24.98US	7.20ZP	5.00AY	379.20
RODRIGUEZ JULIE	5162/8900502408924	28.25				28.25
					Total Amount:	407.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

.....

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH
LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C.SECTION
114, AND THE INTELLIGENCE REFORM AND TERRORISM
PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION IS
VOLUNTARY, HOWEVER, IF IT IS NOT PROVIDED,YOU MAY BE
SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT
OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY
SHARE INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR
INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED
SYSTEM OF RECORDS NOTICE.FOR MORE ON TSA PRIVACY
POLICIES OR TO VIEW THE SYSTEM OR RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA/S
WEB SITE AT WWW.TSA.GOV

.....

LODGING DECLINED//03SEP

THE NATIONAL
CONSERVATION
TRAINING CENTER

Julie Rodriguez
(b) (6)
US

Room No.	7853
Arrival	09-10-09
Departure	09-12-09
Folio No.	8392
Cashier No.	1003
Page No.	1 of 1

Group Code	0908OFFICEO
Group	Office of Secretary Sennior Staff
Rate Code	MNFGOV

Date	Description		Charges	Credits
09-10-09	Lounge Food & Beverage	Room# 7853 : CHECK# 0025389	1.75	
09-10-09	Beer	Room# 7853 : CHECK# 0025420	3.75	
09-10-09	Beer	Room# 7853 : CHECK# 0025520	3.75	
09-10-09	Lodging and Meals		121.00	
09-11-09	Lodging and Meals		121.00	
09-11-09	Mastercard	(b) (6)		251.25

Total Charges	**251.25**	
Total Credits		**251.25**
Balance		**0.00**
		USD

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

HMSHOST
LABREA BAKERY T7
LOS ANGELES INT'L AIRPORT

1394 Graciela

4202 SEP10'09 5:38AM

1 EGG GRILL	7.99
Cash	20.00
SUBTOTAL	7.99
TAX	0.78
AMOUNT	8.77
CHANGE	11.23

Sheetz #240
51 Flowing
Springs Rd
Charlestown
WV 25414
(304) 725-6823
9/12/2009 3:25:02 PM
POS Terminal

Order Number: 093

Register:3

1 KASHI TRAIL MIX GRANOLA BAR	$0.99
Sub. Total:	$0.99
Tax:	$0.03
Total:	$1.02
Discount Total:	$0.00
Master Card:	$1.02
Change	$0.00

Master Card
Card Num : (b) (6) [redacted]
Store : 0240
Approval : 03600Z
Time : 2009/09/12 15:25:01

Budget

Thank you for renting from Budget

RENTAL NUMBER	CAR NUMBER	CAR GROUP
426113332	03496640	B

RODRIGUEZ,JULIE
BCD = T788300
CV (b) (6) [redacted]

*OUT IAD 10SEP09/1439 MI = 125316
*IN IAD 13SEP09/1737 MI = 125536

Please check your car for personal effects. *

220 MI@ .00 =		
HR@ 15.01 =		
4 DY@ 20.00 =		80.00
$.41/DY FEE	=	1.64
$.53/DY ERF	=	2.12
**11.11% FEE	=	11.53
CARS $ 5.00/DAY	=	20.00
TAXABLE SUBTOT	=	115.29
TAX 10.000%	=	11.53
FUEL SERVICE	=	
TOTAL CHARGES		126.82
**CONCESSION RECOVERY FEE		
**VEHICLE LICENSE FEE		
ENERGY RECOVERY FEE	.53/DY	

Please check your car for personal effects. *

Days 1-3 : official use
Day 4 : personal use
allowable reimbursement:
$95.11

Receive rental receipts by email every time you rent.
And get access to special offers & more. See reverse

[redacted]

SALES DRAFT

SUNRISE LAX PARKING
6155 WEST 98TH ST
LOS ANGELES, CA 90045
TERMINAL 2557981

227250203998
09/14/2009 01:34:23

MC
(b) (6)
AUTH. TRANS. ID. MPLYWHNFG
INVOICE 920905 HG2
AUTH. CODE 027242

SALE TOTAL $44.00

CUSTOMER COPY

3

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: US Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS: 1849 C Street, NW

Washington, DC 20240

CONTACT PERSON NAME: Accounts Payable

TELEPHONE NUMBER: (202) 208-5720

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Julie Chavez Rodriguez

SSN NO. OR TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CON

TELEPHONE NUMBER: (b) (6) [redacted]

FINANCIAL INSTITUTION INFORMATION

NAME: Wells Fargo Bank

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER: ( )

NINE-DIGIT ROUTING TRANSIT NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER: (b) (6) [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT: [X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER: ( )

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

2009-07-01 09:46 FAX 2022085627 >> 303 969 7781 P 2/2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
Department of the Interior
91000128

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
Katharine Jacobs

b. SOCIAL SECURITY NO.
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
Arizona Water Institute
845 N. Park Avenue, Suite 532
P.O. Box 2101588 - Tucson, Arizona 85721-0158

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 03-15-09 b. TO 04-16-09

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TPJACOBS 09
b. DATE(S) 04-09-2009

e. PRESENT DUTY STATION

f. RESIDENCE (City and State)
Tucson, Arizona

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

10. CHECK NO.

11. PAID BY

KDI

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)	TO (f)
Teleticket 4442001740170285 3	932.16	AA	coach	04-13-2009	Tucson, Arizona and return to	Washington, D.C. Tucson, Arizona
4428908144782813	28.25 Agent fee				

7/1/09

Cld not read

211 - 960
211T 52
211I 10

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 lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Katharine Jacobs DATE 6/27/09

AMOUNT CLAIMED ▶ $ 183.00

NOTE: Falsification of an item on expense account marks 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; id. 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 5/12/09

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 ▶ $ 183.00

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 ▶ DATE

18. ACCOUNTING CLASSIFICATION
2009-1000-0DD01-99 68

7/1/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4130

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, tips, and daily total meal costs.
(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 amounts, 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 2 OF PAGES

TRAVEL AUTHORIZATION NO. TAJacobs09

TRAVELER'S LAST NAME Jacobs

TIME 2009 (Hour and a.m./p.m.) (a)(b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/15	11:00 am Depart Tuscon, AZ					48.00	48	48.00			48.00	
4/15	MIE											
4/15	Taxi fare from DCA to Hotel											25.00 T
4/15	Traveler is not claiming lodging. She stayed with friend.											
4/16	Taxi from Churchill Hotel to DOI											10.00 T
4/16	MIE					48.00	48	48.00			48.00	22.00 T
4/16	Taxi from hotel to Airport (DCA)											
4/16	Parking at Airport											10.00 I

209/ut

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

SUBTOTALS		96.00	67.00
TOTALS			

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 Regulation (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 ▶ 163.00

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STANDARD FORM 1012 BACK (10-77)

..0..
48.00 +
48.00 +
96.00 *

96.00 +
25.00 +
10.00 +
22.00 +
153.00 *

..0..
25.00 +
10.00 +
22.00 +
..0..

96.00 +
57.00 +
10.00 +
163.00 *

..0..

2009-07-01 09:46 FAX 2022085627 >> 303 969 7284 P 4

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. (e) thru (g): Show amount incurred for each meal, including tax, 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 rentals, recreation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO. TAJacobs09

TRAVELER'S LAST NAME Jacobs

DATE 2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense) (c)	MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
										SUBTOTALS			
										TOTALS		$96.00	$67.00

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.

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.

TOTAL AMOUNT CLAIMED ▶ $163.00

This form was electronically produced by Elite Federal Forms, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. 0208b81
2. 04-09-09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Kathrune Jacobs 2394

5. OFFICIAL STATION

6. TITLE Invitational

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Tucson, AZ
9. TO: Washington, DC and return to Tucson, AZ

10. PURPOSE AND REMARKS:
Invitational Travel

11. PER DIEM ALLOWANCE:
Per Diem in accordance with the Federal Travel Regulationsissued by GSA and published in the Federal Register

12. PERIOD OF TRAVEL: Beginning on or about 04-15-09 Ending on or about 04-16-09

MODE OF TRAVEL

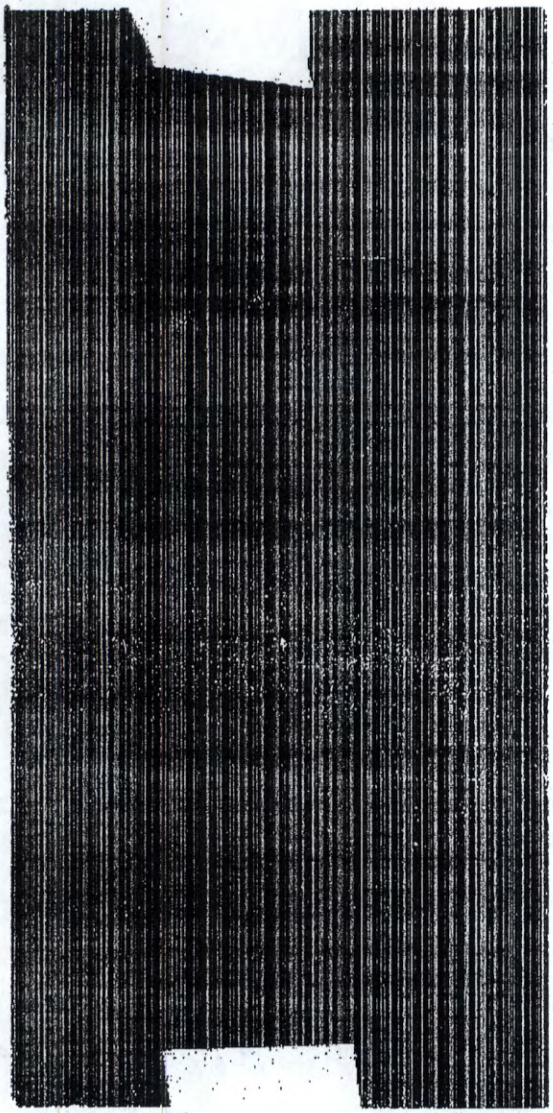
13. ☐ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☐ Privately owned at a mileage rate of cents, subject to:
- (a) ☐ Administratively determined to be the advantage of the Government
- (b) ☐ A showing of advantage to the Government
- (c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 1,043	26.	Invitational Travel (REQUESTER'S SIGNATURE)
21. Per Diem	96.		
22. Other	50	27.	(TITLE)
23. TOTAL	$ 1,189.		
24. CHARGED TO:		28.	(AUTHORIZING OFFICER'S SIGNATURE)
25. 2009-1000-DDD01-68 (FISCAL OFFICER'S SIGNATURE)		29.	Deputy Chief of Staff (TITLE)



TAXICAB RECEIPT

Time: _____

Date: _____

Origin of trip: National Airport

Destination: Churchill Hotel

Fare: 4/15 $25 Sign: K Jacob

TAXICAB RECEIPT

Time: _____

Date: _____

Origin of trip: Churchill Hotel

Destination: D.O.T.

Fare: 4/16 - $10 Sign: K Jacob

Taxi Cab Receipts

DATE: _____ TIME: _____

TRIP ORIGIN: Churchill Hotel

DESTINATION: Reagan Airport

FARE: $22 SIGNATURE: K Jacob

4-16

To: **Shelia Wilson**
Accounting Operations, FNMS
Office of the Secretary

From: Dianne Calhoun, OS

Date: **April 9, 2009**

SUBJECT: Request to Authorize Use of the Corporate Travel

Traveler's Name: Katharine L. Jacobs

This memorandum authorizes the following traveler to charge airline tickets for the trip only to OS Corporate travel account. Please call Dianne Calhoun on 202-208-7351 if you have any questions.

Traveler	Travel Period	Cost Center
Katharine L. Jacobs	04/15 -4/16/09	2009-1000-DDD01-09

Thank you.

Carlson Wagonlit Travel Satoltravel.

April 13, 2009

For: KATHARINE L JACOBS GDOIOS

To: NGMSDOI

ETKT 13APR.

Sales Person: KS
Locator: CGFUBW
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.
TICKET ISSUED TO CORP CARD - 213735
FIN MGMT OFC

Wednesday April 15, 2009

American Airlines
Class of Service:Coach Class S
Depart: TUCSON, AZ
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: JACOBS/KATHARINE L 30F
Frequent Flyer Number:
ONEWORLD
SEAT ASSIGNED AT AIRPORT CHECK-IN

Flight Number: 1450
11:00 Am April 15, 2009
1:20 Pm April 15, 2009
2 Hours 20 Minutes Non-Stop
Confirmation Number: CGFUBW
(b) (6) JACOBS/KATHARINE L

Wednesday April 15, 2009

American Airlines
Class of Service:Coach Class S
Depart: DALLAS/F.WORTH,TX
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: JACOBS/KATHARINE L 24E
Frequent Flyer Number:
ARR-TERMINAL B
ONEWORLD
MIDDLE SEATING ONLY AVAILABLE AT TIME OF BOOKING

Flight Number: 1300
3:50 Pm April 15, 2009
7:45 Pm April 15, 2009
2 Hours 55 Minutes Non-Stop
Confirmation Number: CGFUBW
(b) (6) JACOBS/KATHARINE L

Thursday April 16, 2009

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:

Flight Number: 2105
7:30 Pm April 16, 2009
9:35 Pm April 16, 2009
3 Hours 15 Minutes Non-Stop

Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: CGFUBW
Reserved Seat: JACOBS/KATHARINE L 25B
Frequent Flyer Number: (b) (6) JACOBS/KATHARINE L
DEP-TERMINAL B
ONEWORLD
MIDDLE SEATING ONLY AVAILABLE AT TIME OF BOOKING

Thursday April 16, 2009

American Airlines Flight Number: 403
Class of Service:Coach Class G
Depart: DALLAS/F.WORTH,TX 11:00 Pm April 16, 2009
Arrive: TUCSON, AZ 11:10 Pm April 16, 2009
Total Flight Time: 2 Hours 10 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: CGFUBW
Reserved Seat: JACOBS/KATHARINE L 14D
Frequent Flyer Number: (b) (6) JACOBS/KATHARINE L
ONEWORLD

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
JACOBS KATHARINE L	4442/0017401702653	931.40USD	68.80US	14.40ZP	28.00XT	1,043.40
JACOBS KATHARINE L	4442/8908144782813	28.25				28.25
					Total Amount:	1,071.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/09APR
LODGING DECLINED/KS/09APR

AmericanAirlines

PNR RECORD LOCATOR
CGFUBW

BOARDING PASS

PASSENGER NAME
JACOBS/KATHARINE L

AADVANTAGE NUMBER
93HY540

FROM:	CARRIER	FLIGHT	CLASS	DATE	DEPARTS
Washington, DCA	AA	1105	Y	16 Apr	07:20 PM
TO:	GATE	BOARDING TIME		SEAT	
Dallas/ Fort W, DFW	---	06:50 PM		22A	

PriorityAAccess

Ticket Number 0017401702653

ELECTRONIC

For gate information, check Gates, Times & Status at www.aa.com/gates or call American Airlines at 1-800-433-7300

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AmericanAirlines

BOARDING PASS

PASSENGER NAME
JACOBS/KATHARINE L

FROM:
Washington, DCA

TO:
Dallas/ Fort Worth, DFW

AADVANTAGE NUMBER
(b) (6)

PNR RECORD LOCATOR
CGFUBW

CARRIER	FLIGHT	CLASS	DATE	BOARDING TIME
AA	1105	Y	16 Apr	06:50 PM
GATE	SEAT	DEPARTS		
---	22A	07:20 PM		

PriorityAAccess

Ticket Number 0017401702653

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AmericanAirlines

PNR RECORD LOCATOR
CGFUBW

BOARDING PASS

PASSENGER NAME
JACOBS/KATHARINE L

AADVANTAGE NUMBER
(b) (6)

FROM:	CARRIER	FLIGHT	CLASS	DATE	DEPARTS
Tucson, TUS	AA	1490	S	16 Apr	11:00 AM
TO:		GATE	BOARDING TIME		SEAT
Dallas/ Fort W, DFW			10:30 AM		30F

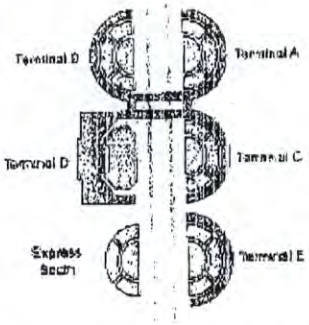
GROUP 1

Ticket Number 0017401702353

ELECTRONIC

For gate information, check Gates, Times & Status at www.aa.com/gates or call American Airlines at 1-800-433-7300

Dallas/Fort Worth International

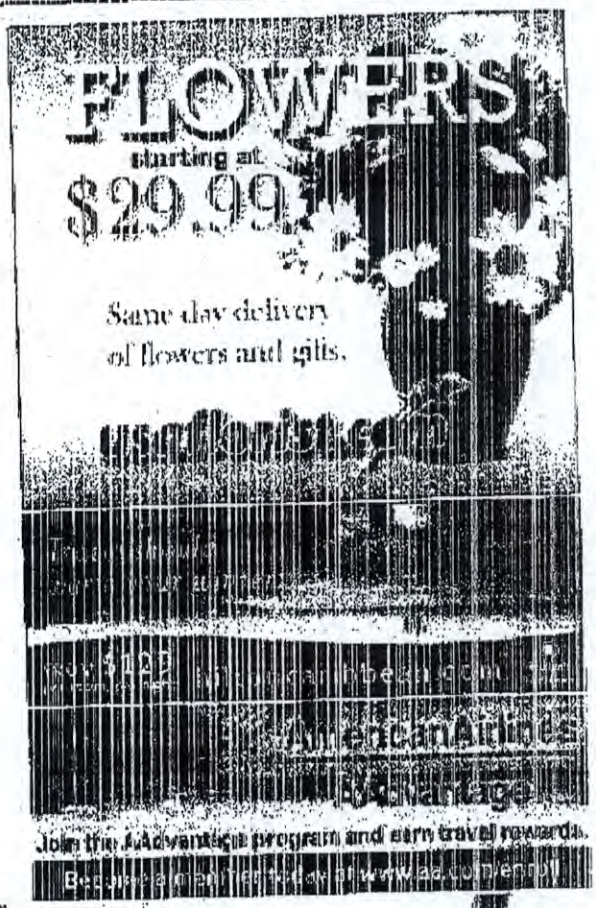


Food and Beverages

Admirals Club Locations	Terminal A24, B5, B8, C19, C20 & D23
Rider's World Bar	Terminal E15
Jazzman's Cafe	Terminal D10 & D28
Chili's Too	Terminal B19 & C16

Shops and Services

InMotion Entertainment	Terminal D10, D31 & E16
XpresSpa	Terminal A24 & D20
Texas Marketplace	Terminal A26, B14, C21, D37 & E31
Borders Newsstand	Terminal A21



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TRAVEL VOUCHER

Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 91000001 Keive, Loran

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): Keive Law Offices, The Presidio of San Francisco, San Francisco, California 94129-1110

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION

f. RESIDENCE (City and State): (b) (6) [redacted]

8. PERIOD OF TRAVEL: a. FROM 04-15-2009 b. TO 04-17-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TAKeive09 b. DATE(S) 04-13-2009

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

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
Teleticket 44500017401702661	658.40	AA	coach	04-14-2009	San Francisco, CA	Washington, D.C
Agent Fee 4450890814478281	28.25	[redacted]				San Francisco, CA

2110 1600
2117 1563

5/19/9

Interview for position with DOI. OS corporate card used for airline ticket. No lodging claimed traveler stayed with friends.

ACH

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 5.4.09 AMOUNT CLAIMED $ 316.53

NOTE: Falsification of an item in an expense account may be 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: [signature] Deputy Chief of Staff DATE 6/18/09

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

e. 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 $ 316.53

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: DATE

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD01 68

5/26/9

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, agns. and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Col. (d), (e), (f): Show amount incurred for each meal, including tax, 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).

Complete for per diem and actual expense travel.

Show total subsistence expense incurred for actual expense travel.

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.

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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TAKieve09

TRAVELER'S LAST NAME

Kieve

2009 TIME (Hour and minutes) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: BREAKFAST (d)	MEALS: LUNCH (e)	MEALS: DINNER OR TOTAL (f)	MISCELLANEOUS SUBSISTENCE (g)	LODGING (h)	TOTAL SUBSISTENCE EXPENSE (i)	MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (j)	SUBSISTENCE (m)	OTHER (n)
4/5	8:20 am - Depart San Francisco,KCA										56.00
	MIE				48.00		48.00			48.00	
4/6	MIE				64.00		64.00			64.00	
4/7	MIE				48.00		48.00			48.00	
4/7	Taxi fare to DCA airport										49.00
4/7	Parking at San Francisco Airport										52.53
	Receipts for parking/taxi fares misplaced en route to DCI.										
	Lokeuk										
	SUBTOTALS ▶									$160.00	$156.53
	TOTALS ▶									$160.00	$156.53

56.00 + 53.00 + 49.00 + .00 = 49.00 + 52.53 + 150.53 - .00 = 0. ◇ 49.00 + 52.53 - 52.53 + 316.53 - 316.53 + .00 = .00 = 150.53 + 52.53 - 49.00 - .00 = .00 = 160.00 + 156.53 + 316.53 *

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

Enter grand total of columns (j), (m) and (n), below and in item 15 on the front of this form

TOTAL AMOUNT

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on the form is authorized by 5 U.S.C. 5707 as implemented by the Federal Travel Regulation (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 report taxable income and withholding taxes to the Government. The information will be used by [illegible] information on this form 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 [illegible] (other than SSN)

To: **Shelia Wilson (Jonathan House)**
Accounting Operations, FNMS
Office of the Secretary

From: Dianne Calhoun, OS

Date: **April 13, 2009**

SUBJECT: Request to Authorize Use of the Corporate Travel

Traveler's Name: Loren Kieve

This memorandum authorizes the following traveler to charge airline tickets for the trip only to OS Corporate travel account. Please call Dianne Calhoun on 202-208-7351 if you have any questions.

Traveler	Travel Period	Cost Center
Loren Keive	04-15-09--4-17-09	2009-1000-DDD01-09

Thank you.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-4020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TA-[redacted]09

2. 04-13-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Lora Kieve (b) (6) [redacted]

5. OFFICIAL STATION Washington, D.C.

6. TITLE

7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: San Francisco, CA
9. TO: Washington, D.C. and return to San Francisco, CA

10. PURPOSE AND REMARKS:
Official business as may be required. Candidate for position in DOI.

11. PER DIEM ALLOWANCE:
Actial lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds
Airfare only

12. PERIOD OF TRAVEL: Beginning on or about 04-15-2009 Ending on or about 04-17-2009

MODE OF TRAVEL

13. ☑ Common carrier
14. ☐ Extra fare at a mileage rate of
15. ☐ Government-owned conveyance cents, subject to:
16. ☐ Privately owned
(a) ☑ Administratively determined to be the advantage of the Government
(b) ☐ A showing of advantage to the Government
(c) ☑ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	656.00
21. Per Diem		160.00
22. Other		75.00
23. TOTAL	$	891.00

24. CHARGED TO:
2009-1000-DDD01-09

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (TITLE)

28. Ruwan Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

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Carlson Wagonlit Travel SatTravel

April 14, 2009

For: LOREN KIEVE GDOIOS

To: NGMSDOI
ETKT 13APR***INVITATIONAL***
ETKT 14APR.

Sales Person: 74
Locator: HAQTXA
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - [redacted]
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday April 15, 2009

American Airlines — Flight Number: 1994
Class of Service: Coach Class Y
Depart: SAN FRANCISCO/SFO — 9:25 Am April 15, 2009
Arrive: DALLAS/F.WORTH, TX — 2:55 Pm April 15, 2009
Total Flight Time: — 3 Hours 30 Minutes Non-Stop
Equipment: Boeing 767
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: HAQTXA
Reserved Seat: KIEVE/LOREN 23B
DEP-TERMINAL 3
ONEWORLD

Wednesday April 15, 2009

American Airlines — Flight Number: 1300
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH, TX — 3:50 Pm April 15, 2009
Arrive: WASHINGTON/NATL, DC — 7:45 Pm April 15, 2009
Total Flight Time: — 2 Hours 55 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: HAQTXA
Reserved Seat: KIEVE/LOREN 22F
ARR-TERMINAL B
ONEWORLD

Friday April 17, 2009

American Airlines — Flight Number: 1429
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL, DC — 10:00 Am April 17, 2009
Arrive: DALLAS/F.WORTH, TX — 12:20 Pm April 17, 2009
Total Flight Time: — 3 Hours 20 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: HAQTXA

Reserved Seat: KIEVE/LOREN 21D
DEP-TERMINAL B
ONEWORLD

Friday April 17, 2009

American Airlines — Flight Number: 1309
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH, TX — 1:25 Pm April 17, 2009
Arrive: SAN FRANCISCO/SFO — 3:10 Pm April 17, 2009
Total Flight Time: 3 Hours 45 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: HAQTXA
Reserved Seat: KIEVE/LOREN 20A
ARR-TERMINAL 3
ONEWORLD

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
KIEVE LOREN	44[illegible]1740170238[illegible]	571.16USD	42.84US	14.40ZP	28.00XT	656.40
KIEVE LOREN	44[illegible]8144782819	28.25				28.25
					Total Amount:	684.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
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WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//13APR
LODGING DECLINED//13APR

2009-09-09 15:05 FAX 2022605021

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
9100002 12
Blitz, Leonore

b. SOCIAL SECURITY NO.
(b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)
(b) (6) [redacted]
No card

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 05-14-2009
b. TO 05-15-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Blitz1
b. DATE(S) 05-13-2009

e. PRESENT DUTY STATION
New York, NY

f. RESIDENCE (City and State)
(b) (6) [redacted]

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
RECEIVED SEP 09 2009

10. CHECK NO.

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupons. If cash is used shown 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 (e)	ISSUING CARRIER (initials) (f)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
See attached receipt	386.25	AM	Amtrak Bus.	05-13-2009	New York, NY	Washington, DC and return
TMC	28.25					

Invitational travel. Train fare purchased with corporate card.

SEP - 9 2009

211 0960
211 T 6800

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 Sept 7, 2009

AMOUNT CLAIMED $ 164.00

NOTE: Fustification of an item in an expense account working 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; id. 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 [signature] DATE 9.8.09

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

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 $ 164.00

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/10/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4150

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

2009-09-09 [illegible]

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, 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 or 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Blitz1

TRAVELER'S LAST NAME

Blitz

ITEMIZED SUBSISTENCE EXPENSES

Dates	MEALS: BREAKFAST (c)	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)
••0••											
22•00 +						48.00	48.00			48.00	
1•00 +											22.00 T
1•00 +											12.00 T
22•00 +											12.00 T
••0••											
22•00 +						48.00	48.00			48.00	
12•00 +											22.00 T
12•00 +											
22•00 +											
68•00 *											
••0••											
64•X											
75•%											
48•00 +											
••0••											
48•00 +											
48•00 +											
96•00 *											
96•00 +											
68•00 +											
68•00 -											
68•00 +											
164•00 *											
••0••											

30 9/64

46.00

68.00

NO lod cost

on another SF 1012A BACK, leaving the front blank.

SUBTOTALS ▶ $98.00 $68.00

TOTALS ▶ $98.00 $68.00

Enter grand total of columns (l), (m) and (n), above and in item 15 on the front of this form

mation is provided: U.S.C. Chap. 57 as I, E.O. 11609 of July ber 22, 1943, and 26 sted information is to for allowable travel strative authorization to the Government. have a need for the information may be ness, when relevant

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(a) 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 under 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.

TOTAL AMOUNT CLAIMED ▶ $164.00

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

[redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 4, 1949

TRAVEL AUTHORIZATION

1. No. Blitz1
2. 05/13/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Leonore Blitz 5. OFFICIAL STATION New York, NY

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: New York, NY
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel.

Traveler interviewed for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register. No lodging; traveler will stay with friends/relatives.

12. PERIOD OF TRAVEL: Beginning on or about 05/14/09 Ending on or about 05/15/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
    (a) [X] Administratively determined to be the advantage of the Government
    (b) A showing of advantage to the Government
    (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation Immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	400.00
21. Per Diem		50.00
22. Other		50.00
23. TOTAL	$	500.00

24. CHARGED TO:
2009 1000 DDD 01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel

May 13, 2009

For: LEONORE BLITZ GDOIOS

To: NGMSDOI
ETKT 13MAY.
ETKT 13MAY"INVITATIONAL".
ETKT 13MAY.

Sales Person: 77
Locator: DKLOLP
Customer Number: (b) (6)

THE TOTAL COST OF YOUR AMTRAK TICKET ON 13MAY IS 358.00
TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday May 14, 2009

Amtrak — Train Number: 2165
Depart: NEW YORK - PENN STATION 4:00 Pm
Arrive: WASHINGTON - UNION STATION 6:53 Pm
AMTRAK 001K BSNSS
Confirmation Number: 15F884

Friday May 15, 2009

Amtrak — Train Number: 2172
Depart: WASHINGTON - UNION STATION 4:00 Pm
Arrive: NEW YORK - PENN STATION 6:52 Pm
AMTRAK 002K BSNSS
Confirmation Number: 15F884

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BLITZ LEONORE	4617/5547423918555	358.00				358.00
BLITZ LEONORE	4617/8908145774937	28.25				28.25
					Total Amount:	386.25

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8918
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

Receipt from Driver # _____, Providing transportation through Affiliation with

CARMEL CAR SERVICE

Limousine & Airport Transportation
2542 Broadway, New York, NY 10025

Outside of N.Y.C. – 1-800-9-CARMEL

Date 5/14 2009

Mr./Mrs. _____

From 235 W 38 St

To Penn St

For Service

FARE	
STOPS	
WAITING TIME	
TOLLS & PARKING	
TIP	2.00
TOTAL	22.

Tel: (212) 666-6666

THANK YOU FOR USING CARMEL

Receipt from Driver # _____, Providing transportation through Affiliation with

CARMEL CAR SERVICE

Limousine & Airport Transportation
2542 Broadway, New York, NY 10025

Outside of N.Y.C. – 1-800-9-CARMEL

Date May 15, 2009

Mr./Mrs. _____

From 42nd & Ave

To 235 W. 35th St

For Service

FARE	19.
STOPS	
WAITING TIME	
TOLLS & PARKING	
TIP	3
TOTAL	22.

Tel: (212) 666-6666

THANK YOU FOR USING CARMEL

Taxi Cab Receipt

DATE: May 14 TIME: _____

ORIGIN Vinal Station CAB # _____

DESTINATION Georgetown 33rd

FARE: $ 12 SIGNATURE _____

Taxi Cab Receipts

DATE: May 15, 2009 TIME: _____

TRIP ORIGIN: 42nd & Ave

DESTINATION: 235 W. 35th St

FARE $ 19 SIGNATURE _____

[TRA]VEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS

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

3. VOUCHER NO.: LEWISO9072309

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Lewis, Courtenay C — 910000208

b. SOCIAL SECURITY NO.: [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240

d. OFFICE TELEPHONE NO.:

e. PRESENT DUTY STATION: NO card listed

f. RESIDENCE (City and State): Washngton, DC

6. PERIOD OF TRAVEL: a. FROM 07-23-2009 b. TO 07-26-2009

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

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

10. CHECK NO.

11. PAID BY

TOI — Traveler's Initials

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)

Ticket	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)	TO (f)
768138 0179	1408.90	US			DCA	Bangor, ME
72357682756	308.70	US	New Emp NO card		Bangor, ME	DCA

SEP - 3 2009

2110 137.20

Advance Staff for the SEC Central Charges: TMC fee $28.20, baggage fees $15.00 and $15.00. Refund of unused portion of US #7681380179 for $[illegible].70. [illegible] stayed an extra day in ME due to a change in the trip schedule which meant [illegible] [illegible] flight on 7/25/09. No lodging claimed. Traveler stayed [illegible] with advance staff [illegible]

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 7/30/09 AMOUNT CLAIMED ▶ $ 137.20

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; id. 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 ▶ [signature] DATE 8/25/09

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 ▶ $ 137.20

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01-68

9/9/9[illegible]

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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) through (g) Show amount incurred for each meal, including tax, 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

LEWIS0972309

TRAVELER'S LAST NAME

LEWIS

(a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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)
		per diem - 7/23/09					29.95		29.95			29.95	
		per diem -7/24/09					39.00		39.00			39.00	
		per diem- 7/25/09					39.00		39.00			39.00	
		per diem-7/26/09					29.25		29.25			29.25	

2995? 3900 3900 2925 c707

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

SUBTOTALS ▶ $137.20

TOTALS ▶

Enter grand total of columns (l), (m) and (n), below and in remarks 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 Regulation (FTMR 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 other law or 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 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM ND. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. LEWIS0901
2. 06-25-2009 (DATE)

3. [redacted] (REGIONAL OR OFFICE) Washington, DC

4. NAME Courtenay C. Lewis (b) (6) [redacted]

5. OFFICIAL STATION

6. TITLE Special Asst. for the SECY

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Bangor, ME

Official Business

10. **PURPOSE AND REMARKS:**

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 6, and are fully documented and approved via form DI-2000.

11. **PER DIEM ALLOWANCE:**

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

"""Subject to Availability of Funds"""

9/26-09

12. **PERIOD OF TRAVEL: Beginning on or about** 07-23-2009 **Ending on or about** 07-25-2009

MODE OF TRAVEL

13. [X] **Common carrier** 14. [ ] **Extra fare** 15. [ ] **Government-owned conveyance**
16. [X] **Privately owned** at a mileage rate of cents, subject to:

(a) [X] **Administratively determined to be the advantage of the Government**
(b) [ ] **A showing of advantage to the Government**
(c) [ ] **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. [ ] **Transportation immediate family**
18. [X] **Other** *(specify)*

Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.

19. [ ] **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation		$ 1,000.00
21. Per Diem		125.00
22. Other		100.00
23. TOTAL		$ 1,225.00

24. **CHARGED TO:**
2009-1000-DDD01-68

25. [redacted] (PERSONNEL OFFICER'S SIGNATURE)

26. [redacted] (REQUESTER'S SIGNATURE)

27. Courtenay C. Lewis (TITLE)

28. [redacted] (AUTHORIZING OFFICER'S SIGNATURE)

29. Renee Stone, DCOS (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

TO: NCMSDOT
COURTENAY LEWIS
1949 C ST NW
ROOM 6222
WASHINGTON DC 20240
ETKT 21JUL
FOR: LEWIS/COURTENAY REF: GDOIOB

YOUR ESTIMATED AIRFARE ON 21JUL AT 1227 IS 980.90

22 JUL 09 - THURSDAY

AIR US AIRWAYS FLT:2180 COACH CLASS
LV WASHINGTON REAGAN 500P EQP: AIRBUS A319
DEPART: TERMINAL C 01HR 23MIN
AR NEW YORK LGA 623P NON-STOP
ARRIVE: USAIRWAYS LA GUARDIA TERM REF: DENJOH
LEWIS/COURTENAY UA-0323808[illegible]

AIR US AIRWAYS FLT:4512 COACH CLASS
OPERATED BY US AIRWAYS EXPRESS-PIEDMONT AIRLINES
LV NEW YORK LGA 729P EQP: DASH 8 TPROP
DEPART: USAIRWAYS LA GUARDIA TERM 02HR 09MIN
AR BANGOR 938P NON STOP
REF: DENJOH
LEWIS/COURTENAY UA 0323808[illegible]

25 JUL 09 - SATURDAY

AIR US AIRWAYS FLT:3492 COACH CLASS
OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES
LV BANGOR 350P EQP: EMBRAER JET
01HR 48MIN
AR PHILADELPHIA 538P NON-STOP
ARRIVE: TERMINAL C REF: DENJOH
LEWIS/COURTENAY SEAT-12A UA-0323808[illegible]

AIR US AIRWAYS FLT:4421 COACH CLASS
OPERATED BY US AIRWAYS EXPRESS-PIEDMONT AIRLINES
LV PHILADELPHIA 640P EQP: DASH 8 TPROP
DEPART: TERMINAL F 01HR 03MIN
AR WASHINGTON REAGAN 743P NON-STOP
ARRIVE: TERMINAL C REF: DENJOH
LEWIS/COURTENAY UA-0323808[illegible]

SERVICE FEE XD050 197524 LEWIS COURTENAY 28.25*
BILLED TO MASTERCARD

CONTINUED ON PAGE 2

REFUND
27 JUL 09
$ 703.70

CUSTOMER NBR: SS213GK

BPSELI

DATE: 20 JUL 09

PAGE: 02

TO: NGMSDO1
COURTENAY LEWIS
1849 C ST NW
ROOM 6222
WASHINGTON DC 20240
ETKT 21JUL.

FOR: LEWIS/COURTENAY REF: GDOIOS

AIR TICKET	US7681360179	LEWIS COURTENAY	
ELEC TKT		BILLED TO MASTERCARD	1,408.80*
		SUB TOTAL	1,427.15
		NET CC BILLING	1,427.15*
		TOTAL AMOUNT DUE	0.00

SATO TRAVEL AFTER HOURS EMERGENCY 866 697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698 2554

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH
LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C.SECTION
114, AND THE INTELLIGENCE REFORM AND TERRORISM
PREVENTION ACT OF 2004. PROVIDING THE INFORMATION IS
VOLUNTARY, HOWEVER, IF IT IS NOT PROVIDED,YOU MAY BE
SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT
OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY
SHARE INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR
INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED
SYSTEM OF RECORDS NOTICE.FOR MORE ON TSA PRIVACY
POLICIES OR TO VIEW THE SYSTEM OF RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA/S
WEB SITE AT WWW.TSA.GOV

CAR DECLINED/A//21JUL
LODGING DECLINED//21JUL

CONTINUED ON PAGE 3

SALES PERSON: 77 TICKET/INVOICE NO. 0004913 DATE: 23 JUL 09
CUSTOMER NBR: 532160X BILL PAGE: 05

TO: NSMS.DOT
COURTENAY LEWIS
1849 C ST NW
ROOM 6208
WASHINGTON DC 20240
ETKT 21JUL

FOR: LEWIS/COURTENAY REF: QUOTOS

A/1738
U15-CS
U8-------
U7 0.00-28.25-0.00

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

E-TICKET RECEIPT

E2B0P/US 25JUL09 BE7C11DU

I FMIS/COURTENAY

	FROM								
1240P	BANGOR BGR	US	4473	L	25JUL	235P	NEW YORK LAGUARDIA		
	TO					ARRIVAL		FROM	TO
	NEW YORK LAGUARDIA LGA							BGR	LGA
								LGA	DCA

TICKETS ARE NON-REFUNDABLE
PENALTY FOR CHG

FP CA[redacted]FC 25JUL09BGR US NYC171.16LXADNA2US
WAS97.67XDGDCA US0268.83END ZP BGRLGA XT7.20ZP5.00AY XF7.50BGRSLGA4.5

TAX US 20.17
TAX XT 19.70

NO CASH VALUE

THANK YOU FOR FLYING

Baggage

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED FGPZWV/US 26JUL09 BE7C10JS

LEWIS/C

ARRIVAL

FROM TO

0000A EXCESS BAG EBC US 0557 Y 26JUL 1130A

TO EBC FEE

FP (b) (6) /FC BAGGAGE FEE (1B) 01 0615 (2B) 00

0000 (3B) 00 0000 (OM) 00 0000 (OZ) 00 0000 (SE) 00 0000 USD15.00END

TAX US .00

TAX

TOTALUSD 15.00

NO CASH VALUE

THANK YOU FOR FLYING
US AIRWAYS

STAPLE HERE AT B2

INSERT F56

Do not attempt to separate tear or detach carriage

baggage

US Airways checked baggage confirmation
receipt
to:
courtenay_lewis
07/23/2009 03:02 PM
Show Details

Security:

Some images were prevented from loading. Show Images

US Airways - Your Reservation

Baggage

Here's a receipt for your bags.

Confirmation code: DBNJ0H

Depart: Washington, DC (Reagan) (DCA) — Bangor, ME (BGR)
Date: Thursday, July 23, 2009

Flight #/Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Se
2180	05:00 PM DCA	06:23 PM LGA	01:23:00		319	Coach	
Stop: Change plane in New York, NY (LaGuardia) (LGA)							
4512	07:29 PM LGA	09:38 PM BGR	02:09:00		DH8	Coach	

Depart: Bangor, ME (BGR) — Washington, DC (Reagan) (DCA)
Date: Saturday, July 25, 2009

Flight #/Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Se
3492	03:50 PM BGR	05:38 PM PHL	01:48:00		E70	Coach	
Stop: Change plane in Philadelphia, PA (PHL)							
4421	06:40 PM PHL	07:48 PM DCA	01:08:00		DH8	Coach	

Total baggage fees

Terms & conditions

1st bag charge (1 x $15)	$15.00
2nd bag charge (0 x $25)	$0.00
Total	$15.00

Baggage charges are non-refundable.

Baggage fees apply to travel on US Airways and US Airways Expre flights.

Once you complete your purchase, you will have to pay for any additional checked bags at the airport.

There is an additional $2 fee for curbside check-in at the airport

For more information,

please read our baggage policies.

We are committed to protecting your privacy. Your information is kept private and confidential. For information about our privacy policy visit usairways.com. Please do not reply to this email, it is not monitored. If you'd like to contact us, please visit our website.

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
252	BS	2

Batch Totals

Input Date	Number of Documents	Net Total (Required)
9/4/9	2	

System Checked By: BS Date 9/4/9

Batch Approval

Approved By: _____

Date Approved: _____

9-16-9

2009-06-19 11:25 FAX 2022085627 >> 303 969 7281 P 2

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. DUBIN GEORGIA52

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial) Lindsey P Dubin

910000129 (b) (6)

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, nw
MS 7229
Washington, DC 20240

910000129

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION
Washington, DC

f. RESIDENCE (City and State) (b) (6)

6. PERIOD OF TRAVEL
a. FROM 05-25-2009
b. TO 05-28-2009

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

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

10. CHECK NO.

11. PAID BY

TOJ
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown) 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)

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)
7423918588 561.20	DA		05-22-2009	Washington, DC	Atlanta, GA
7423918579 561.20	DA		05-22-2009	Washington, DC	Atlanta, GA
TMC Fee 28.25					
TMC Fee 28.25					
See attached sheet					

JUN 17 2009

10/26/09 was Waiting on Better Act

2110-171.50

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 ▶ Lindsey P Dubin DATE 6/3/09 AMOUNT CLAIMED ▶ $ 171.50

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; id. 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 ▶ Renna Stone DATE 6/12/09

17. FOR PERFORMANCE OFFICE USE ONLY CORRECTION

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

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

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

d. NET TO TRAVELER ▶ $ 171.50

7/6/09

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01-68

1012-115
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

2009-06-19 11:25 FAX 2022085627 303 969 7294 P.3

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, 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.

141/49

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

(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)	LUNCH (e)	DINNER (f)	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)
	5/25/09	per diem					36.75		36.75			36.75	
	5/26/09	per diem					49.00		49.00			49.00	
	5/27/09	per deim					49.00		49.00			49.00	
	5/28/09	per diem					36.75		36.75			36.75	
										SUBTOTALS		$171.50	
										TOTALS		$171.50	

121.50

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 Regulation (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 18 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ **$171.50**

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (1-77)

Traveler used OS Corporate Card for airline tickets. No lodging claimed. Traveler shared a room with the other Advance Staffer. This was training trip to Advance the SECY for Staffer.
Due to a medical emergency on the return flight on 5/27/09 the airlines provide her room that night. Traveler returned to DC on 5/28/09. Due to a change in the schedule the traveler had to leave on 5/25/09.

Refund of unused airline ticket DA# 7423918579 for $561.20.

To: **Shelia Wilson**
Branch of Accounting Operations, FNMS
National Business Center

From: Iris Straitt, Scheduling and Advance Office

Date: 5-20-09

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Lindsay Dubin	5/26-27/09	2009-1000-DDD01-68

Account Name: Division of Financial Management Services

17:48:21 Wed Jun 17, 2009

06/17/09 ** FEDERAL PERSONNEL/PAYROLL SYSTEM ** PD270M1
09:48:19 * VIEW EFT ADDRESS * PD410P1
COMMAND: <<<<<<<<
DUBIN, LINDSAY P. TN01 10 10000100

REVIEW DATA AND PRESS ENTER.

EFFECTIVE DATE : 02 / 11 / 09
EFFECTIVE DATE PRIOR : / /
EFT ROUTING NUMBER : 067000013 ?
FINANCIAL INSTITUTION : JPMORGAN CHASE BANK, NA
TAMPA FL
EMPLOYEE ACCOUNT NUMBER: 777663436
ACCOUNT TYPE : C ?

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
NEXT HELP ESC ADDN ADT EXIT

SSN#:

(b) (6) [redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. DUBINTA01
2. 05-19-2009 (DATE)

3. OS (BUREAU OR OFFICE) Washington, DC

4. NAME Lindsay Dubin 5. OFFICIAL STATION

6. TITLE Scheduling/Advance 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Such places in the contigous US, AK, HI, PR, and US Territories as may be necessary, and return Accomplish & missions. Off. business
Atlanta, GA - Advance Staff for SECY

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.
Advance for the SECY -Speaker/Presenter at Conference, Summits, ect.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

****Subject to Availability of Funds*****

12. PERIOD OF TRAVEL: Beginning on or about 05-26-2009 **Ending on or about** 05-27-2009

MODE OF TRAVEL

13. [X] Common carrier
14. [ ] Extra fare
15. [ ] Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
18. [ ] Other *(specify)*
19. [ ] Shipment household goods and personal effects

Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.

ESTIMATED COST

20. Transportation	$	590.00
21. Per Diem		98.00
22. Other		50.00
23. TOTAL	$	738.00

24. CHARGED TO:

2009-1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (EMPLOYEE'S SIGNATURE)
27. Lindsay Dubin (TITLE)

28. _____ (AUTHORIZED OFFICER'S SIGNATURE)
29. Renee Stone, Depy COS (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

ITINERARY/INVOICE NO. C0048 DATE: 2 PAGE: 01
CUSTOMER NBR: S32LBGK FZ1S3Q

TO: NGMSDOL
ETKT 22MAY

FOR: DUBIN/LINDSAY REF: GDCIOS

TICKET ISSUED TO CORP CARD - 213786
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

25 MAY 09 - MONDAY
AIR DELTA AIR LINES INC FLT:1977 COACH
LV WASHINGTON REAGAN 600P EQP: BOEING 757
DEPART: TERMINAL B 01HR 55MIN
AR ATLANTA 755P NON-STOP
ARRIVE: SOUTH TERMINAL REF: RXGCP9
DUBIN/LINDSAY SEAT 19E

27 MAY 09 - WEDNESDAY
AIR DELTA AIR LINES INC FLT:6480 COACH
ATLANTA-WASHINGTON REAGAN OPERATED BY NORTHWEST AIRLINES
LV ATLANTA 620P EQP: CR9
DEPART: SOUTH TERMINAL 01HR 50MIN
AR WASHINGTON REAGAN 810P NON-STOP
ARRIVE: TERMINAL B REF: RXGCP9
DUBIN/LINDSAY SEAT-7D

MCO	XD8145774966	BILLED TO MASTERCARD	28.25*
AIR TICKET ELEC TKT	DL7423918588	DUBIN LINDSAY BILLED TO MASTERCARD	561.20*
		SUB TOTAL	589.45
		NET CC BILLING	589.45*
		TOTAL AMOUNT DUE	0.00

CONTINUED ON PAGE 2

SALES PERSON:
CUSTOMER NBR: SS1BCK
ITINERARY/INVOICE NO. 0004
DATE: 2
PAGE: 02

TO: NGMSDOI
EXT 22MAY.

FOR: DUBIN/LINDSAY REF: GDOIOS

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//15MAY

A/1242
U18 00
U8------
U7-5.00-28.25 0.00

CUSTOMER NBR: S321BGK ITINERARY/INVOICE DUPLICATE PAGE: 01

TO: XGMSD01
ETKT 22MAY.

FOR: DUBIN/LINDSAY REF: GDOIOS

YOUR ESTIMATED AIRFARE ON 19MAY AT 1415 IS 561.20
TICKET ISSUED TO CORP CARD - 213785
PIN MGMT OPC

26 MAY 09 - TUESDAY
AIR DELTA AIR LINES INC FLT:1957 COACH
LV WASHINGTON REAGAN 759A EQP: MD-88
DEPART: TERMINAL B OTHR 53MIN
AR ATLANTA 952A NON-STOP
ARRIVE: SOUTH TERMINAL REF: EXGCP9
DUBIN/LINDSAY SEAT 25K

27 MAY 09 - WEDNESDAY
AIR DELTA AIR LINES INC FLT:5830 COACH
ATLANTA-WASHINGTON REAGANLOPERATED BY NORTHWEST AIRLINK
LV ATLANTA 620P EQP: CR9
DEPART: SOUTH TERMINAL OTHR 58MIN
AR WASHINGTON REAGAN 817P NON-STOP
ARRIVE: TERMINAL B REF: EXGCP9
DUBIN/LINDSAY SEAT 7D

MCO XD8145774957

AIR TICKET DL7423918579
ELEC TKT

BILLED TO MASTERCARD	28.25*
DUBIN LINDSAY	
BILLED TO MASTERCARD	561.20*
SUB TOTAL	589.45
NET CC BILLING	589.45*
TOTAL AMOUNT DUE	0.00

REFUND

$561.20

CONTINUED ON PAGE 2

2009-06-16 11:29 [illegible] FAX NO. 000-2022085627 >ENTER: 303 969 7281 P 11/16

CUSTOMER NBR: 8321B3K DUPLICATE PENDING PAGE: 02

TO: NGMSDOI
MKT 22MAY.

FOR: DUBIN/LINDSAY REF: GEOIOS

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU. INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DNCI 1A30/A//19MAY

A/1243
LI1-CO
U0------
U7-0.00-28.25-0.00

2009-08-19 14:25 FAX 2022065021 P 4/10

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 91000018 Caramanian, Lori
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Denver, CO
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 07-15-2009
b. TO: 07-19-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Caramanian
b. DATE(S): 07-13-2009

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: RECEIVED AUG 19 2009

10. CHECK NO.

11. PAID BY: TOT-D

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
See attached ticket	438.20	FR	Economy	07-14-2009	Denver, CO	Washington, DC & return
TMC fee	28.25				

Invitational travel. Air fare purchased with corporate card. Traveler interviewed for a position at the Department of the Interior. No lodging claimed. Traveler stayed with friends.

Traveler remained in Washington, DC, on personal time until July 19, 2009, at no additional cost to the government.

211D 1600
211I 105.00
211T 1600

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 ▶ Lori Caramanian DATE 7/30/09 AMOUNT CLAIMED ▶ $ 281.00

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 ▶ Laurie Stone DATE 8-3-09

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

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 ▶ $ 281.00 281.00

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

8/24/09

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Caramanlan

Caramanlan

2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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)
07[illegible]	11:41	Depart Denver, CO					48.00		48.00			48.00	
													15.00 T
							64.00		64.00			64.00	
													7.00 T
													9.00 T
							48.00		48.00			48.00	
													90.00 T
		another SF 1012-A BACK, leaving the front blank.							SUBTOTALS ▶			$160.00	$121.00
									TOTALS ▶			$160.00	$121.00

0 • 0 •
64 • X
75 • %
48 • 00 +
0 • 0 •
48 • 00 +
64 • 00 +
48 • 00 +
160 • 00 *
0 • 0 •
0 • 0 •
15 • 00 +
7 • 00 +
9 • 00 +
121 • 00 -
0 • 0 •
15 • 00 +
90 • 00 +
0 • 0 •
160 • 00 +
105 • 00 +
16 • 00 +
281 • 00 *

160

n is provided. Chap. 57 as 11609 of July 1943, and 20 formation is to taxable travel authorization Government. required for the ation may be when relevant investigations or procedures, 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(a) 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 ▶ $281.00

[redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Caramanian
2. 07/13/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Lori Caramanian 5. OFFICIAL STATION Denver, CO

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, Co
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a job at the Department of the Interior.

Traveler will extend her stay in Washington, DC, through June 19 at no additional cost to the government. No lodging requested.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/15/09 Ending on or about 07/19/09

MODE OF TRAVEL

13. [X] Common carrier 14. Extra fare 15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Baggage, taxi, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 475.00
21. Per Diem	175.00
22. Other	100.00
23. TOTAL	$ 750.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitalonal (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

DENVER
INTERNATIONAL AIRPORT

Card Account # : (b) (6)
Card Expiration Date : (b) (6)
Card Type : VISA
Authorization Code : 000145
Bank Sequence Number : 000000145

Entrance: 09:47 07/15/09 Lane # 03
Exit : 20:34 07/19/09 Lane # 31
Length of stay: 4 d. 10 h. 47 mn.
License Plate : CO 686YA1
Cashier: 3137 Shift: 0227 SEQ# 3140

$18 per day

Transaction Amount: $ 90.00

Carlson Wagonlit Travel Sato Travel

July 14, 2009

For: LORI CARAMANIAN GDOIOS

To: NGMSDOI
ETKT 13JUL.**INVITATIONAL**

Sales Person: 77
Locator: PUWNRZ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday July 15, 2009

Frontier Airlines — Flight Number: 724
Class of Service:Coach Class Y
Depart: DENVER, CO — 11:41 Am July 15, 2009
Arrive: WASHINGTON/NATL,DC — 4:59 Pm July 15, 2009
Total Flight Time: — 3 Hours 18 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LFAIOB
Reserved Seat: CARAMANIAN/LORI 4F
ARR-TERMINAL C

Sunday July 19, 2009

Frontier Airlines — Flight Number: 725
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:00 Pm July 19, 2009
Arrive: DENVER, CO — 7:56 Pm July 19, 2009
Total Flight Time: — 3 Hours 56 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LFAIOB
Reserved Seat: CARAMANIAN/LORI 3F
DEP-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
CARAMANIAN LORI	4897/4227681380162	386.84USD	29.16US	7.20ZP	14.00XT	439.20
CARAMANIAN LORI	4897/8900501157511	28.25				28.25
					Total Amount:	467.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916

travel reimbursement
Caramanian, Lori (ENRD) to: Margaret_Bradley 07/29/2009 11:55 PM

<<SFX10C.pdf>> Margaret--nearly forgot about this. Here's the only receipt I came up with. Taxi from DC to my Shirlington, VA on July 15, $23. Taxi from DOJ to DOI on July 16, $7 and return $9. Got dropped off at the airport so no costs there. Thanks.

-----Original Message-----
From: ECOPY (ENRD)
Sent: Monday, July 27, 2009 10:17 AM
To: Caramanian, Lori (ENRD)
Subject: Scanned document <1 page ~9 KB> -- 7/27/2009 10:15:55 AM

This PDF file was created using the eCopy Suite of products. For more information about how you can eCopy paper documents and distribute them by email please visit http://www.ecopy.com

SFX10C.pdf

2009-07-15 10:46 FAX 2022085627 >> 303 969 7281 P 3/17

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
91000157

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
McNutt, Marcia

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 06-03-2009
b. TO 06-04-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) McNutt1-A
b. DATE(S) 06-02-2009

e. PRESENT DUTY STATION
Salinas, CA

f. RESIDENCE (City and State)
(b) (6)

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

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
(a)	(b)	(c)	(d)	(e)	(f)
See attached ticket 921/20	UA	Economy	06-02-2009	Monterey, CA	Washington, DC
See attached ticket 665.20	US	Economy	06-02-2009	Washington, DC	Monterey, CA
TMC 28.25					

Invitational travel. Traveler interviewed for a position at the Department. Air fare purchased with corporate card.

RECEIVED JUL 15 2009

JUL - 8 2009

JUL 13 2009

2110 305.00
211I 508.31
211T 40.00

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 ▶ Marcia McNutt DATE 7/6/2009 AMOUNT CLAIMED ▶ $ 395.31

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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ Penny Stone DATE 7-7-09

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 ▶ $ 395.31

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD0169

7/16/09 M

1012-116

NSN 7540-00-634-4180

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

This form was electronically produced by Elite Federal Forms, Inc.

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

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, 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.

TRAVEL AUTHORIZATION NO. McNutt1-A

TRAVELER'S LAST NAME McNutt

2009 (a)	TIME (How and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/03	8:00 am	Depart Monterey, CA											
	4:23 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging Tax											30.31
		Taxi DCA/Lodging											20.00
		Taxi Hotel/DOI											10.00
08/04		Taxi DOI/DCA											10.00
	5:15 pm	Depart Washington, DC											
	11:05 pm	Arrive Monterey, CA					48.00		48.00			48.00	
													20.00
										SUBTOTALS		$305.00	$90.31
										TOTALS		$305.00	$90.31

96

If addi[...] 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.

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.

TOTAL AMOUNT CLAIMED $395.31

STANDARD FORM 1012 BACK (10-77)

This form was electronically produced by Elite Federal Forms, Inc.

30•31 +
20•00 +
50•31 *

209•00 +
96•00 +
305•00 *

305•00 +
50•31 +
40•00 +
395•31 *

700•31 *

Hilton
Washington

1919 Connecticut Ave. NW • Washington, DC 20009
Phone (202) 483-3000 • Fax (202) 232-0438
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

MCNUTT, MARCIA
(b) (6)

Hotel, dinner, breakfast, 2nd visit to DOT

Room 6161/D2
Arrival Date 6/3/2009 4:38:00PM
Departure Date 6/4/2009
Adult/Child 1/0
Room Rate 209.00

RATE PLAN L-SJ

HH#
AL:
CAR:

Folio

CONFIRMATION NUMBER : 3352897876

6/4/2009 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
6/3/2009	*ROOM SERVICE	LINTR	6202546	$33.12		
6/3/2009	GUEST ROOM	IYEMANE	6203283	$209.00		
6/3/2009	ROOM TAX	IYEMANE	6203283	$30.31		
6/4/2009	*ROOM SERVICE	LINTR	6204175	$23.54		
6/4/2009	VS (b) (6)	APARAD	6204200		$295.97	
	BALANCE					$0.00

EXPENSE REPORT SUMMARY

	06/03/09	06/04/09	STAY TOTAL
ROOM & TAX	$239.31	$0.00	$239.31
FOOD & BEVERAGE	$33.12	$23.54	$56.66
DAILY TOTAL	$272.43	$23.54	$295.97

Hilton Honors
Points & Miles

209.00
Personal CC.

ACCOUNT NO.

CARD MEMBER NAME
VS 9940

ESTABLISHMENT NO. & LOCATION
MCNUTT, MARCIA

DATE OF CHARGE | FOLIO NO./CHECK NO.

AUTHORIZATION
06/04/09 11:38:00A 990868 A

INITIAL

PURCHASES & SERVICES
02642C

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND SERVICES PURCHASED ON THIS CARD SHALL NOT BE ISSUED OR RETURNED FOR A CASH REFUND.

The Hilton Family
Hilton
Conrad
DoubleTree
Embassy Suites Hotels
Hampton
Hilton Garden Inn
Hilton Grand Vacations Club
Homewood Suites
USA
Official Sponsor

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. McNutt1 -A
2. 06/02/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Marcia McNutt 5. OFFICIAL STATION Monterey, CA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Monterey, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 06/03/09 Ending on or about 06/04/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1615.00
21. Per Diem		350.00
22. Other		100.0
23. TOTAL	$	2065.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (BUREAU OR OFFICE DESIGNATION)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitatonal (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S DESIGNATION)

29. Deputy Chief of Staff (TITLE)

June 2, 2009

Carlson Wagonlit Travel Satoltravel

For: MARCIA MCNUTT GDOIOS

To: NGMSDOI

Sales Person: 77
Locator: CLSXPL
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday June 3, 2009

United Airlines
Class of Service:Coach Class Y
Depart: MONTEREY, CA
Arrive: DENVER, CO
Total Flight Time:
Equipment: CR7
Meal Service: None
Status: Confirmed
*MRY-DEN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
MRY-DEN CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Flight Number: 6732

6:00 Am June 3, 2009
9:25 Am June 3, 2009
2 Hours 25 Minutes Non-Stop

Confirmation Number: K9QQ98

Wednesday June 3, 2009

United Airlines
Class of Service: Coach Class W
Depart: DENVER, CO
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
ARR-TERMINAL C
STAR ALLIANCE

Flight Number: 484

10:59 Am June 3, 2009
4:23 Pm June 3, 2009
3 Hours 24 Minutes Non-Stop

Confirmation Number: K9QQ98

Wednesday June 3, 2009

WASHINGTON/NATL,DC
HILTON/CONRAD HOTELS HILTON WASHINGTON
1919 CONNECTICUT AVE NW
WASHINGTON DC 20009
Phone Number: 1-202-483-3000
Fax Number: 1-202-232-0438
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 03, 2009
Check Out: Jun 04, 2009
Confirmation Number: 3352897876

Cancellation Policy: Cancel by 4PM

Thursday June 4, 2009

US Airways — Flight Number: 192
Class of Service:Coach Class B
Depart: WASHINGTON/NATL,DC — 5:15 Pm June 4, 2009
Arrive: PHOENIX, AZ — 7:00 Pm June 4, 2009
Total Flight Time: — 4 Hours 45 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: BY48L9
Reserved Seat: MCNUTT/MARCIA 17B
DEP-TERMINAL C ARR-TERMINAL 4

Thursday June 4, 2009

US Airways — Flight Number: 2771
Class of Service:Coach Class B
Depart: PHOENIX, AZ — 8:14 Pm June 4, 2009
Arrive: MONTEREY, CA — 11:05 Pm June 4, 2009
Total Flight Time: — 2 Hours 51 Minutes Non-Stop
Equipment: Dehavilland Dash 8
Meal Service: None
Status: Confirmed — Confirmation Number: BY48L9
Reserved Seat: MCNUTT/MARCIA 7A
DEP-TERMINAL 4
*PHX-MRY OPERATED BY US AIRWAYS EXPRESS-MESA AIRLINES

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MCNUTT MARCIA	4704/0377423918638	837.21	83.99			921.20
MCNUTT MARCIA	4704/8900500109203	26.25				26.25
MCNUTT MARCIA	4703/0167423918637	599.07USD	44.93US	7.20ZP	14.00XT	665.20
					Total Amount:	1,614.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-696-2554
CAR DECLINED/A//02JUN

TAXICAB RECEIPT

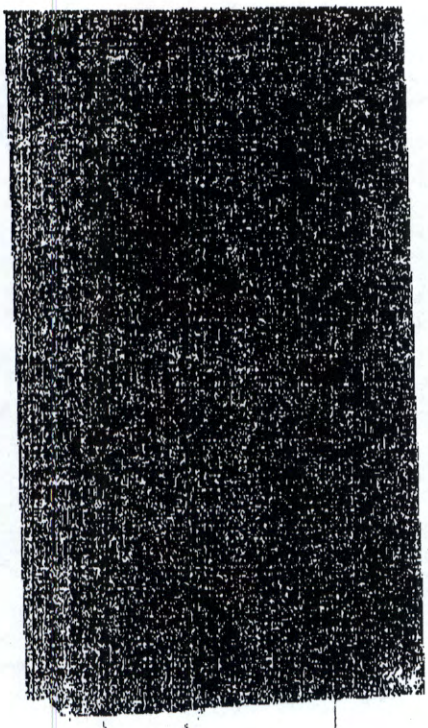
Time: _____

Date: _____

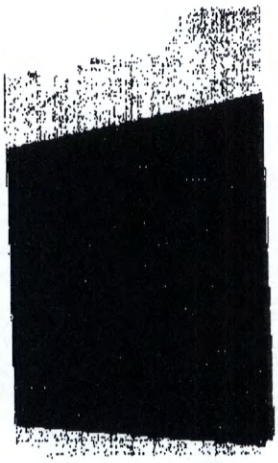
Origin of trip: Hotel

Destination: DOT

Fare: $10.00 Sign: _____



$20.00



$10.00

Reagan to Hotel $20.00

WELCOME TO RONALD REAGAN WASHINGTON NATIONAL AIRPORT

Once you have been comfortably seated in the taxicab, please note the Airport Taxi Operator's Permit hanging from the rear view mirror. For future reference, you should record the Permit Number #_____.

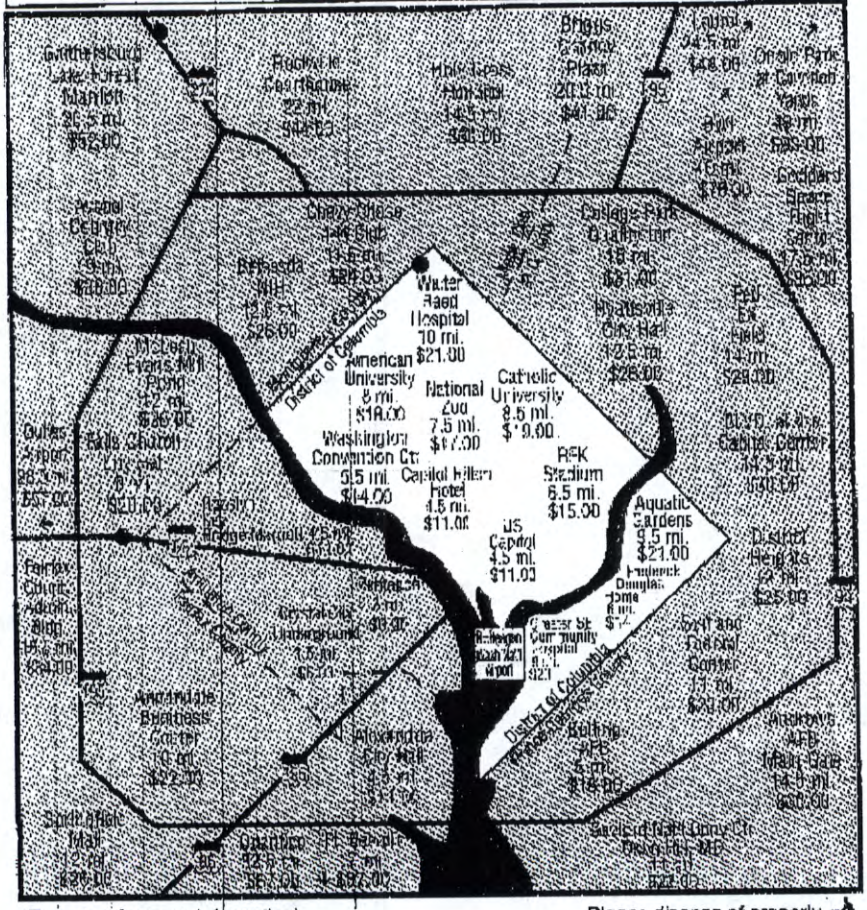
(NOTE: Driver is allowed to remove the Permit after exiting the Airport.)

All taxicabs dispatched at Ronald Reagan Washington National Airport must have and use taxi meters.

APPROXIMATE FARES FOR THESE AREAS

Fares are based on shortest route, however, the shortest route may not be the quickest route.
Fares are not flat rates, they are APPROXIMATE fares and do not include the $1.75 airport fee.
Your actual fare may be different than the amount shown on the map.

Fares Do Not Include the $1.75 airport fee or other applicable charges



(Turn over for more information)

Please dispose of properly

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
91000158

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
McNutt, Marcia

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 05-27-2009
b. TO 05-28-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO

7. TRAVEL AUTHORIZATION
a. NUMBER(S) McNutt1
b. DATE(S) 05-27-2009

e. PRESENT DUTY STATION
Salinas, CA

f. RESIDENCE (City and State)
(b) (6)

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

RECEIVED JUL 15 2009

10. CHECK NO.

11. PAID BY

2 11T I
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH
(List by number below and attach passenger coupon; if cash is used shown 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) ▶

	AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
	(a)	(b)	(c)	(d)	(e)	(f)
See attached ticket	723.20	UA	Economy	05-26-2009	Monterey, CA	Washington, DC
See attached ticket	665.20	US	Economy	05-26-2009	Washington, DC	Monterey, CA
TMC	28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare puchased with corporate card.

2110.30500
211I 8031
211T 3025

JUL 8 2009 JUL 13 2009

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 ▶ Marcia McNutt DATE 7/6/2009

AMOUNT CLAIMED ▶ $ 385.56

NOTE: Falsification of an item on 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; id. 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 ▶ Renee Stone DATE 7-15-09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING 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 ▶	$ 385.56

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01168

7/16/9

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4160

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

M

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. McNutt1

TRAVELER'S LAST NAME McNutt

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
05/27	6:00 am	Depart Monterey, CA											
	4:23 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging Tax											30.31
		Taxi DCA/Lodging											13.00
05/28	4:59 pm	Depart Washington, DC											
	11:01 pm	Arrive Monterey, CA					48.00		48.00			48.00	
		Taxi Lodging/DOI											6.25
		Taxi DOI/DCA											12.00
		Airport Parking											20.00
		SUBTOTALS ▶										$305.00	$80.56
		TOTALS ▶										$305.00	$80.56

If additional space is required, continue on another SF 1012-A BACK, leaving its 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 authority 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 ▶ $385.56

This form was electronically produced by Elite Federal Forms, Inc.

3525

OMB No. 1E10-0063

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: US Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: [X] CCD [ ] CTX

ADDRESS: 1849 C Street, NW

Washington, DC 20240

CONTACT PERSON NAME: Accounts Payable

TELEPHONE NUMBER: (202) 208-5733

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Marcia McNutt

TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

(b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER: ((b) (6) [redacted]

FINANCIAL INSTITUTION INFORMATION

NAME: USAA Federal Savings Bank

ADDRESS: 10750 McDermott Fwy

San Antonio Texas 78288 - 0544

ACH COORDINATOR NAME:

TELEPHONE NUMBER: (210) 456 - 8000

NINE-DIGIT ROUTING TRANSIT NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE: Marcia K McNutt

DEPOSITOR ACCOUNT NUMBER: (b) (6) [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT: [X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

The MELROSE Hotel
WASHINGTON, D. C.

Marcia Mcnutt

Room No. : 218
Arrival : 05-27-09
Departure : 05-28-09
Page No. : 1 of 1

05-28-09

Date	Text		Charges	Credits
05-27-09	Room Serv Dinner Food	Room# 218 : CHECK# 1834 [212]	~~23.17~~	
05-27-09	Room Charge		209.00	
05-27-09	Room Tax		30.31	
05-28-09	RS Breakfast Food	Room# 218 : CHECK# 1848 [206]	~~16.36~~	
05-28-09	Visa	(b) (6) [redacted]		280.84

Signature: _____

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 for any part or the full amount of these charges.

A daily copy of the USA TODAY is included with your stay. If you do not wish to receive the newspaper, please contact the front desk and a $.75 credit will be applied to your folio.

Total	280.84	280.84
Balance		0.00

Room & Tax =

$ 239.31

Thank you for choosing The Melrose Hotel, Washington D.C. !

2430 Pennsylvania Avenue, NW Washington, D.C. 20037-6986
202-955-6400 1-800 MELROSE Facsimile 202-955-5765
www.melrosehotel.com

[redacted]

TAXICAB RECEIPT

Time: _____

Date: _____

Origin of trip: Reagan Airport

Destination: Melrose Hotel

Fare: $13.00 Sign: _____

$20.00

[redacted]

$12.00

[redacted]

$5.25

-27-

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. McNutt1
2. 5/27/09
(DATE)

3. Office of the Secretary
(BUREAU, OFFICE)

4. NAME Marcia McNutt
5. OFFICIAL STATION Monterey, CA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Monterey, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational travel

11. PER DIEM ALLOWANCE:
Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 5/27/09 Ending on or about 5/28/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
(a) [X] Administratively determined to be the advantage of the Government
(b) [ ] A showing of advantage to the Government
(c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
taxi
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1416.75
21. Per Diem		96.00
22. Other		100.00
23. TOTAL	$	1612.75

24. CHARGED TO:
2009 1000 DDD01 68

25. _____
(AGA OFFICER SIGNATURE)

26. _____
(REQUESTING OFFICIAL SIGNATURE)

27. Invitational
(TITLE)

28. _____
(AUTHORIZING OFFICIAL SIGNATURE)

29. Deputy Chief of Staff
(TITLE)

Carlson Wagonlit Travel SatoTravel

For: MARCIA MCNUTT GDOIDS

To: NGMSDOI

Sales Person: 77
Locator: NSDIQK
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday May 27, 2009

United Airlines — Flight Number: 6732
Class of Service: Coach Class Y
Depart: MONTEREY, CA — 6:00 Am May 27, 2009
Arrive: DENVER, CO — 9:25 Am May 27, 2009
Total Flight Time: — 2 Hours 25 Minutes Non-Stop
Equipment: CR7
Meal Service: None
Status: Confirmed — Confirmation Number: QGPCBQ
*MRY-DEN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
MRY-DEN CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Wednesday May 27, 2009

United Airlines — Flight Number: 484
Class of Service: Coach Class W
Depart: DENVER, CO — 10:59 Am May 27, 2009
Arrive: WASHINGTON/NATL,DC — 4:23 Pm May 27, 2009
Total Flight Time: — 3 Hours 24 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: QGPCBQ
Reserved Seat: MCNUTT/MARCIA 22A
ARR-TERMINAL C
STAR ALLIANCE

Wednesday May 27, 2009

WASHINGTON/NATL,DC
THE MELROSE HOTEL WASHINGTON
2430 PENNSYLVANIA AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-9556400
Fax Number: 1-202-7758489
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: May 27, 2009
Check Out: May 28, 2009

Confirmation Number: 1S3338Y079783
Cancellation Policy: Cancel 1 day prior

Thursday May 28, 2009

US Airways — Flight Number: 43
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC — 4:59 Pm May 28, 2009
Arrive: PHOENIX, AZ — 6:54 Pm May 28, 2009
Total Flight Time: — 4 Hours 55 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: F8QV28
Reserved Seat: MCNUTT/MARCIA 6E
DEP-TERMINAL C — ARR-TERMINAL 4

Thursday May 28, 2009

US Airways — Flight Number: 2771
Class of Service:Coach Class T
Depart: PHOENIX, AZ — 8:14 Pm May 28, 2009
Arrive: MONTEREY, CA — 11:01 Pm May 28, 2009
Total Flight Time: — 2 Hours 47 Minutes Non-Stop
Equipment: Dehavilland Dash 8
Meal Service: None
Status: Confirmed — Confirmation Number: F8QV28
Reserved Seat: MCNUTT/MARCIA 2D
DEP-TERMINAL 4
*PHX-MRY OPERATED BY US AIRWAYS EXPRESS-MESA AIRLINES

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MCNUTT MARCIA	4681/0377423918615	653.02	70.18			723.20
MCNUTT MARCIA	4681/8908145774983	28.25				28.25
MCNUTT MARCIA	4680/0167423918614	599.07USD	44.93US	7.20ZP	14.00XT	665.20
					Total Amount:	1,416.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//26MAY

Airfare direct billed

2009-05-07 15:12 FAX 2027085627 >> P.001/003

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91000086

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Velasquez, Maxine

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 04-16-2009 b. TO 04-17-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Velasquez1 b. DATE(S) 04-14-2009

e. PRESENT DUTY STATION: Corrales, NM

f. RESIDENCE (City and State): (b) (6)

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

10. CHECK NO.

11. PAID BY: TOT

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
see attached ticket 832.90	AA	Economy	04-15-2009	Albuquerque, NM	Washington, DC and return
ticket agent fee 28.25					

Invitational travel. Air fare purchased with corporate card.

MAY 7 2009

2110-305 00
21T 3031
21T 700

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: Maxine L Velasquez DATE 5/3/09 AMOUNT CLAIMED $ 342.31

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: Renee Stone DATE 5/6/09

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

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 $ 342.31

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

5/13/9

1012-118 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77)

This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Velesquez1

TRAVELER'S LAST NAME

Velasquez

2009	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city; per diem computation, or other explanations of expenses) (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)
4/16	12:10 pm	Depart Albuquerque, NM											
	7:45 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel tax											30.31
4/													7.00
		••0••											
							48.00		48.00			48.00	
		64 • X											
		75 • %											
		48•00 +											
		••0••											
		48•00 +											
		48•00 +											
		96•00 *											
		96•00 +											
		209•00 +											
		305•00 *											
		••0••											
		30•00 +											
		30•31 +											
		7•00 +											
		67•31 *											
		••0••											
		••0••											
		305•00 +											
		30•31 +											
		7•00 +											
		342•31 *											

SUBTOTALS $305.00 | $37.31

TOTALS $305.00 | $37.31

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

TOTAL AMOUNT CLAIMED **$342.31**

If a… r SF 1012-A BACK, leaving the front blank.

…vided: …investigations or prosecutions, or when pursuant to a requirement by this agency …67 as … in connection with the hiring or firing of an employee, the issuance of a security …of July … clearance, or investigations of the performance of official duty while in …and 25 … Government service. Your Social Security Account Number (SSN) is solicited …travel … under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) …tation … and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee …ment … identification number. disclosure is MANDATORY on vouchers claiming travel …for the … and/or relocation allowance expense reimbursement which is, or may be, taxable …ay be … income. Disclosure of your SSN and other requested information is voluntary in …levant … 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.

The George Washington University Inn
824 New Hampshire Ave., N.W. Washington, D.C. 20037
(202) 337-6620
Member Potomac Hospitality Services

Maxine Velasquez

US

		Room No.	: 708
		Arrival	: 04-16-09
		Departure	: 04-17-09
		Page No.	: 1 of 1
A/R Number	:	Folio No.	:
Group Code	:		
Company Name	:	Conf. No.	: 382806

Date	Text	Charges USD	Credits USD
04-16-09	Rooms	209.00	
04-16-09	Room Tax	30.31	
	Total	**239.31**	**0.00**
	Balance	**239.31 USD**	

REMARKS:
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 for any

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-4020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Valesquez1
2. 04/14/09 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Maxine Valesquez
5. OFFICIAL STATION Albuquerque, NM
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowance according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 04/16/09 Ending on or about 04/17/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	860.00
21. Per Diem		300.00
22. Other		100.00
23. TOTAL	$	1260.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (TRAVEL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

April 15, 2009

Carlson Wagonlit Travel SatoTravel

For: MAXINE VELASQUEZ GDOIOS

To: NGMSDOI
ETKT 15APR.
ETKT 15APR.

Sales Person: 77
Locator: NQVJVO
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
TIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday April 16, 2009

American Airlines — Flight Number: 1086
Class of Service: Coach Class Y
Depart: ALBUQUERQUE, NM — 12:10 Pm April 16, 2009
Arrive: DALLAS/F.WORTH,TX — 2:50 Pm April 16, 2009
Total Flight Time: — 1 Hour 40 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed — Confirmation Number: NQVJVO
Reserved Seat: VELASQUEZ/MAXINE 21E
ONEWORLD

Thursday April 16, 2009

American Airlines — Flight Number: 1300
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH,TX — 3:50 Pm April 16, 2009
Arrive: WASHINGTON/NATL,DC — 7:45 Pm April 16, 2009
Total Flight Time: — 2 Hours 55 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: NQVJVO
Reserved Seat: VELASQUEZ/MAXINE 20A
ARR-TERMINAL B
ONEWORLD

Thursday April 16, 2009

WASHINGTON/NATL,DC
UTELL INTERNATIONAL GEORGE WASHINGTON UNIV INN
824 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 202-337-6620
Fax Number: 202-337-2540
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 16, 2009

Check Out: Apr 17, 2009
Confirmation Number: 117485959
Cancellation Policy: Cancel 1 day prior

Friday April 17, 2009

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: VELASQUEZ/MAXINE 23D
DEP-TERMINAL B
ONEWORLD

Flight Number: 1043

4:10 Pm April 17, 2009
6:30 Pm April 17, 2009
3 Hours 20 Minutes Non-Stop

Confirmation Number: NQVJVO

Friday April 17, 2009

American Airlines
Class of Service:Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed
Reserved Seat: VELASQUEZ/MAXINE 12B
ONEWORLD

Flight Number: 1507

7:40 Pm April 17, 2009
8:30 Pm April 17, 2009
1 Hour 50 Minutes Non-Stop

Confirmation Number: NQVJVO

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
VELASQUEZ MAXINE	4465/0017401702675	736.74USD	55.26US	14.40ZP	26.50XT	832.90
VELASQUEZ MAXINE	4465/8908144782830	28.25				28.25
					Total Amount:	861.15

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//14APR

2009-09-01 15:04 FAX 202 219 0727 P.02

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
91000194

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
Mohl, Valerie Red-Horse

b. SOCIAL SECURITY NO.
(b) (6)

d. OFFICE TELEPHONE NO.

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

6. PRESENT DUTY STATION
Huntington Beach, CA

7. RESIDENCE (City and State)
(b) (6)

8. PERIOD OF TRAVEL
a. FROM 07-14-2009
b. TO 07-16-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Mohl2
b. DATE(S) 07-10-2009

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
RECEIVED AUG 31 2009

10. CHECK NO.

11. PAID BY
TD+D

Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
See attached eticket 379.20	UA	Economy	07-10-2009	Los Angeles, CA	Washington, DC and return
Ticket agent fee 28.25					

Invitational travel. Traveler interviewed for a job at DOI. Airfare purchased with corporate card.

AUG 26 2009

21M 2130
21I 5377
3D 155

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 ▶ Valerie Red-Horse Mohl DATE 8/14/09

AMOUNT CLAIMED ▶ $ 421.77

NOTE: Falsification of an item in an expense account works a forfeiture of claim (29 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; id. 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 ▶ Renure Hons DATE 8-19-09

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

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 ▶ $ 421.77

9/24

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4160

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

2008-08-01 15:04 FAX

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, tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, fees 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Mchl2

TRAVELER'S LAST NAME

Mohl

2009 TIME (Hour and zone/any) (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)
07/14 10:22 pm	Depart Los Angeles, CA											
07/15 6:16 am	Arrive Washington, DC					48.00		48.00			48.00	
	Lodging						165.00	165.00			165.00	
												23.93
												65.00
												8.00
												7.00
												75.00
07/16												23.84
	SF 1012-A BACK, leaving the front blank.							SUBTOTALS ▶			$213.00	$204.77
								TOTALS ▶			$213.00	$204.77

48.00 + 165.00 + 213.00 *

213.00

23.93 + 29.84 + 53.77 *

65.00 + 8.00 + 7.00 + 75.00 + 155.00 *

155.00 + 53.77 + 213.00 + 421.77 *

If additional 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 back of this form.

TOTAL AMOUNT CLAIMED ▶ $421.77

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. Mohl2
2. 07/10/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Valerie Red-Horse Mohl 5. OFFICIAL STATION Los Angeles, CA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Los Angeles, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/14/09 Ending on or about 07/16/09

MODE OF TRAVEL

13. ☒ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ☒ Privately owned
    - (a) ☒ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ☒ Other (specify)
    Baggage, taxi fare, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST	
20. Transportation	$ 415.00
21. Per Diem	265.00
22. Other	100.00
23. TOTAL	$ 780.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FIELD OFFICER'S SIGNATURE)

26. _____ (SIGNATURE)

27. _____ (TITLE)

28. Ronnie Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room	:	0836
Folio #	:	283319
Cashier #	:	152
Page #	:	1 of 1

Valerie Red-Horse Mohl

US

Arrival	:	07-15-09
Departure	:	07-15-09

Date	Description	Additional Information	Charges	Credits
07-15-09	In Room Dining - Breakfast	#0836 : CHECK #6082	34.76	
07-15-09	In Room Dining - Lunch	#0836 : CHECK #6088	59.52 — 7.00	
07-15-09	Room Charge		165.00	
07-15-09	~~Room Tax~~		29.93	
07-15-09	Visa	(b) (6) [redacted]		283.21
		Total	283.21	283.21
		Balance Due	0.00	

reimbursable = $276.21

Guest signature X
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada: 1 800 441-1414

[illegible]

Thank you for choosing to stay with Fairmont Hotels & Resorts

July 10, 2009

Valerie Red-Horse Mohl

US

Dear Mrs Red-Horse Mohl:

Thank you for choosing The Fairmont Washington, DC. We are pleased to confirm your reservation. Your room reservation details are as follows:

Arrival Date:	07-15-09
Departure Date:	07-15-09
Number of Nights:	0
Room Details:	Fairmont King Non Smoking
Nightly Room Rate:	165.00 USD
Confirmation Number:	50642726

The above room rate is per night and is subject to the following taxes - 14.5% Room Occupancy Tax. If you wish to cancel your reservation, please do so prior to 4:00pm one day prior to arrival to avoid cancellation charges. Please be informed that photo identification will be required at time of check in.

Should you have any questions, please do not hesitate to call us at 1-888-363-4040. We look forward to welcoming you to The Fairmont Washington, DC.

Sincerely,

165/a

Reservations Office
Email: wdc.reservations@fairmont.com

WOLFGANG PUCKS FOOD COUNTER
DELAWARE NORTH COMPANIES
CHECK: 9207
GST CHKID: VALERIE
SERVER: 66 DE8816
DATE: JUL14'09 2:42PM
CARD TYPE: VISA
ACCT #: (b) (6)
EXP DATE:
AUTH CODE: (b) (6)
VALERIE RED-HORSE ROAM

TOTAL: 10.65

TIP $

TOTAL $

Dinner at airport

SIGNATURE

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date: 7-15-09
Name: Valerie Red-Horse
$ 65.00
From: Dulles
To: Fairmont Hotel
Driver: Cash
TAXICAB #

TAXI RECEIPT

Time: 2 o am/pm Date: 7-15-09
Origin of Trip: Fair Mont Hotel
Destination: DCA
Fare: $ 7.00 Cash Sign:
[illegible]

TAXICAB RECEIPT

Time: 4:30p
Date: 7-15-09
Origin of trip: DCA
Destination: Fairmont Hotel
Fare: $7.00 Cash Sign:

2009-09-01 15:08 FAX

TAXICAB RECEIPT

Time: 5:30P
Date: 7/15/09

Origin of trip: Fairmont Hotel

Destination: Airport

Fare: $75.00 Signature: [illegible]

[illegible]
[illegible]
[illegible]

Booth #: 07/15/09 [illegible]
Cashier #:
Receipt [illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

Total: $[illegible]

Payment Received
Sale [illegible]
VISA $[illegible]
(b) (6)
[illegible]
[illegible]
Type: Swiped

Sub Total: $[illegible]

All Amounts in USD.
Delivery/Receipt Date:

Signature

Airport to DOT visit

July 10, 2009

Carlson Wagonlit Travel SatoTravel

For: VALERIE REDHORSE MOHL GDOIOS

To: NGMSDOI
ETKT 10JUL/**INVITATIONAL**

Sales Person: 77
Locator: MXHRYP
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday July 14, 2009

United Airlines — Flight Number: 44
Class of Service:Coach Class V
Depart: LOS ANGELES,CA — 10:22 Pm July 14, 2009
Arrive: WASHINGTON/DULLES — 6:16 Am July 15, 2009
Total Flight Time: — 4 Hours 54 Minutes Non-Stop
Equipment: Boeing 767
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: S2HL2C
Reserved Seat: REDHORSE MOHL/VALERIE 40E
DEP-TERMINAL 7
STAR ALLIANCE

Wednesday July 15, 2009

United Airlines — Flight Number: 925
Class of Service:Coach Class V
Depart: WASHINGTON/DULLES — 9:57 Pm July 15, 2009
Arrive: LOS ANGELES,CA — 12:23 Am July 16, 2009
Total Flight Time: — 5 Hours 26 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: S2HL2C
Reserved Seat: REDHORSE MOHL/VALERIE 22E
ARR-TERMINAL 7
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
REDHORSE MOHL VALERIE	4885/0167881380151	333.02USD	24.93US	7.20ZP	14.00XT	379.20
REDHORSE MOHL VALERIE	4885/8900501157531	28.25				28.25
					Total Amount:	407.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU. INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//10JUL
LODGING DECLINED//10JUL

2009-09-01 15:09 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

a. NAME (Last, first, middle initial)
Mohl, Valerie Red-Horse

b. SOCIAL SECURITY NO.
911000195
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

5. PERIOD OF TRAVEL
a. FROM 06-25-2009
b. TO 06-27-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Mohl
b. DATE(S) 06-24-2009

NO card

e. PRESENT DUTY STATION
Huntington Beach, CA

f. RESIDENCE (City and State)
(b) (6)

10. CHECK NO.

11. PAID BY

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

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE
RECEIVED AUG 31 2009

TDT 0

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)	TO (f)
See attached eticket 266.80	AA	Economy	06-24-2009	El Paso, TX	Washington, DC
See attached eticket 484.70	UA	Economy	06-24-2009	Washington, DC	Los Angeles, CA
Ticket agent fee 26.25					

Invitational travel. Traveler interviewed for a job at DOI. Air fare purchased with corporate card. Traveler was in travel status on personal business in Mescalaro, NM, when travel commenced.

AUG 26 2009

211 0305 0
211 I 820
211 I 303

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 ▶ Valerie Red-Horse Mohl DATE

AMOUNT CLAIMED ▶ $ 417.31

NOTE: Falsification of an item in an expense account works a forfeiture of claim (26 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; id. 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 ▶ Kenneth Stern DATE 8-19-09

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 ▶ $ 417.31

9/2/9

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

16. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

576.77
.....*

..0..

15.00+
60.00+
11.95+
7.00+
9.00+
9.00-
..0..

..0..

60.00+
7.00+
16.00+
30.31+
30.31-
..0..

15.00+
7.00+
60.00+
30.31+
30.31-
30.31+
112.31*

..0..

48.00+
48.00+
209.00+
305.00*

305.00+
82.00+
30.31+
417.31*

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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, tips, and only 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Mohl

TRAVELER'S LAST NAME

Mohl

2009 (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: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/25	1:00 pm	Depart Moscalero, NM											
	4:40 pm	Depart El Paso, TX											
08/26	12:45 am	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging Tax											38.31
		Taxi DCA/Lodging											15.00
08/28		Taxi DOH/Lodging											7.00
		Taxi DOH/AD											10.00
9/2	6:00 pm	Depart Washington, DC											
	8:00 pm	Arrive Los Angeles, CA					48.00		48.00			48.00	
										SUBTOTALS ▶	$305.00	$112.31	
										TOTALS ▶	$305.00	$112.31	

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

Enter grand total of columns (l), (m) and (n), below and on item 19 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $417.31

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 Regulation (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(c) 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.

2009-09-01 15:12 FAX

DOI mtg trip

Capital Hilton

1001 16th Street · Washington, DC 20036
Phone (202) 393-1000 · Fax (202) 639-4766
Reservations:
www.capitalhilton.com or 1 800 HILTONS

Name & Address

RED-HORSE, VALERIE
(b) (6)

Room 547/02J
Arrival Date 8/25/2009 1:38:00AM
Departure Date 8/26/2009
Adult/Child 1/0
Room Rate 201.00

Folio

RATE PLAN I-GV

PH# (b) (6)
AL CO #EV167398
BONUS AL CAR

CONFIRMATION NUMBER : 3350368709

8/28/2009 PAGE 1

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
8/25/2009	GUEST ROOM	NYOA	4282729	$209.00		
8/25/2009	ROOM TAX	NYDA	4282729	$30.01		
8/26/2009	ROOM SERVICE	LINEN	4252940	$35.91		
8/25/2009	HIGH-SPEED INTERNET ACCESS	LINEN	4252972	$12.95		
8/26/2009	VS (b) (6)	NOOR	4283052		$288.17	$99.60
	BALANCE					

Welcome Rewards members earn Points & Miles and Points only for stays within 500 miles with Continental Airlines for this stay. To check your earnings for this stay or any other stay activity of more than 1000

Thank you for choosing Hilton. Book your next stay at hilton.com to take advantage of our Internet-only Advance Purchase Rates and Internet-only special offers!

275.22
Redhorse
Chart

ACCOUNT NO.
VS (b) (6)

DATE OF DEPARTURE 8/26/2009 FOLIO NO./CHECK NO. 0878800 A

CARD MEMBER NAME
RED-HORSE, VALERIE

AUTHORIZATION 143836 INITIAL

ESTABLISHMENT NO. & LOCATION

FOR HILTON USE & RESERVED

BANK

MBS & SBA

TOTAL AMOUNT

THANK YOU FOR STAYING WITH US AT THE CAPITAL HILTON.

PAYER SIGNATURE

TAXICAB RECEIPT

Time: 1:00 pm
Date: 6/26/09 (instead of 6/25/09)
Origin of trip: Washington DCA airport
Destination: Hilton Capital hotel
Fare: $15.00 Sign:
Cash

TAXICAB RECEIPT

Time: 3pm EST
Date: 6-26-09
Origin of trip: DOI/Hotel (Hilton Capital)
Destination: Dulles
Fare: $100.00 Sign: Cash

Dinner DOI trip

UNITED

06/26/2009
Receipt #: 0148
Transaction:

Sale

Product	Price	Qty	Amt
Snack	9.00	1	9.00
Total	USD		9.00
VISA	USD		9.00

TOTAL $ 5.75
$7.00 Cash

Lunch DOI trip

Tidewater Landing
Located In
Concourse C
Dulles
International
Date: Jun26'09
Card Type: Visa
Acct #: (b) (6) [redacted]
Exp Date:
Auth Code:
Check:
Check ID: 8
Server:

Tip:

Total: 11.45

I agree to pay above total
according to my card issuer
agreement.

* * * * Merchant Copy * * * *

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1120
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1946

TRAVEL AUTHORIZATION

1. No. Mohl1
2. 06/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Valerie Red-Horse Mohl
5. OFFICIAL STATION Los Angeles, CA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Mescalero, NM
9. TO: Washington, DC and Los Angeles, CA

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler is interviewing for a job at the Department of the Interior

Traveler will be in travel status on personal business in Mescalero, NM, when the invitational travel commences

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 06/25/09 Ending on or about 06/27/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. X Privately owned
    - (a) X Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. X Other *(specify)*
    Taxi fare, baggage
19. Shipment household goods and personal effects

ESTIMATED COST	
20. Transportation	$ 840.00
21. Per Diem	100.00
22. Other	350.00
23. TOTAL	$ 1290.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (PERSONNEL OFFICIAL'S SIGNATURE)

26. _____ (TRAVELER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Thursday June 25, 2009

Other Service
Jun 25, 2009 - Jun 25, 2009
Departure City: WASHINGTON/NATL,DC
HOTEL GUARANTEED CANCEL BY 4PM ON DATE OF ARRIVAL TO AVOID
BILLING

Friday June 26, 2009

United Airlines — Flight Number: 925
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES — 9:57 Pm June 26, 2009
Arrive: LOS ANGELES,CA — 12:23 Am June 27, 2009
Total Flight Time: — 5 Hours 26 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: XLBR7Q
ARR-TERMINAL 7
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
REDHORSE MOHL VALERIE	4794/0167681380063	238.14	23.46			266.60
REDHORSE MOHL VALERIE	4794/8900500556512	28.25				28.25
REDHORSE MOHL VALERIE	4793/0017681380062	432.65USD	32.45US	7.20ZP	12.50XT	484.70
					Total Amount:	779.55

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-696-2554
CAR DECLINED/A//23JUN

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS 910000093

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

CLAIMANT

4. a. NAME (Last, first, middle initial): 800013942 S2255 Montoya, Jordan R.

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: (202)208-7651

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
02/11	A	Ford's Theatre	MIB			8 00		
04/04	A	Foggy Bottom Metro	Westin Hotel			8 00		
03/26	A	MIB	L'Enfant Plaza hotel			9 00		
03/26	A	L'Enfant plaza Hotel	MIB			9 00		
04/23	A	Residence, DC	Georgetown Conf. Center			5 00		
04/23	A	Georgetown Conf. Center	MIB			14 00		
03/26	A	MIB	Tidal Basin [redacted]			7 25		
03/26	A	Tidal Basin	MIB			7 25		

Show appropriate code in col. (b): A-Local travel; B-Telephone or telegraph, or C-Other Expenses (itemized)

(Explain expenditures in specific detail)

5/19/9 211 - 8750 Acct

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 67 50

7. AMOUNT CLAIMED (Total of cols. (f) (g) and (i).) ▶ $ 67.50

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Penne Stone DATE 5/14/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me

Sign Original Only

CLAIMANT SIGN HERE ▶ Jordan Montoya DATE 5/13/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009-1000-DDD01-68 Advance Staff for the SECY'S Events

Monteys

Taxi's to events

(1)

TAXICAB RECEIPT

Time: 11:00 a.m.
Date: 2-11-09

Origin of trip: Ford Theatre Event

Destination: DOI

Fare: $8 Sign:

TAXICAB RECEIPT

Time: 7:00 pm
Date: March 4 2009

Origin of trip: Peggy Batten to

Destination: Westin Hotel 1400 M Street

Fare: $8.00 Sign:

TAXICAB RECEIPT

Time: 1:30 pm
Date: March 26, 2009

Origin of trip: DOI

Destination: L'Enfant Plaza Hotel

Fare: 9 Sign:

TAXICAB RECEIPT

Time: 3:00 p.m
Date: March [illegible], 200

Origin of trip: L'Enfant Plaza Hotel

Destination: DOI

Fare: 9 Sign:

Jan 26th Monday

Taxi to Events

Residence → Georgetown Conference Center

DC TRIP / CAPPED
INDEPENDENT
CAB # 115
04/25/09 TR 0444
START END MILES
08:58 09:05 0.9
FARE FOR EA RATE
RATE 1: $ 5.00
EXTRA: $ 0.00
TOTAL: $ 5.00
THANKS
DC TAXICAB COMM
TEL 202 645-6018

Georgetown Conference Center

.01

TAXICAB RECEIPT

Time: 11:45 a.m
Date: 3-26-09

Origin of trip: DCI

Destination: Tidal Basin

Fare: $7.25 Sign: [signature]

DC TRIP / CAPPED
S. SERHON 1220
HACK ID # 54841
03/26/09 TR 3771
START END MILES
09:32 09:40 1.2
FARE FOR EA RATE
RATE 1: $ 5.75
EXTRA: $ 1.50
TOTAL: $ 7.25
THANKS
DC TAXICAB COMM
TEL 202 345-0018

DCI → Tidal

Cherry Blossom Press Conference @ Tidal Basin

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000095 Marjorie Mulhall
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: New York, NY
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 03-12-2009 b. TO 03-12-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Mulhall b. DATE(S) 03-11-2009

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

10. CHECK NO.

11. PAID BY: TDT

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
0017401702522	815.20	AA	Economy	03-11-2009	New York, NY	Washington, DC and return
8908140616855	28.25				ticket agent fee

Invitational travel. Corporate card used to purchase airline ticket. No per diem; official business accomplished in less than 12 hours.

5/19/09 ACH

MAY 14 2009

211 4273

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 5/8/09 AMOUNT CLAIMED ▶ $ 42.73

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; id. 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 ▶ [signature] DATE 5/12/09

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 ▶ $ 42.73

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/12/09

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Mulhall

TRAVELER'S LAST NAME

Mulhall

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/12	7:00 a.m	Depart Residence Taxi Fare											24.73
	8:25 a.m	Depart New York, NY											
	9:50 a.m.	Arrive Washington, DC											
		Taxi Airport/DOI											18.00
	6:00 p.m.	Depart Washington, DC											
	7:38 p.m.	Arrive New York, NY											
		SUBTOTALS ▶											$42.73
		TOTALS ▶											$42.73

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

In compliance with the Privacy Ac... Solicitation of the information on ... implemented by the Federal Trav... 22, 1971, F.O. 11012 of March 2... U.S.C. 6011(b) and 6109. The p... determine payment or reimburs... and/or relocation expenses incu... and to record and maintain co... The information will be used t... information in the personnel... disclosed to appropriate Fede... ...ns of prosecutions, or when pursuant to a requirement by this agency with the hiring or firing of an employee, the issuance of a security or investigations of the performance of official duty while in service. Your Social Security Account Number (SSN) is solicited ...thority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) ...397, November 22, 1943 for use as a tax payer and/or employee ...n number; disclosure is MANDATORY on vouchers claiming travel ...claim allowance expense reimbursement which is, or may be taxable ...disclosure of your SSN and other requested information is voluntary in ...instances; however failure to provide the information (other than SSN) ...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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $42.73

...tronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

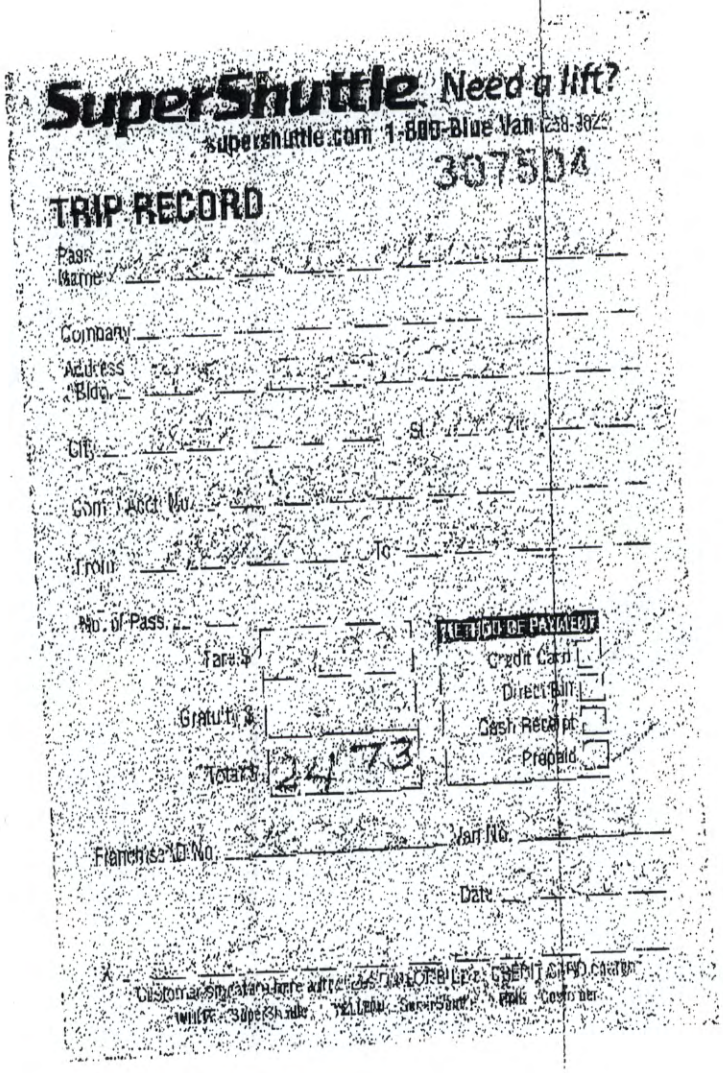
··0··

24·73+
183·00+

··0··

··0··

24·73+
18·00+
42·73 *



SuperShuttle Need a lift?
supershuttle.com 1-800-Blue Van (258-3826)

307504

TRIP RECORD

Pass. Name

Company

Address Bldg.

City St. Zip

Com'l Acct. No.

From To

No. of Pass.

Fare $

Gratuity $

Total $ 24.73

METHOD OF PAYMENT
Credit Card
Direct Bill
Cash Receipt
Prepaid

Franchise ID No. Van No.

Date

X Customer Signature (I agree to pay the above CREDIT CARD charge)
WHITE - SuperShuttle YELLOW - Supervisor PINK - Customer

TAXICAB RECEIPT

Time: 3:10:09 PM
Date: 11/30/09

Origin of trip: National Airport

Destination: Department of the Interior

Fare: $15 + $3 tip = $18 Sign:

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1945

TRAVEL AUTHORIZATION

1. No. Mulhall
2. 3/11/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Marjorie A. Mulhall 5. OFFICIAL STATION New York, NY

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: New York, NY
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel.

11. PER DIEM ALLOWANCE:

In accordance with Federal Travel Regulations.

12. PERIOD OF TRAVEL: Beginning on or about 03/12/2009 Ending on or about 03/12/2009

MODE OF TRAVEL

13. ☒ Common carrier 14. Extra fare 15. Government-owned conveyance
16. ☒ Privately owned at a mileage rate of cents, subject to:
- (a) ☒ Administratively determined to be the advantage of the Government
- (b) A showing of advantage to the Government
- (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ☒ Other (specify)
Taxi fare to/from airport.
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	850.00
21. Per Diem		48.00
22. Other		50.00
23. TOTAL	$	948.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (BUREAU OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

March 11, 2009

Carlson Wagonlit Travel SatoTravel

For: MARJORIE MULHALL GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: LYUJIK
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday March 12, 2009

American Airlines — Flight Number: 4749
Class of Service:Coach Class Y
Depart: NEW YORK/KENNEDY — 8:25 Am March 12, 2009
Arrive: WASHINGTON/NATL,DC — 9:50 Am March 12, 2009
Total Flight Time: — 1 Hour 25 Minutes Non-Stop
Equipment: ER3
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LYUJIK
DEP-TERMINAL 8 ARR-TERMINAL B
OPERATED BY AMERICAN EAGLE
ONEWORLD

Thursday March 12, 2009

Delta Airlines — Flight Number: 6786
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:00 Pm March 12, 2009
Arrive: NEW YORK/KENNEDY — 7:39 Pm March 12, 2009
Total Flight Time: — 1 Hour 39 Minutes Non-Stop
Equipment: CR9
Meal Service: None
Status: Confirmed — Confirmation Number: DXUC5C
Reserved Seat: MULHALL/MARJORIE 8B
DEP-TERMINAL B ARR-TERMINAL 3
*DCA-JFK OPERATED BY COMAIR INC

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MULHALL MARJORIE	4313/0017401702522	738.60USD	55.40US	7.20ZP	14.00XT	815.20
MULHALL MARJORIE	4313/8908140616955	28.25				28.25
					Total Amount:	843.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916

Check In: Apr 16, 2009
Check Out: Apr 17, 2009
Confirmation Number: 85239079
Cancellation Policy: Cancel by 4PM

Friday April 17, 2009

United Airlines — Flight Number: 291
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES — 6:41 Pm April 17, 2009
Arrive: SACRAMENTO, CA — 9:25 Pm April 17, 2009
Total Flight Time: — 5 Hours 44 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: V8QVB0
Reserved Seat: BRANDT/ALF W 23C
ARR-TERMINAL B
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BRANDT ALF W	4460/0167401702670	549.76USD	41.24US	10.80ZP	21.00XT	622.80
BRANDT ALF W	4460/8908144782827	28.25				28.25
					Total Amount:	651.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2564
CAR DECLINED/A//15APR
LODGING DECLINED//15APR

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

6. a. Name (Last, first, middle initial): 910000079 Kemkar, Neal

b. SOCIAL SECURITY NO.: (b) (6)redacted

6. PERIOD OF TRAVEL: a. FROM 04-10-2009 b. TO 04-10-2009

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240

d. OFFICE TELEPHONE NO

7. TRAVEL AUTHORIZATION: a. NUMBER(S) KemkarRel b. DATE(S) 03-27-2009

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6)redacted

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 shown 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)
See attached invoice	179.00	Amtrak		04-08-2009	New York, NY	Washington, DC
ticket agent fee	28.25					

Travel time less thatn 12 hours. No per diem.

Train fare purchased with corporate card.

MAY 4 2009

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 4/29/09 AMOUNT CLAIMED ▶ $ 00.00

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 ▶ [signature] DATE 4/30/09

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 ▶ $ 00.00

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 ▶ DATE

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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, tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to railboys, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

KemkarRel

TRAVELER'S LAST NAME

Kemkar

2009 (a)	TIME (Hour and min/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
4/10	4:00 pm	Depart New York, NY											
	6:51 pm	Arrive Washington, DC											

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

SUBTOTALS ▶

TOTALS ▶

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

TOTAL AMOUNT CLAIMED ▶

In accordance 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 Regulation (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 [illegible] investigations or prosecutions, or when pursuant to requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or the 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 taxpayer 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 for 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.

April 8, 2009

Carlson Wagonlit Travel SatoTravel.

For: NEAL KEMKAR GDOIOS

To: NGMSDOI
NN CORP CARD APPROVAL.

Sales Person: KS
Locator: CBWPYQ
Customer Number: (b) (6)

THE TOTAL COST OF YOUR AMTRAK TICKET ON 08APR IS 179.00
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Friday April 10, 2009

Amtrak Train Number: 2165
Depart: NEW YORK - PENN STATION 4:00 Pm
Arrive: WASHINGTON - UNION STATION 6:51 Pm
AMTRAK 001EB BSNSS
Confirmation Number: 07EBF1

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
KEMKAR NEAL	4397/5547401702605	179.00				179.00
KEMKAR NEAL	4397/8908144782786	28.25				28.25
					Total Amount:	207.25

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8816
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/08APR
LODGING DECLINED/KS/08APR

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 6, 1949

New Appointee
TRAVEL AUTHORIZATION

1. No. KemkarRel
2. 03/27/09 (DATE)
3. Office of the Secretary (Bureau or Office)

4. NAME Neelesh Kemkar
5. OFFICIAL STATION Washington, DC
6. TITLE Special Assistant
7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations

PLACES OF TRAVEL

8. FROM: New York, NY
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from New York, NY , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 03/27/09

11. PER DIEM ALLOWANCE:

No per diem will be allowed for Enroute travel, as travel will be less than 12 hours. Taxi is authorized for travel to and from the airport. Employee is authorized Self-Shipment U-Haul and Self-Shipment POV as well as a GBL move, however the reimbursement is limited to the actual cost incurred, not to exceed what the Government would have incurred under the commuted rate system.

12. PERIOD OF TRAVEL: Beginning on or about: **April 10, 2009** Ending on or about: **April 10, 2011**

MODE OF TRAVEL

13. ☐ Common carrier
14. ☐ Extra Fare
15. ☐ Government-owned conveyance
16. ☐ Privately owned: at a mileage rate of: cents subject to:
   (a) ☒ Administratively determined to be to the advantage of the Government
   (b) ☒ A showing of advantage to the Government
   (c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90days
18. ☒ Other (Specify)
   ☐ House Hunting
   ☒ Enroute Airfare, 0 days of M&IE 3 nights of lodging
   ☐ Miscellaneous
   ☐ Temporary Quarters
   ☒ Shipment of POV Self-Shipment
   ☐ Real Estate Expenses
   ☒ Non GBL / Self-shipment U-Haul
   ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$	272.00
21.	Per Diem	$	0.00
22.	Other	$	19,623.12
23.	TOTAL	$	19,895.12

24. CHARGED TO: 2009 1000 DDD01 68
25. 3/30/09 (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

U.S. DEPARTMENT OF THE INTERIOR

NATIONAL BUSINESS CENTER

Office of the Secretary

Computation Form for Employee Estimate of Total Relocation Costs and Travel Advances

Name of Employee: **Neelesh Kemkar**

Travel Authorization #:

Object Class		Estimate of Costs to be Completed by NBC	Employee Advance Request	Taxable
213C	Enroute - Airfare 122.00 One way travel	$122.00		
213D	M&E en route CONUS @ Rate = Employee 0 days @ 39.00 = 0.00 Spouse days @ 29.25 = N-A Unaccompanied spouse days @ 39.00 = N-A Dependent >12 X X days @ 29.25 = N-A Dependent <12 X X days @ 19.50 = N-A	$0.00 New Appointee - Family not authorized M&E expenses		$0.00
213D	Lodging en route CONUS @ Rate = Employee 0 days @ 70.00 = 0.00 Spouse days @ 52.50 = N-A Unaccompanied spouse days @ 70.00 = N-A Dependent >12 X X days @ 52.50 = N-A Dependent <12 X X days @ 35.00 = N-A	$0.00 New Appointee - Family not authorized lodging expenses		
213P	Transportation en route 1st POV miles @ = 0.00 2nd POV miles @ = 0.00 Taxable Mileage: 27 miles @ = 0.00 Tax $150.00 Parking	$150.00		$0.00
213W	Transportation / Househunting POV miles @ = N-A Rental Car + Gas Airfare: Taxi Parking	New Appointee		N-A
213V	Perdiem / Househunting Locality Rate @ Rate = Employee days @ 0.00 = N-A Spouse days @ 0.00 = N-A Unaccompanied spouse days @ 0.00 = 0.00 H/H Fixed Rate (Locality Rate) Employee and Spouse @ 6.25 = N-A Employee or spouse only @ 5 = N-A	New Appointee		N-A
1212	Temporary Quarters Allowance Employee days @ 109.00 = N-A Spouse days @ 81.75 = N-A Unaccompanied spouse days @ 109.00 = N-A Dependent >12 X X days @ 81.75 = N-A Dependent <12 X X days @ 54.50 = N-A 2nd 30 days TQ T.Q. Fixed Rate (Locality Rate) Employee .75 days @ = N-A Family (if) @ .25 days @ = N-A	New Appointee		N-A
1216	Miscellaneous Allowance N-A Employee without immediate family N-A Employee with immediate family N-A Claim actual expenses	New Appointee		N-A
224F	Shipment of Household Goods 18,000 lbs/GUL 5,909.92	$5,909.92		
224F	U-Haul 5,000.00	$5,000.00		
224F	Temporary Storage of Household Goods 30 Days = 5,221.20 Allowed a total of 90 days for storage Storage over 30 days (taxable) 2,592.00	$7,813.20		$2,592.00
224L	Shipment of POV - Government Bill of Lading (GBL) 900.00	$900.00		
1213	Real Estate N-A Sale 7% NTE 10% N-A Purchase 3% NTE 5% Un-expired lease or lease break	New Appointee		N-A
1215	Relocation Income Tax Allowance (RITA) 33.33333333% of subtotal of column C	New Appointee		Subtotal $2,592.00
	TOTAL Total Estimated Costs: (amount obligated) Total Advance Requested	$19,895.12	$0.00	

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
Department of the Interior
Office of the Secretary
91000184

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
Kemkar, Nealesh (Neal) A.

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 08-22-2009
b. TO 08-24-2009

c. MAILING ADDRESS (Include ZIP Code)
Direct Deposit

d. OFFICE TELEPHONE NO.
202-208-5379

7. TRAVEL AUTHORIZATION
a. NUMBER(S) KEMKAR1
b. DATE(S)

e. PRESENT DUTY STATION
Washington, DC

f. RESIDENCE (City and State)
(b) (6)

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

10. CHECK NO.

11. PAID BY

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
POV			AUG 10 2009	Washington, DC NCTC- Shepherdstown, WV	Shepherdstown, WV -NCTC) Washington DC

Attended BLM R.O.W. Project Managers Cont. at BLM's request & expense.

2110 2400
2110 8:40

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

AMOUNT CLAIMED ▶ $ 113.80

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; Id. 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 ▶ [signature] DATE 7-29-09

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 ▶ $ 113.80

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

18. ACCOUNTING CLASSIFICATION
L51020000 ER0000 LLW03500000 LVMCLATEW000

APPROVED: 2009 1006 DDR0 LM00000 86
Renee Stone, Deputy Chief of Staff

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

8/12/09

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, 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 2 OF PAGES

TRAVEL AUTHORIZATION NO. KEMKAR1

TRAVELER'S LAST NAME KEMKAR

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/22		POV from Washington, DC to Shepherdstown, WV-NCTC								78	42.90		
6/22		Lodging & meals (GOVCC)						121.00	121.00			12.00	
6/23		Lodging & meals (GOVCC)						121.00	121.00			3.00	
6/24		POV from Shepherdstown, WV-NCTC to Washington, DC								78	42.90	13.00	
										SUBTOTALS ▶	$85.80	28.00	
										TOTALS ▶	$85.80	28.00	

84.44 12.3 13 28.20

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $113.80

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 Regulation (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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
(FORM NO. DI-1037)
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. KEMKAR 1
2. _____ (DATE)
3. Immediate Office of the Secretary/BLM (BUREAU OR OFFICE)
4. NAME Neal Kemkar
5. OFFICIAL STATION Washington DC / MLB
6. TITLE Special Assistant.
7. ACCOUNTING OFFICE Denver, CO

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington DC
9. TO: Shepherdstown, WV, and Return to Washington DC.

10. PURPOSE AND REMARKS:

Attend BLM Annual R.O.W. project managers conference at BLM request.

Retroactive travel approval

11. PER DIEM ALLOWANCE:

PER DIEM ALLOWANCE IS AUTHORIZED IN ACCORDANCE W/FEDERAL TRAVEL REGULATIONS AS ISSUED BY GSA AND PUBLISHED IN THE FEDERAL REGISTER.

12. PERIOD OF TRAVEL: Beginning on or about 6/22/09 Ending on or about 6/24/09

MODE OF TRAVEL

13. ☐ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☒ Privately owned at a mileage rate of .55 cents, subject to:
    (a) ☒ Administratively determined to be the advantage of the Government
    (b) ☐ A showing of advantage to the Government
    (c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other (specify)
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation _____ $ _____
21. Per Diem _____ _____
22. Other _____ _____
23. TOTAL _____ $ _____
24. CHARGED TO:

LS1020000 ER0000 LLW03500000
LVMCLATEW000

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Special Assistant (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. ~~Counselor~~ to the Secretary (TITLE)

RENEE STONE, DEPUTY CHIEF OF STAFF

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THE NATIONAL
CONSERVATION
TRAINING CENTER

Neal Kemkar
1849 C St., NW
Washington DC 20052
US

Room No.	7558
Arrival	06-22-09
Departure	06-24-09
Folio No.	5134
Cashier No.	1003
Page No.	1 of 1

Group Code:	0906CSP317
Group	BLM WO350 4th Annual Project
Rate Code	MNFGOV

Date	Description	Charges	Credits
06-22-09	Lodging and Meals	121.00	
06-23-09	Lodging and Meals	121.00	
06-23-09	Mastercard (b) (6) [redacted]		242.00

Total Charges	**242.00**
Total Credits	**242.00**
Balance	**0.00**
	USD

Signature:

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

Department of th[illegible]terior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
224	BS	1

Batch Totals

Input Date	Number of Documents
8/12/09	2

113•80+
28•25+
142•05 *

••0••

System Checked By: RD **Date** 8/12/09

Batch Approval

Approved By: _____

Date Approved: _____

8-18-9

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: PADILLA 0901

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 91009153 Padilla, Joan
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): DOI Washington, DC
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 06-16-2009 b. TO 06-17-2009

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

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

10. CHECK NO.

11. PAID BY: TOT

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

JUL -7 2009

2110146

See attached sheet

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 7/6/09

AMOUNT CLAIMED ▶ $ 146.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (26 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, id. 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 ▶ [signature] DATE 7-6-09

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) $

NET TO TRAVELER ▶ $ 146.00

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 ▶ DATE

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD01-68

7/7/09

1012-116

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NSN 7540-00-634-4150

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

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellhops, 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 rates, 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, airfare if purchased with cash!, cost of long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO.

Marsters 0901

TRAVELER'S LAST NAME

Marsters

TIME (Hour and amount) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (e)	LUNCH (g)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
	Lodging/per diem					12.00	121.00	133.00			133.00	
	per diem					13.00		13.00			13.00	

Actual lodging NTE 300% as authorized. Approved _____, signing official. Lodging and meals together on the hotel invoice.

Traveler rode with other staff in a government car to the event. Traveler used personal credit card for lodging and meals. Traveler did not have a government charge card at the time of travel.

THE NATIONAL CONSERVATION TRAINING CENTER

Joan Padilla
(b) (6) [redacted]

Room No.	7563
Arrival	06-16-09
Departure	06-17-09
Folio No.	4841
Cashier No.	1001
Page No.	1 of 1

Group Code	0906EAGLEH
Group	Eagle Horizon 2009
Rate Code	MNFGOV

Date	Description	Charges	Credits
06-16-09	Lodging and Meals	121.00	
06-16-09	Visa (b) (6) [redacted]		121.00
	Total Charges	**121.00**	
	Total Credits		**121.00**
	Balance		**0.00**
			USD

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 | Fax: (304)876-7218 | training.fws.gov
CERTIFIED TRUE COPY: USFWSNCTC ARAMARK Shepherdstown, WV Thursday June 18 2009 3:36 PM

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. PADILLA0801
2. 06-15-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Joan Padilla

5. OFFICIAL STATION Washington, DC

6. TITLE Director Scheduling/Advance

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Such places in the contigous US, AK, HI, PR, and US Territories as may be necessary, and return. Accomplish & missions. Off. business
Attend ~~Interagency~~ DOI Meeting - Shepherdstown, WV

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM S, and are fully documented and approved via form DI-2000.
Advance for the SECY -Speaker/Presenter at Conference, Summits, ect.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

*****Subject to Availablity of Funds*******

12. PERIOD OF TRAVEL: Beginning on or about 06-16-2009 Ending on or about 06-17-2009

MODE OF TRAVEL

13. ☒ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☒ Privately owned at a mileage rate of cents, subject to:
   (a) ☒ Administratively determined to be the advantage of the Government
   (b) ☐ A showing of advantage to the Government
   (c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	
21. Per Diem		160.00
22. Other		
23. TOTAL	$	160.00

24. CHARGED TO:
2009-1000 DDD01 68

25. _____ (FINAL OFFICER'S SIGNATURE)

26. Joan Padilla (REQUESTER'S SIGNATURE)

27. Joan Padilla, Dir of Scheduling/Advance (TITLE)

28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Renee Stone, Depy COS (TITLE)

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SHEPHERDSTOWN, WV

RON: National Training Center

6/16/09

- Depart Washington for Shepherdstown, WV
- Arrive Shepherdstown, WV
- Check into Hotel

6/17/09

- Participated in COOP training
- Depart Shepherdstown, WV for Washington, DC

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 10008810

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Prukop, Joanna
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION:
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 03-26-2009 b. TO 03-28-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Prukop1 b. DATE(S) 03-24-2009

New

ACH 4/30/9

Pcard 4/29/9

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

10. CHECK NO.

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)
736.74	AA	Economy	03-24-2009	Albuquerque, NM	Washington, DC and return
28.25				Ticket fee	

0017401702544
8908140818978

APR 23 2009

2MO.346.00
211C-206.10
211I 43.00
211T 93.00

Invitational travel. Corporate card used to purchase air fare. Due to inclement weather, DCA to Dallas flight was delayed, requiring overnight stay in Dallas. Next available flight to Albuquerque was not until Sunday, 3/29, so traveler purchased airline ticket on 3/28 from Dallas Love Field to Albuquerque and took cab across town to catch flight.

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 ▶ Joanna Prukop DATE 04-16-09 AMOUNT CLAIMED ▶ $ 688.76

NOTE: Falsification of an item in an expense account works a forfeiture of claim (31 U.S.C. 3514) 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, id. 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 ▶ Renee Stone DATE 4/23/09

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 ▶ $ 688.76

16. 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

18. ACCOUNTING CLASSIFICATION
2009 1000 DD001 68

5/5/09

```
..0..

30.31+
13.35+
43.66 *

..0..

206.10+
 93.00+
 43.66+
342.76 *

..0..

 48.00+
 36.75+
 84.75 *

 84.75+
209.00+
 89.00+
382.75 *

382.75+
342.76+
688.76-
..0..

382.75+
 36.75-
..0..

 34.63+
..0..

..0..

..0..

..0..

346.00+
206.10+
 43.66+
 93.00+
688.76 *

..0..
```

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

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

(k): Complete for per diem and actual expense travel.

(l): 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. (l) 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

Prukop1

TRAVELER'S LAST NAME

Prukop

2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	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)
3/26	12:05 pm	Depart Albuquerque, NM											
	2:45 pm	Arrive Washington, DC					48 00	209.00	257.00			257.00	
		Taxi - Airport/Lodging											18.00 T
		Hotel Tax											30.31 I
		Taxi - Lodging/DOI											14.00 T
		Taxi - DOI/DCA											16.00 T
3/27	2:30 pm	Depart DCA											
	12:30 am	Arrive Dallas					46	89.00	89.00			89.00	
3.28		Hotel tax											13.35 I
		Airline ticket											206.10 T
		Taxi - Lodging/Airport											45.00 T
	10:45 am	Depart Dallas											
								SUBTOTALS ▶				$346.00	$342.76
								TOTALS ▶				$346.00	$342.76

209/64

115/64

46

298

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 Regulation (FTR) or FTR 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 (25 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 circumstances; 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), above and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $688.76

T 9300
43.66
206.10
342.76

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, 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO. Prukop1

TRAVELER'S LAST NAME Prukop

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
	11:35 am	Arrive Albuquerque NM					36.75		36.75			36.75	
										SUBTOTALS ▶		$36.75	
										TOTALS ▶		$382.75	$342.76

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

SB 133.75 298
SB 431.75
Under 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 Regulation (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 ▶ **$725.51**

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

3
8475

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Prukop1
2. 03/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joanna Prukop

5. OFFICIAL STATION Albuquerque, NM

6. TITLE Invitational

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with Federal Travel Regulations as published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 03/25/09 Ending on or about 03/27/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	885.00
21. Per Diem		100.00
22. Other		50.00
23. TOTAL	$	915.00

24. CHARGED TO:
2009 1000 CDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Rebecca Harg (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, D.C. 20240

To: National Business Center
Financial Management and Business Directorate

From: Renee Stone
Deputy Chief of Staff

Subject: Approval for air fare purchase with credit card in an amount exceeding $100

This memorandum serves as an addendum to the attached travel voucher for Joanna Prukop. Ms. Prukop was asked to travel to Washington, DC, to interview for a position with the Department of the Interior. Due to significant weather delays, Ms. Prukop used her personal credit card to purchase air fare from Dallas to Albuquerque for $206.10. By signing this memo, I approve Ms. Prukop's purchase of this air fare with a credit card. The attached voucher will reimburse Ms. Prukop for this expense.

Attachment

approval

the westin grand, washington dc
2350 m street n.w. washington, dc 20037
phone 202.429.0100 fax 202.857.0127
westin.com/washingtondc

guest

MS Joanna Prukop
Sato Travel/tmc
(b) (6)

room	211	
rate	209.00	
no. pers.	1	
folio	272668	EX-A
page	1	
arrive	26-MAR-09	20:53
depart	27-MAR-09	
payment	DI	

travel agent/charge to
Carlson Wagonlit Travel
1849 C St NW

Washington, DC 20240-000

Date	Reference	Description	Charges/Credits	
26-MAR-09	RT211	Room Tax		30.31
26-MAR-09	3045	> M Street Grill/Cafe On M		45.50 <
27-MAR-09	DI	Discover Network	284.21-	
		Balance Due	0.00	

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
26-MAR-09	239.31	45.50	0.00	0.00	284.81	0.00
Total	239.31	45.50	0.00	0.00	284.81	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

Signature _____

As a Starwood Preferred Guest you have earned at least 509 Starpoints for this visit A510I8917703

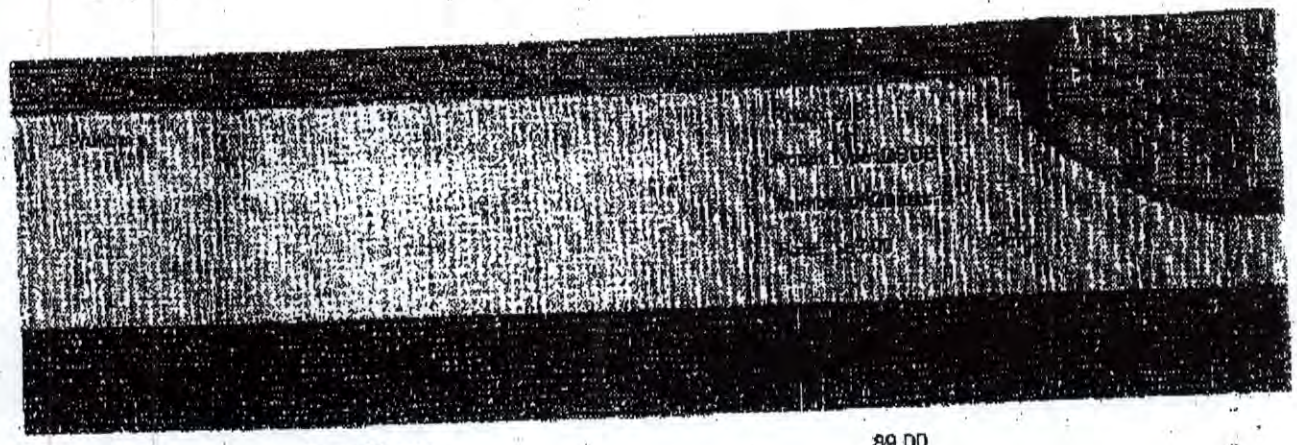
MS Joanna Prukop
FOLIO 272668 26-MAR-09

WESTIN
HOTELS & RESORTS

COURTYARD Marriott

Courtyard by Marriott
Dallas DFW Airport North
Irving

4949 Regent Blvd
Irving Tx. 75063
T 972.929.4004



27Mar09	Room Charge	89.00	
27Mar09	State Occupancy Tax	5.34	
27Mar09	City Tax	8.01	
28Mar09	Discover		102.35
	Card #(b) (6)		
	Amount: 102.35 Auth: 028959 Signature on File		
	This card was electronically swiped on 28Mar09		
	Balance:	0.00	

Marriott Rewards Account # (b) (6) Your Marriott Rewards points/miles earned on your room rate will be credited to your account. For account activity: 801-468-4000 or MarriottRewards.com.

Get all your hotel bills by email by updating your Marriott Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

11/5/09

to unblock content.

Prukop, Joanna, EMNRD

From: Southwest Airlines [SouthwestAirlines@mail.southwest.com] **Sent:** Sat 3/28/2009 7:44 AM
To: Prukop, Joanna, EMNRD
Cc:
Subject: Ticketless Confirmation - PRUKOP/JOANNA - JCJ5YL
Attachments:

Receipt and Itinerary as of 03/28/09 8:44 AM

Confirmation Number
JCJ5YL

Confirmation Date: 03/28/09
Received: WN/JOANNA

Be prepared when you get there!
Consult Travel Guide for relevant tips from real travelers.

Passenger Information

Passenger Name	Account Number	Ticket#	Expiration[1]
PRUKOP/JOANNA	- None Entered -		

[1] All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Date	Flight	Routing Details
Sat Mar 28	1896	Depart DALLAS LOVE FIELD (DAL) at 10:45 AM Arrive in ALBUQUERQUE NM (ABQ) at 11:35 AM

Cost and Payment Summary

Air	$ 183.26
Tax	$ 17.34
PFC Fee	$ 3.00
Security Fee	$ 2.50
Total Payment:	**206.10**

Current payment(s)
03/28/09 Discover (b) (6) [redacted] $206.10

Fare Rule(s)
All travel involving funds from this Confirmation Number must be completed by the expiration date. Any change to this itinerary may result in a fare increase.

Fare Calculation:

DAL WN ABQ183.26YL 183.26 END ZPDAL XFDAL3 AY2.50$DAL2.50

Important Checkin Requirement

TAXICAB RECEIPT

Time: 8:30 pm
Date: 03.26.09
Origin of trip: National Airport
Destination: Westin Grand Hotel
Fare: 18.00 Sign: _____

TAXICAB RECEIPT

Time: 10:45 AM
Date: 03.27.09
Origin of trip: Westin Grand Hotel
Destination: DOI Offices
Fare: $ 14.00 Sign: _____

[redacted]

YELLOW CAB
Dallas / Fort Worth

Amount/Cuenta: 45.00 Date/Fecha: 03-28-09
Trip From/Viaje de: DFW to Love Field
To/Destination: Love Field - SW Airlines
Driver/Taxista: Shaer
ID#: _____ Taxi #: _____

-TAXICAB RECEIPT-

TIME 3:00 PM DATE 03-27-08
REC'D FROM Joanna Prukop
FARE AMOUNT $ 16.00
TRIP FROM DOI offices
TRIP TO National Airport
ASSN. _____ CAB NO. _____
I.D. NO. _____ TAG NO. _____

March 24, 2009

Carlson Wagonlit Travel SatoTravel

For: JOANNA PRUKOP GDOIOS

To: NGMSDOI
ETKT 24MAR**INVITATIONAL**.
ETKT 24MAR.

Sales Person: 77
Locator: LXEFJN
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday March 26, 2009

American Airlines — Flight Number: 1866
Class of Service: Coach Class Y
Depart: ALBUQUERQUE, NM — 12:05 Pm March 26, 2009
Arrive: DALLAS/F.WORTH,TX — 2:45 Pm March 26, 2009
Total Flight Time: — 1 Hour 40 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed — Confirmation Number: LXEFJM
Reserved Seat: PRUKOP/JOANNA 10B
ONEWORLD

Thursday March 26, 2009

American Airlines — Flight Number: 1476
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH,TX — 3:55 Pm March 26, 2009
Arrive: WASHINGTON/NATL,DC — 7:40 Pm March 26, 2009
Total Flight Time: — 2 Hours 45 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LXEFJN
Reserved Seat: PRUKOP/JOANNA 31E
ARR-TERMINAL B
ONEWORLD

Thursday March 26, 2009

WASHINGTON/NATL,DC
WESTIN HOTELS THE WESTIN GRAND
2350 M STREET NW
WASHINGTON DC 20037
Phone Number: 202 429-0100
Fax Number: 202 429-9759
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 26, 2009
Check Out: Mar 27, 2009
Confirmation Number: C691456847

Cancellation Policy: Cancel 1 day prior

Friday March 27, 2009

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
ONEWORLD

Flight Number: 891

6:00 Pm March 27, 2009
8:35 Pm March 27, 2009
3 Hours 35 Minutes Non-Stop

Confirmation Number: LXEFJN

Friday March 27, 2009

American Airlines
Class of Service:Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed
Reserved Seat: PRUKOP/JOANNA 31D
ONEWORLD

Flight Number: 657

9:30 Pm March 27, 2009
10:20 Pm March 27, 2009
1 Hour 50 Minutes Non-Stop

Confirmation Number: LXEFJN

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
PRUKOP JOANNA	4336/0017401702544	736.74USD	55.26US	14.40ZP	26.50XT	832.90
PRUKOP JOANNA	4336/8908140616976	28.25				28.25
					Total Amount:	861.15

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//24MAR

P.01

TRANSACTION REPORT

APR-29-2009 WED 08:59 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
APR-29	08:49 AM	FAX	9'27"	13	FAX RX	OK		

2009-09-09 14:46 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
91000211
Cruz, Ramon

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 08-06-2009
b. TO 08-06-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)
No card

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Cruz1
b. DATE(S) 08-05-2009

e. PRESENT DUTY STATION
Brooklyn, NY

f. RESIDENCE (City and State)
Brooklyn, NY

RECEIVED SEP 09 2009

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

10. CHECK NO.

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 shown 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	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
	(a)	(b)	(c)	(d)	(e)	(f)
See attached e-ticket	231.20	DL	Economy	08-05-2009	New York, NY	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler interviewed for a job at the Department of the Interior. Air fare purchased with corporate card.

SEP -8 2009

211D 4F40
211T 9284

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 Aug. 31, 2009

AMOUNT CLAIMED ▶ $ 140.84

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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 9.4.09

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 ▶ $ 140.84

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

9/10/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4160

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Cruz1

TRAVELER'S LAST NAME

Cruz

2009 (a)	TIME (Hour and a.m./p.m.) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/08	6:00 am	Depart residence en route LGA via taxi											50.00 (50-)
	7:30 am	Depart New York, NY											
													3.60 (36-)
							48.00		48.00			48.00	39.24 (39.24)
										SUBTOTALS ▶		$48.00	$92.84
										TOTALS ▶		$48.00	$92.84

20 9/04

50.00 +
3.60 +
38.24 +
0.08 +
0.08 −
8.00 +
0.0
0.0
350.00 +
3.60 +
39.24 +
0.0
0.0
0.0
3.60 +
50.00 +
39.24 +
92.84 *
92.84 +
48.00 +
140.84 *
0.0

...is on another SF 1012-A BACK, leaving its front blank.

Enter grand total of columns (l), (m) and (n), below and in item 15 on the front of this form. 92.84

...information is provided: ...by 5 U.S.C. Chap. 57 as ...(7), E.O. 11609 of July ...November 22, 1943, and 26 ...requested information is to ...duals for allowable travel ...administrative authorization ...ents to the Government. ...who have a need for the ... The information may be ...n agencies, when relevant 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.

TOTAL AMOUNT CLAIMED ▶ $140.84

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Cruz1
2. 08/05/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Ramon Javier Cruz
5. OFFICIAL STATION New York, NY
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: New York, NY
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 08/06/09 Ending on or about 08/06/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance at a mileage rate of cents, subject to:
16. Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	250.00
21. Per Diem		00.00
22. Other		100.00
23. TOTAL	$	350.00

24. CHARGED TO:
2009 1000 DDD01 68

25. (PRIOR TRAVEL ADVANCES)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

08/06/09 09:05:00

METRORAIL VA
ARLINGTON
FOR CUSTOMER SERVICE
CALL 202-962-5719

2400 S. SMITH BLVD.

MEZZANINE 46
MACHINE 30
(b) (6)
AM:

VENDOR: 046-30-31187
REF NO: 311678411280
AUTH NO: 94699P

CREDIT PURCHASE

QUANTITY SELECTED: 1

COST IS $3.60 PER

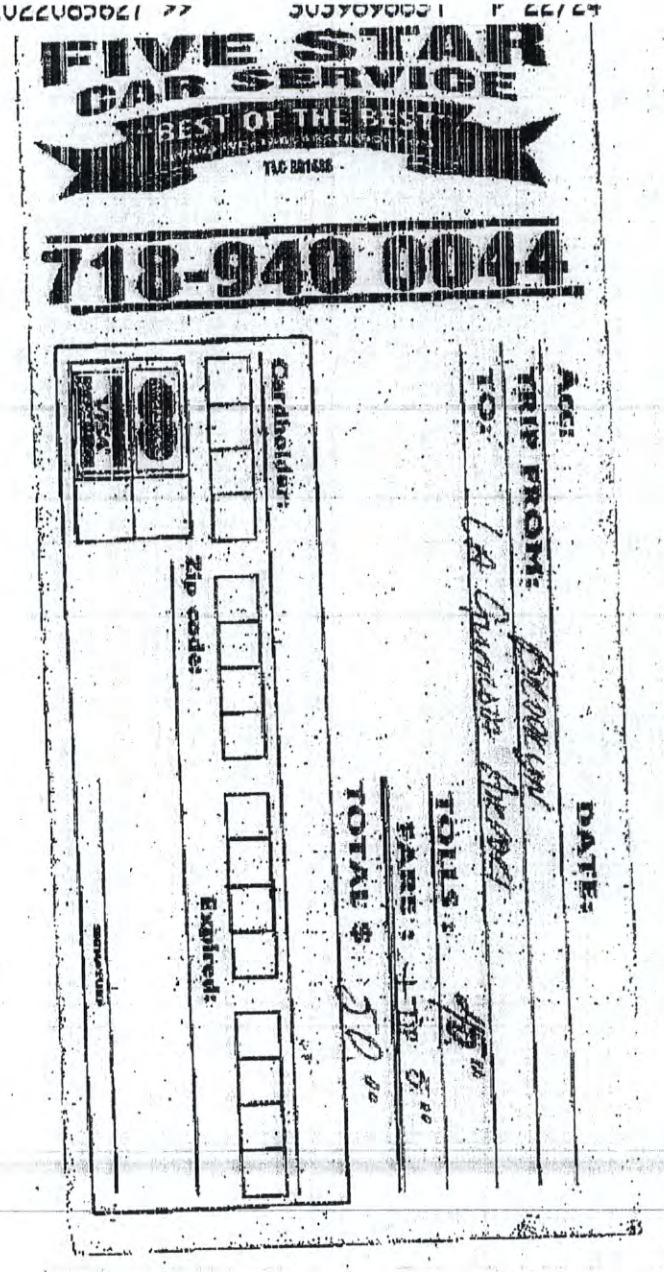
FARECARD

S/N: 311870618411896

TOTAL AMOUNT: $3.60

THANK YOU
FOR RIDING METRORAIL

THE FUTURE IS
RIDING ON METRO



6422
08/06/09 TR 8999
START END MILES
20:08 20:36 13.2
REGULAR FARE
RATE 1: $ 31.70
SURCH: $ 1.00
TIP : $ 6.54
TOTAL: $ 39.24
CARD TYPE: MC
(b) (6)
AUTH:

X
TO CONTACT TLC
DIAL 3-1-1

MKQDIP

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS MKQDIP

SALES PERSON: 77 ITINERARY DATE: 06 AUG 09
CUSTOMER NBR: [redacted] MKQDIP PAGE: 01

TO: NGMSDOI
ETKT 05AUG**INVITATIONAL**.
ETKT 05AUG.

FOR: CRUZ/RAMON JAVIER REF: GDOIOS

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLI TRAVEL.

06 AUG 09 - THURSDAY

AIR DELTA AIR LINES INC FLT:5903 COACH
NEW YORK LGA-WASHINGTON REAGAN OPERATED BY SHUTTLE AMERICA
LV NEW YORK LGA 730A EQP: E75
DEPART: MARINE AIR TERMINAL 01HR 19MIN
AR WASHINGTON REAGAN 849A NON-STOP
ARRIVE: TERMINAL B REF: 3DI385

AIR DELTA AIR LINES INC FLT:5926 COACH
WASHINGTON REAGAN-NEW YORK LGA OPERATED BY SHUTTLE AMERICA
LV WASHINGTON REAGAN 630P EQP: E75
DEPART: TERMINAL B 01R 17MIN
AR NEW YORK LGA 742P NON-STOP
ARRIVE: MARINE AIR TERMINAL REF: 3DI385

FOR: CRUZ/RAMON JAVIER REF: GDOIOS

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

MKQDIP

.....

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH
LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C.SECTION
114, AND THE INTELLIGENCE REFORM AND TERRORISM
PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION IS
VOLUNTARY, HOWEVER, IF IT IS NOT PROVIDED,YOU MAY BE
SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT
OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY
SHARE INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR
INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED
SYSTEM OF RECORDS NOTICE.FOR MORE ON TSA PRIVACY
POLICIES OR TO VIEW THE SYSTEM OR RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA/S
WEB SITE AT WWW.TSA.GOV

.....

CAR DECLINED/A//05AUG
LODGING DECLINED//05AUG

Carlson Wagonlit Travel - Local Presence, Global Power

P. 01

TRANSACTION REPORT

SEP-09-2009 WED 12:56 PM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
SEP-09	12:40 PM	FAX	15'24"	24	FAX RX	OK		

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [ ] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 110

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 910000090 Cedillo, Rebecca

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.: 467-0258 21

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 04-14-2009 b. TO 04-16-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TACedillo09 b. DATE(S)

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

10. CHECK NO.

11. PAID BY

TDY-D
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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) ▶

	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)	TO (f)
Teleticket	902.40		coach	MAY 8 2009	San Antonio, TX	Washington, DC San Antonio, TX
Ticket Agent Fee	28.25					

2110 305.00
211F 3031
211T 4975

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. Where applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Rebecca L. Cedillo DATE April 30, 2009

AMOUNT CLAIMED ▶ $ 385.06 ~~386.81~~

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; id. 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 ▶ Rebecca L. Cedillo DATE 5/6/09

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

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): $

NET TO TRAVELER ▶ $ 385.06 ~~386.81~~

5/13/09

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01--09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-01-656-4166

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

D

```
                    0.00 *
                    ..0..
                   17.50 +
                    6.25 +
                   12.25 +
                   14.75 +
                    ..0..
          ..0..
                    ..0..
          64. x
          75. %
          48.00 +
                    ..0..
          ..0..
                    ..0..
          48.00 +
          48.00 +
         209.00 +
         305.00 *
          ..0..
         305.00 +
                   305.00 +
                    30.31 +
                    49.75 +
                   385.06 *
```

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, 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, airfare (if purchased with cash); toll charges; long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TACedillo09

TRAVELER'S LAST NAME

Cedillo

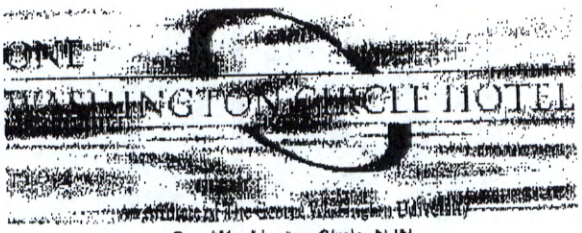
TIME 2009 (Show with am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/14	Depart San Antonio, Arrive DCA - Taxi to Airport											17.50
04/14	Loding at the One Washington Circle Hotel					48.00	209.00	257.00			257.00	
04/14	Lodging Taxes											30.31 T
04/15	Taxi to DOI for Interview					48.00		48.00			48.00	6.25 T
04/15	Taxi from DOI to DCA fro flight to San Antonio, TX											12.25 T
04/15	Taxi from Airport to Residence											14.75 T
									SUBTOTALS ▶		$305.00	$80.06
									TOTALS ▶		$305.00	$80.06

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 ▶ $385.06

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 Regulation (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/or 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 the 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 identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expenses 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.



One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 8721680
Fax: (202) 887-4999
Member Potomac Hotel Group

Rebecca Cedillo

US

Room No.	:	704	
Arrival	:	04-14-09	
Departure	:	04-15-09	
Page No.	:	1 of 1	
Invoice No.	:		
Conf. No.	:	449465	
Crs. No.	:	109349898	

A/R Number :
Group Code :
Company Name : Utell

Date	Text	Charges USD	Credits USD
04-14-09	Lodgenet Internet #704 : 90000SERVICE	9.95	
04-14-09	5.75% Sales and Use Tax	0.57	
04-14-09	10% gross receipt tax	1.00	
04-14-09	Room Charge	209.00	
04-14-09	Room Tax (14.5%)	30.31	
	Total	**250.83**	**0.00**
	Balance	**250.83 USD**	

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 for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE

1970-01--14234-3:-1 FAX

2022085627 >> 3059696651 P 6/9

Expenses - BOI interviews

Apr. 1, 15, 2009

Rebecca Q. Cedillo
210.602-0516

TAXICAB RECEIPT

[redacted]

Time: 5:45 pm

Date: 4/14

Origin of trip: Reagan National

Destination: One Wash. Circle

Fare: $17.50 Sign: [redacted]

SPACE 546 61229

RECEIPT

SUBTOTAL $16.15

AIRPORT SECURITY PARKING, INC.
1005 JEFFERSON DAVIS HWY (703) 549-8728

[redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 2, 1949

TRAVEL AUTHORIZATION

1. No. TACedillo09
2. 04-09-2009 (DATE)

3. _____ OS _____ (BUREAU OR OFFICE)

4. NAME Rebecca Q. Cedillo (b) (6) [redacted] 5. OFFICIAL STATION Washington, D.C.

6. TITLE _____ 7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: San Antonio, Texas
9. TO: Washington, D.C. and return to San Antonio, Tx

10. PURPOSE AND REMARKS:
Official business as may be required.. Candidate for position in DOI.

11. PER DIEM ALLOWANCE:
Actial lodging and per diem NTE 300% as authorized in accordiance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds ---
~~Privately~~

12. PERIOD OF TRAVEL: Beginning on or about 04-14-2009 Ending on or about 04-16-2009

MODE OF TRAVEL

13. [X] Common carrier 14. [ ] Extra fare 15. [ ] Government-owned conveyance
16. [ ] Privately owned at a mileage rate of cents, subject to:
(a) [X] Administratively determined to be the advantage of the Government
(b) [ ] A showing of advantage to the Government
(c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family 19. [ ] Shipment household goods and personal effects
18. [ ] Other *(specify)*

ESTIMATED COST

20. Transportation	$ 902.40	26. _____ (REQUESTER'S SIGNATURE)
21. Per Diem	135.00	
22. Other	50.00	27. _____ (TITLE)
23. TOTAL	$ 1,087.40	
24. CHARGED TO: 2009-1000-DDD01-09		28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
25. _____ (FISCAL OFFICER'S SIGNATURE)		29. Associate Deputy Secretary for Interior (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

FXVKZC

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS FXVKZC

SALES PERSON: KS ITINERARY DATE: 09 APR 09
FXVKZC PAGE: 01

TO: NGMSDOI
INVITATIONAL NN OK TO.

FOR: CEDILLO/REBECCA REF: GDOIOS

YOUR ESTIMATED AIRFARE ON 09APR AT 1100 IS 902.40

14 APR 09 - TUESDAY

AIR AMERICAN AIRLINES FLT:2224 ECONOMY
LV SAN ANTONIO 1125A EQ : MD-80
DEPART: TERMINAL 2 01HR 10MIN
AR DALLAS FT WORTH 1235P NON-STOP
REF: FXVKZC

CEDILLO/REBECCA SEAT-11A

AIR AMERICAN AIRLINES FLT:1168 ECONOMY FOOD FOR PURCHASE
LV DALLAS FT WORTH 120P EQP: MD-80
02HR 55MIN
AR WASHINGTON REAGAN 515P NON-STOP
ARRIVE: TERMINAL B REF: FXVKZC
SEAT ASSIGNED AT AIRPORT CHECK-IN

HOTEL WASHINGTON REAGAN OUT-15APR
UTELL 1 NIGHT
ONE WASHINGTON CIRC 1 ROOM EXECUTIVE SUITES
ONE WASHINGTON CIRCLE NW JR. SUITE-KITCHEN-SITTING AREA
WASHINGTON DC 20037 RATE-209.00USD PER NIGHT
FONE 202-872-1680 CANCEL BY 10P DAYOF ARRIVAL
FAX 202-887-4989
GUARANTEED LATE ARRIVAL
CONFIRMATION 109349898

OTHER WASHINGTON
HOTEL GUARANTEED CANCEL BY 6PM TO AVOID BILLING

15 APR 09 - WEDNESDAY

AIR AMERICAN AIRLINES FLT:1539 ECONOMY FOOD FOR PURCHASE
LV WASHINGTON REAGAN 600P EQ: MD-80
DEPART: TERMINAL B 03HR 20MIN
AR DALLAS FT WORTH 820P NON-STOP
REF: FXVKZC

CEDILLO/REBECCA SEAT-16E
MIDDLE SEATING ONLY AVAILABE AT TIME OF BOOKING

FOR: CEDILLO/REBECCA REF: GDOIOS

15 APR 09 - WEDNESDAY

AIR AMERICAN AIRLINES FLT:549 ECONOMY
LV DALLAS FT WORTH 915P EQP: MD-80
01HR 00MIN
AR SAN ANTONIO 1015P NON-STOP

FXVKZC

ARRIVE: TERMINAL 2 REF: FXVKZC
CEDILLO/REBECCA SEAT-28E
MIDDLE SEATING ONLY AVAILABE AT TIME OF BOOKING

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/09APR

Carlson Wagonlit Travel - Local Presence, Global Power

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
91000081

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
Rudy, Rick

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 03-25-2009
b. TO 03-26-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Rudy-1
b. DATE(S) 03-24-2009

e. PRESENT DUTY STATION
Ward, CO

f. RESIDENCE (City and State)
(b) (6)

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 shown 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)
4227401702545 438.20	FR	Economy	03-24-2009	Denver, CO	Washington, DC and return
8908140816978 28.25				ticket agent fee	

Invitational travel. Air fare purchased with corporate card.

MAY 14 2009

2110 305-00
211F 2142
211T 8000
214 7150

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 4-28-09 AMOUNT CLAIMED ▶ $ 477.92

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; Id. 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 ▶ [signature] DATE 4/30/09

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
Certifier's Initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER ▶ $ 477.92

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/4/09

..0

21.42+
21.42 *

..0..

25.00+
18.00+
15.00+
22.00+
80.00 *

80.00+
21.42+
21.42-
80.00 *

..0..

305.00+
21.42+
80.00+
71.50+
477.92 *

..0..

..0..

..0..

54.x
75.%
40.50+

..0..

40.50+
40.50+
..0..

64.x
75.%
48.00+

..0..

48.00+
48.00+
209.00+
305.00 *

..0..

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

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, railroad or other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Rudy-1

TRAVELER'S LAST NAME

Rudy

MILEAGE RATE: 55.0 ¢

TIME (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2009												
12:00 pm 3/25	Depart Residence								65	35.75		
4:30 pm	Depart Denver											
9:41 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
	Hotel Tax											21.42
	Taxi DCA/Lodging											25.00
	Taxi Lodging/DCA											18.00
3/26	Taxi DCA/DCA											15.00
6:00 pm	Depart Washington, DC											
8:07 pm	Arrive Denver, CO											
	Airport parking											22.00
10:00 pm	Arrive residence					48.00		48.00	65	35.75	48.00	
									SUBTOTALS ▶	$71.50	$305.00	$101.42
									TOTALS ▶	$71.50	$305.00	$101.42

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 ▶ **$477.92**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of this information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulation (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.

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, 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: toll/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, railroad or other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Rudy-1

TRAVELER'S LAST NAME

Rudy

TIME (Show actual) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2009												
12.00 pm	Depart Residence								65	35.75		
3/25												
4:30 pm	Depart Denver											
9:41 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
	Hotel Tax											21.42
	Taxi DCA/Lodging											25.00
	Taxi Lodging/DOI											18.00
3/26												
	Taxi DOI/DCA											15.00
8:00 pm	Depart Washington, DC											
8:07 pm	Arrive Denver, CO											
	Airport parking											22.00
10:00 pm	Arrive residence					48.00		48.00	65	35.75	48.00	
									SUBTOTALS ▶	$71.50	$305.00	$101.42
									TOTALS ▶	$71.50	$305.00	$101.42

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 ▶ **$477.92**

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 Regulation (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 applicable 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 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 27, 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 (other than SSN) 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.

Holiday Inn

146 03-26-09

Richard Rudy
(b) (6)

Folio No. : 139855
A/R Number :
Group Code :
Company :
Membership No. :
Invoice No. :

Room No. : 210
Arrival : 03-25-09
Departure : 03-26-09
Conf. No. : 68595547
Rate Code : IMGOV
Page No. : 1 of 1

Date	Description	Charges	Credits
03-25-09	Room Accommodations	209.00	
03-25-09	Local Room Tax	10.97	
03-25-09	State Sales Tax	10.45	
03-26-09	American Express (b) (6)		230.42
	Total	**230.42**	**230.42**
	Balance	**0.00**	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. 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 associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Arlington
4610 North Fairfax DR
Arlington, VA 22203
Telephone: (703) 243-9800 Fax: (703) 527-2677

Rudiy

GENERAL OFFICE:546 - 7900

YELLOW CAB COMPANY OF D.C. INC.

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

DRIVER

TIME ____________ DATE 2-26-09

FROM ____________

TO ____________

FARE $ 15.00

CAB NO. 826 I.D. # ____________

PLEASE NOTE:

DISCRIMINATION IN THE PROVISION OF TAXICAB SERVICE IS AGAINST THE LAW.

Run # ____________ Fare $ ____________

From ____________

To ____________

Date ____________ Time ____________ Cab # ____________

Signature ____________

DATE 03-26-09 AMOUNT $ 18.00

RECEIVED FROM ____________

FROM ____________

DESTINATION ____________

CAB # 263 DRIVER I.D. # 17170

DRIVERS NAME DS

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Rudy-1
2. 03/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Rick Rudy 5. OFFICIAL STATION Denver, CO

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with Federal Travel Regulations as published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 03/25/09 Ending on or about 03/26/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	600.00
21. Per Diem		100.00
22. Other		50.00
23. TOTAL	$	750.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

March 24, 2009

Carlson Wagonlit Travel SatoTravel

For: RICK RUDY GDOIOS

To: NGMSDOI
ETKT 24MAR**INVITATIONAL**.
ETKT 24MAR

Sales Person: 77
Locator: LCYOHJ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday March 25, 2009

Frontier Airlines — Flight Number: 720
Class of Service: Coach Class Y
Depart: DENVER, CO — 4:30 Pm March 25, 2009
Arrive: WASHINGTON/NATL,DC — 9:41 Pm March 25, 2009
Total Flight Time: 3 Hours 11 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed — Confirmation Number: DPDEVH
Reserved Seat: RUDY/RICK 4D
ARR-TERMINAL C

Wednesday March 25, 2009

WASHINGTON/NATL,DC
HOLIDAY INNS HOLIDAY INN ARLINGTON BALLSTON
4610 N FAIRFAX DR
ARLINGTON VA 22203
Phone Number: 703-243-9800
Fax Number: 703-243-0103
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 25, 2009
Check Out: Mar 26, 2009
Confirmation Number: 68595547
Cancellation Policy: Cancel 1 day prior

Thursday March 26, 2009

Frontier Airlines — Flight Number: 725
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:00 Pm March 26, 2009
Arrive: DENVER, CO — 8:07 Pm March 26, 2009
Total Flight Time: 4 Hours 7 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed — Confirmation Number: DPDEVH

Reserved Seat: RUDY/RICK 21D
DEP-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
RUDY RICK	4337/4227401702546	388.84USD	29.16US	7.20ZP	14.00XT	439.20
RUDY RICK	4337/8908140616978	28.26				28.26
					Total Amount:	467.46

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/AJ/24MAR

2009-07-07 11:41 FAX 2022085427 >> 303 969 7281 P.003/003

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 910000145

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Lehman Ryan
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): Washington Crossing, PA
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Washington Crossing, PA
f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 06-2009 b. TO 05-07-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Lehman1 b. DATE(S)

No Card

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

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
(a)	(b)	(c)	(d)	(e)	(f)

No lodging claimed. Traveler stayed w/relatives.

Invitational travel. Traveler interviewed for a position at DOI. DOI's request to the traveler to be in Washington, DC for an interview came toc late for the Dept to purchase Amtrak tix w/the corporate card and FedEx the tix to traveler in time. Traveler purchased own tickets. Authorization to purchase train tickets at a value over $100 on personal credit card is authorized.

JUL

Signed: Renee Stone

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

AMOUNT CLAIMED ▶ $ 303.00

NOTE: Falsification of an item in an expense account results 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; 18 U.S.C. 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 ▶ Renee Stone DATE 6-30-09

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

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 ▶ $ 303.00

7/9/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116 NSN 7540-00-634-4160 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Federal Forms, Inc. 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.)

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

Cols. (d) thru (l) for actual expense travel:
(h) Show expenses, such as, laundry, cleaning and pressing of clothes, tips to bellhops, porters, etc. (other than for meals).
(i) Complete for per diem and actual expense travel.
(j) Show total subsistence expenses 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.: Lehman1

TRAVELER'S LAST NAME: Lehman

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/06	6:30 pm	Depart Trenton, NJ											
	7:58 pm	Arrive Washington, DC					48.00		48.00			48.00	
		Train fare											104.00
05/07	7:10 pm	Depart Washington, DC											
	10:32 pm	Arrive New York, NY					48.00		48.00			48.00	
		Train fare											103.00
		SUBTOTALS										$96.00	$207.00
		TOTALS										$96.00	$207.00

ITEMIZED SUBSISTENCE EXPENSES; MILEAGE RATE: ¢; AMOUNT CLAIMED

c
c

If additional space is required, continue on another SF 1012-A BACK, leaving its 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 ▶ $303.00

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 Regulation (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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1025
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Lehrman1
2. 05/26/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Ryan Lehrman
5. OFFICIAL STATION Washington Crossing, PA
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Trenton, NJ
9. TO: Washington, DC; New York, NY

10. PURPOSE AND REMARKS:

Invitational. Traveler interviewed for a position at the Department of the Interior.

Traveler was invited to come to an interview at the Department of the Interior and purchased train tickets with personal funds. This retroactive TA approves the travel for May 6-7, 2009.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 05/06/09 Ending on or about 05/07/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. Privately owned
    (a) X Administratively determined to be the advantage of the Government
    (b) A showing of advantage to the Government
    (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	207.00
21. Per Diem		96.00
22. Other		
23. TOTAL	$	303.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (OBLIGATING OFFICER SIGNATURE)

26. _____ (REGISTERED SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Lehman1
2. _____ (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Ryan Lehman 5. OFFICIAL STATION Washington Crossing, PA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Trenton, NJ
9. TO: Washington, DC, New York, NY

10. PURPOSE AND REMARKS:

Invitational travel. Traveler interviewed for a position at the Department of the Interior

11. PER DIEM ALLOWANCE:

Per diem allowance according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 05/06/09 Ending on or about 05/07/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	207.00
21. Per Diem		100.00
22. Other		
23. TOTAL	$	307.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (APPROVING OFFICIAL'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (DATE)

28. _____ (ALT-CERTIFYING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

2009-04-23 12:36 FAX 2022085627 >> 5059696651 P 1/17

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
910000062

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
No Card / Stephen Y. Ekema-Agbaw

b. SOCIAL SECURITY NO.
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 03-12-2009
b. TO 03-13-2009

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)
New

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Ekema-Agbaw
b. DATE(S) 03-12-2009

e. PRESENT DUTY STATION
Bloomsburg, PA

f. RESIDENCE (City and State)
(b) (6)

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
TOT-0

Traveler's Initials ▶

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)

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)

Invitational travel. No lodging requested; traveler stayed with friends/relatives.

APR 21 2009

2110-9600
211P 22660

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 4/4/09

AMOUNT CLAIMED ▶ $ 322.60

NOTE: Falsification of an item in an expense account shows 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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/19/09

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 ▶ $ 322.60

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

4/24/9

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4150

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 or 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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Ekema-Agbaw

TRAVELER'S LAST NAME

Ekema-Agbaw

TIME 2009 (a)	(Hour and zone) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/12	9:00 a.m.	Depart Bloomsburg, PA via POV											
	1:00 p.m.	Arrive Washington, DC					48.00		48.00	206	113.30	48.00	
3/13	12:00 p.m.	Depart Washington, DC via POV											
	4:00 p.m.	Arrive Bloomsburg, PA					48.00		48.00	206	113.30	48.00	
										SUBTOTALS ▶	$226.60	$96.00	
										TOTALS ▶	$226.60	$96.00	

209/04

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), above and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ **$322.60**

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 Regulation (FTMR 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 report 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.

[redacted]

64 x
75 %
48.00 +
0.00
48.00 +
48.00 +
0.00
0.00
206.00 +
206.00 +
412 x
0.55 =
226.60 +
96.00 +
0.00
226.60 +
96.00 +
322.60 *
322.60 *

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Ekema-Agbaw
2. 3/11/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Stephen Y. Ekema-Agbaw 5. OFFICIAL STATION Bloomsburg, PA

6. TITLE Invitational Travel 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Bloomsburg, PA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler will interview for a possible position at the Department of the Interior. Transportation via POV. No lodging requested.

11. PER DIEM ALLOWANCE:

In accordance with Federal Travel Regulations.

12. PERIOD OF TRAVEL: Beginning on or about 3/12/2009 Ending on or about 3/13/3009

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. X Privately owned at a mileage rate of cents, subject to:
    - (a) X Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. X Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	173.80
21. Per Diem		96.00
22. Other		100.00
23. TOTAL	$	369.80

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
119	BS	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
4/29/19	5	

System Checked By: BS Date 4/29/19

Batch Approval

Approved By: _____

Date Approved: _____

8-5-19

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: U.S. Department of the Interior, Office of the Secretary 10000071

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY: Need ACH 4/29/09

4. CLAIMANT

a. NAME (Last, first, middle initial): BLACK, STEVE W.

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): DIRECT DEPOSIT

d. OFFICE TELEPHONE NUMBER: (202)208-4123

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 2009 (a)	CODE (b)	Show appropriate code in col. (b): A-Local travel, B-Telephone or telegraph, or C-Other Expenses (Itemized). (Explain expenditures in specific detail) (c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE $ (f)	FARE OR TOLL $ (g)	ADDL PERSONS (h)	TIPS AND MISCELLANEOUS $ (i)
02/21		Taxi from 1849 C St., NW	J.W. Marriott for NGA Meeting			7 00		
02/23		Taxi from Newseum	1849 C Street, NW			9 00		
02/26		Taxi from Senate Ofc. Bldg.	1849 C Street, NW			9 00		
03/31		Taxi from 400 N. Capitol (AGA Mtg)	1849 C Street, NW			7 00		2 00
04/01		Taxi from Hotel George (IPAMS event)	1849 C Street, NW			10 00		

ACH 5/6/09

APR 28 2009

5/4/09

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 42 00 | 2.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 44.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone DATE 4/23/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE 4-22-09

11 CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DD D01 68

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1164 (Rev. 11-77) Prescribed by GSA, FPMR (41 CFR) 101-7

TAXICAB RECEIPT

Time: 4:00 pm
Date: 2-21-09

Origin of trip: Main Interior

Destination: JW Marriott / Nat Mall

Fare: $7 Sign:

Taxi Cab Receipts

DATE: 2-22-09 TIME:

TRIP ORIGIN: New Seasons

DESTINATION: Main Interior

FARE: $ 9 SIGNATURE:

attended event of the Ball

TAXICAB RECEIPT

Time: 3:30
Date: 2-26-09

Origin of trip: Hart SOB

Destination: Main Interior

Fare: $9 Sign:

TAXICAB RECEIPT

Time:
Date: 4-1-09

Origin of trip: Hotel George

Destination: Main Interior

Fare: $10.00 Sign:

DC TRIP / CAPPED
GRAND CAB CO
CAB # 56
03/31/09 TR 2270
START END MILES
07:58 08:09 1.9
FARE FOR EA RATE
RATE 1: $ 7.00
EXTRA: $ 0.00
TOTAL: $ 7.00 +
THANKS $2.
DC TAXICAB COMM
TEL 202 645-6018 Tip

••0••

7•00+
9•00+
9•00+
7•00+
10•00+
2•00+
44•00 *

44•00+

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS/S|O

2. TYPE OF TRAVEL: [ ] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 0224.09ABQ

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 910000045 Stone, Renee R.

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 2/24/09 b. TO 2/25/09

c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]

d. OFFICE TELEPHONE NO.: (202)208-6133

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 02/10/09 Stone b. DATE(S) 02-19-2009

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6) [redacted]

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

10. CHECK NO.

11. PAID BY

TOT

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon. If cash is used show form of 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) ▶

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)
$604.90	AA		02-23-2009	Washington Reagan (DCA)	Albuquerque, NM (ABQ)
28.25				Travel Agent Fee	

Due to lack of government charge card, Traveler was authorized to to use the corporate credit card for the airlines and travel agent fee. Traveler used her personal credit card for all other expenses.

MAR 12 2009

211P - 1320
211D - 15350
211I 5440
21Q 6091

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 or lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Renee Stone DATE 3/2/09

AMOUNT CLAIMED ▶ $ 282.01

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; id. 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 ▶ Pamela Yore DATE 3-3-09

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 ▶ $ 282.01

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

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

3/17/09

1012-116

NSN 7540-00-634-4160

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

This form was electronically produced by Elite Federal Forms, Inc.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) 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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

02/19/09 Stone

TRAVELER'S LAST NAME

Stone

(a)	TIME (Hour and minutes) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/24	pm	Lodging						80.00	80.00			80.00	
2/24	pm	Lodging Taxes											10.20
2/24		Subsistence	7.00	6.75	18.00	33.75	3.00		36.75			36.75	
2/25		Subsistence	7.00	6.75	18.00	33.75	3.00		36.75			36.75	
2/25		Car Rental											60.91
2/25		Car Rental Fuel											4.20
2/24		Mileage from Home to Airport								12	6.60		
2/25		Mileage from Airport to Home								12	6.60		
2/25		Airport Parking											40.00
										SUBTOTALS ▶	$13.20	$153.50	$115.31
										TOTALS ▶	$13.20	$153.50	$115.31

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 ▶ $282.01

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of this information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulation (FTMR - 01 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(a) 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. This 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.

HOTEL ALBUQUERQUE
at old town

Renee Stone
(b) (6)
[redacted]
United States of America

INVOICE

Room No. : 0702
Arrival : 02-24-09
Departure : 02-25-09
Folio No. : 531009
Conf. No. : 467019
Cashier ID : 16

Page No. 1 of 1

Date	Description	Charges	Credits
02-24-09	Room Revenue	80.00	
02-24-09	Occupancy Tax	4.00	
02-24-09	Hospitality Tax	0.80	
02-24-09	Sales Tax	5.40	
02-25-09	Visa		90.20
	Total	90.20	90.20
	Balance		0.00

80.20

Hotel Albuquerque at Old Town
800 Rio Grande Boulevard NW
Albuquerque, New Mexico 87104
Phone 505.843.6300 Fax 505.842.8426
www.HotelABQ.com

ALBUQUERQUE
RENTAL RECORD: QK0273965
STONE RENEE
COMPLETED BY: HBARGT
RENTED: ALBUQUERQUE
RENTAL: 02-24-09 1145
RETURN: 02-25-09 0826
MILES IN: 32103 OUT: 32050
MILES DRIVEN: 23
PLAN IN/OUT: SPC /CONTL
CLS: CCAR

1 DAYS	38.00	38.00
SUBTOT		38.00
TAXABLE TOT		38.00
SALES TAX	INCLUDED	
LDW	INCLUDED	
GARS		5.00
STATE SRC		2.00
CRC		3.90
VLCR		1.05
ERF		.45
ARCONRGFEE		4.40
STATE TAX		3.49
VEHLICFEE		2.59
NET DUE		60.91
PAYMENTS		-60.91

PAID BY: VI
CREDIT CARD #: (b) (6) [redacted]

[redacted]

THANKS FOR CHOOSING
CIRCLE K

[redacted]0064469102
[redacted]: 02588A

[redacted] 03 CREDIT/SE[redacted]
[redacted]REG @ $1.969[redacted]
[redacted]E 2.135 GA[redacted]

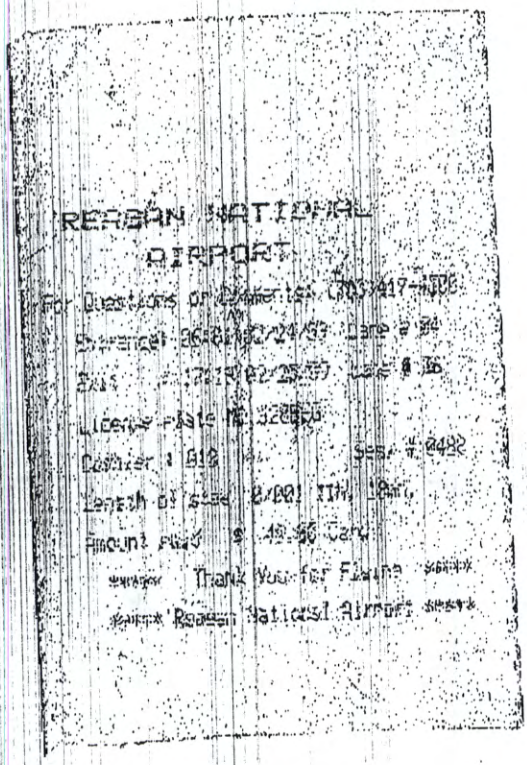
GAS TOTAL $4.20

TOTAL $4.20
Visa
Card Num : (S)
(b) (6) [redacted]

02/25/2009 08:17:02

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

THANK YOU
FOR YOUR BUSINESS



REAGAN NATIONAL
AIRPORT
For Questions or Comments: (703)417-[illegible]
Terminal 3 [illegible] Lane # 04
Exit [illegible] Lane # 06
License Plate #: [illegible]
Cashier : 612 [illegible] Sess # 0492
Length of Stay: 0/00/ 1Hr. 18Mn.
Amount Paid $ 12.00 Cash
**** Thank You for Flying ****
**** Reagan National Airport ****

Mileage to and from Reagan Airport

12.01
12.01
24.02

February 23, 2009

Carlson Wagonlit Travel SatTravel

For: RENEE STONE GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: JBOOFO
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday February 24, 2009

American Airlines
Class of Service:Coach Class G
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: STONE/RENEE 19D
DEP-TERMINAL E
ONEWORLD

Flight Number: 1271

7:05 Am February 24, 2009
9:40 Am February 24, 2009
3 Hours 35 Minutes Non-Stop

Confirmation Number: JBOOFO

Tuesday February 24, 2009

American Airlines
Class of Service:Coach Class G
Depart: DALLAS/F.WORTH,TX
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed
Reserved Seat: STONE/RENEE 25D
ONEWORLD

Flight Number: 1099

10:25 Am February 24, 2009
11:20 Am February 24, 2009
1 Hour 55 Minutes Non-Stop

Confirmation Number: JBOOFO

Tuesday February 24, 2009

DOLLAR
Pick Up: February 24, 2009 11:20 Am

Return: February 25, 2009 9:30 Am
Daily Rate: 38.00 USD
Unlimited Free Miles
Confirmation Number: T8689255

Compact
Location: ALBUQUERQUE, NM
ALBUQUERQUE, NM
5058424224

Extra Days: 36.00 Extra Hours: 13.00

Wednesday February 25, 2009

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. 02/19/09 Stone
2. 02-19-2009 (DATE)
3. OS (BUREAU OR OFFICE)

4. NAME Renee Stone (b) (6) [redacted]
5. OFFICIAL STATION Washington, DC
6. TITLE Deputy Chief of Staff
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC and vicinity
9. TO: Albuquerque, NM and return

10. PURPOSE AND REMARKS:
Participate in SES Candidate Development Program, Executive Core Session 1. I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions. Payment from a non-federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully document and approved via form DI-2000.

11. PER DIEM ALLOWANCE:
Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

"Subject to availability of funds."

12. PERIOD OF TRAVEL: Beginning on or about 02-24-2009 Ending on or about 02-25-2009

MODE OF TRAVEL

13. [X] Common carrier
14. [ ] Extra fare at a mileage rate of
15. [ ] Government-owned conveyance cents, subject to:
16. [X] Privately owned
    (a) [X] Administratively determined to be the advantage of the Government
    (b) [ ] A showing of advantage to the Government
    (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
18. [X] Other (specify)
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance with FPMR 101-7, et seq.
19. [ ] Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	Est	$	450.00
21. Per Diem	Est		170.00
22. Other	Est		150.00
23. TOTAL		$	770.00

24. CHARGED TO:
2009-1000-DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. Renee Stone (REQUESTER'S SIGNATURE)
27. Renee Stone, Deputy Chief of Staff (TITLE)

28. Pamela Haze (AUTHORIZING OFFICER'S SIGNATURE)
29. Pam Haze - Acting Asst. Secretary - PMB (TITLE)

(This form was electronically produced by Elite Federal Forms, Inc.

To: Sheila Wilson
Branch of Accounting Operations, FNMS
National Business Center

From: Iris Straitt, Scheduling and Advance Office

Date: February 19, 2009

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Renee Stone	2/24-25/09	2009-1000-DDD01-68

Account Name: Division of Financial Management Services

New Mexico - FY 09

(October 1, 2008 through September 30, 2009)

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of $70.00 for lodging and $39.00 for meals and incidental expenses (M&IE).

State Tax Rates & Exemption Forms

Properties at Per Diem (FedRooms)

View a state map with highlighted areas showing where rates listed below apply. Standard CONUS rates apply elsewhere.

Select another State

Primary Destination	County	Maximum Lodging Amount	+	M&IE Rate	=	Maximum Per Diem Amount	Effective Date (mm/yyyy)
Albuquerque	Bernalillo	80		49		129	06/2009
Los Alamos	Los Alamos	82		49		131	06/2009
Santa Fe	Santa Fe	86		59		145	04/2009
Taos	Taos	75		59		134	04/2009

Printer Friendly format

FINANCIAL MANAGEMENT AND BUDGET DIRECTORATE FAX# 202-208-5627

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barbara Smith Fax: 303-969-6631

From: Barbara Martin Date: 3/11/2009

Re: Enclosed is a travel voucher for Renee Stone Pages:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

6 Not listed yet

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE: OS 91000024

2. TYPE OF TRAVEL: [ ] TEMPORARY DUTY [X] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 910.09ShepherdstownRet

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Stone, Renee

b. SOCIAL SECURITY NUMBER: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street NW, Washington, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-6133

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 09/10/09 b. TO 09/12/09

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Stone911.09Ame b. DATE(S) 09/01/09

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government (Attached: [ ] Check [ ] Cash)	
d. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED: b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

10. CHECK NO.:

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)
No mileage requested. Traveler participated in Sr. Staff Retreat in Shepherdstown, WV.			SEP 25 2009		

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: Renee Stone DATE: 9.23.09 AMOUNT CLAIMED: $ 28.00

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: 9.23.09

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: $ 28.00

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: DATE:

18. ACCOUNTING CLASSIFICATION: 2009 1000.DDD01 68

9/25/09

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 martial status of children *(unless information is shown on the travel authorization.)* **Complete only for actual expense travel**

Col. (d), (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 2 of 2

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
Stone

DATE (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)
09/10		D-:Duty Station											
09/10		A-:Shepherdstown, WV				12.00		121.00	12.00			12.00	
09/11		Subsistence				3.00		121.00	3.00			3.00	
09/12		D-:Shepherdstown, WV											
09/12		A-:Residence											
09/12		Subsistence				13.00			13.00			13.00	
										SUBTOTALS ▶		28.00	
										TOTALS ▶		28.00	

80/447 28.00

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 ▶ 29.00

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 to 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.

STANDARD FORM 1012 BACK (REV. 10-77)

2009-09-25 10:31

THE NATIONAL
CONSERVATION
TRAINING CENTER

Renee Stone
(b) (6) [redacted]
US

Room No.	7639
Arrival	09-10-09
Departure	09-12-09
Folio No.	8351
Cashier No.	1003
Page No.	1 of 1

Group Code	0908OFFICEO
Group	Office of Secretary Sennior Staff
Rate Code	MNFGOV

Date	Description	Charges	Credits
09-10-09	Lodging and Meals	121.00	
09-11-09	Lodging and Meals	121.00	
09-11-09	Mastercard (b) (6) [redacted]		242.00
	Total Charges	**242.00**	
	Total Credits		**242.00**
	Balance		**0.00**
			USD

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 | Fax: (304)876-7218 | training.fws.gov
CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Friday September 11 2009 3:35 PM

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Stone 0911.09 Amend
2. September 1, 2009 (DATE)

3. OS/SIO (BUREAU OR OFFICE)

4. NAME Stone, Renee
5. OFFICIAL STATION Washington, DC
6. TITLE Deputy Chief of Staff
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC and vicinity
9. TO: Shepherdstown, WV and return

10. PURPOSE AND REMARKS:

Attend Senior Staff Retreat for DOI political appointees at the National Conservation Training Center.

11. PER DIEM ALLOWANCE:

Maximum authorized by existing laws and regulations at time of travel.

12. PERIOD OF TRAVEL: Beginning on or about 09/10/09 Ending on or about 09/12/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance at a mileage rate of .55 cents, subject to:
16. X Privately owned
    - (a) X Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	80.00
21. Per Diem		243.00
22. Other		
23. TOTAL	$	323.00

24. CHARGED TO:
09 1000.DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Deputy Chief of Staff (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Asst.Secretary - PMB (TITLE)

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barb Smith Fax: 303-969-6631

From: Barb Martin Date: 9/25/2009

Re: Enclosed are travel vouchers for Meghan Conklin, Sarah Bittleman, Elizabeth Marster, Robert Abbey, Craig Francis, Milton Feam and Tara Allgood Pages:

cc: Adct Julia Ridriguez / Renae Stone

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000076 Baca, Sylvia
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Houston, TX
f. RESIDENCE (City and State): Houston, TX

6. PERIOD OF TRAVEL: a. FROM 03-26-2009 b. TO 03-29-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Baca-2 b. DATE(S) 03-24-2009

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

10. CHECK NO.

11. PAID BY

TDY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
0057401702545	1,117.70	CO	Economy	03-24-2009	Houston, TX	Washington, DC and return
8908140816977	28.25				ticket agent fee	

APR 29 2009

Invitational travel. Air fare purchased with corporate card. Use of limousine taxi approved. Cost is comparable to taxi fare. Traveler remained in Washington, DC 2 additional days. Per diem allowance only on travel days. Air fare to return to Houston on 3/29 was $100 more than return on 3/27, at the conclusion of official business. Traveler is reimbursing the Department of the Interior for the $100 additional fare with the attached personal check.

2110 305.00
2116 .18 2.00
2111 453.1
2117 40.00

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: Sylvia V. Baca DATE 4/29/09

AMOUNT CLAIMED $ 572.31

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; id. 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: Renan Stone DATE 4/27/09

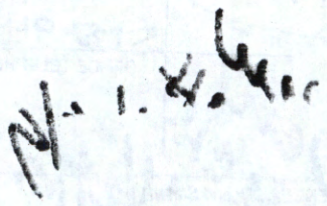
17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER $ 572.31

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/5/09



..0..

305.00 +
91.00 +
45.31 +
40.00 +
572.31 -
..0..

91.00 +
91.00 +
182.00 *

..0..

176.31 +
395.00 +
..0..

305.00 +
1.72 +
..0..

305.00 +
182.00 +
45.31 +
40.00 +
572.31 *

..0..

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

(Col. (g)) 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Baca-2

TRAVELER'S LAST NAME

Baca

2009 (a)	TIME (Hour and minutes) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (d)	MEALS DINNER (d)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (n)	LODGING (j)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: $ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (i)	SUBSISTENCE (m)	OTHER (n)
3/26	4:00 pm	Depart residence via Limousine Taxi											91.00
	5:50 pm	Depart Houston, TX											91.00
	9:44 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Continental Airlines baggage fee											15.00
		Hotel tax											30.31 I
		Taxi DCA/Lodging											17.00
3/27		Taxi Lodging/DOI											8.00
3/28		Personal Time											
3/29	3:45 pm	Depart Washington, DC											
	8:18 pm	Arrive Houston, TX					48.00		48.00			48.00	
		Continental Airlines baggage fee											15.00 R
	9:00 pm	Arrive residence via Limousine taxi										91.00	
									SUBTOTALS ▶			$396.00	$176.31
									TOTALS ▶			$396.00	$176.31

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

Enter grand total of columns (i), (m) and (n), below and in Item 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $572.31

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 Regulation (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. This information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or other law 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.

4531
91.00
40

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. Baca-2
2. 03/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Sylvia Baca 5. OFFICIAL STATION Houston, TX

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Houston, TX
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational Travel: Traveler is interviewing for a position at the Department of the Interior.

Traveler will be on personal leave March 28 and 29. Air fare to return on 3/29 is $100 more than return fare on 3/27. Traveler will pay the difference via check made out to DOI.

11. **PER DIEM ALLOWANCE:**

Per diem allowed in accordance with Federal Travel Regulations as published in the Federal Register. Per diem allowed for 3/27 and 3/27 only.

12. **PERIOD OF TRAVEL: Beginning on or about** 03/26/09 **Ending on or about** 03/29/09

MODE OF TRAVEL

13. ☒ Common carrier 14. Extra fare 15. Government-owned conveyance
16. ☒ Privately owned at a mileage rate of cents, subject to:
   - *(a)* ☒ Administratively determined to be the advantage of the Government
   - *(b)* A showing of advantage to the Government
   - *(c)* Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ☒ Other *(specify)* Taxi fare , baggage fee
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1150.00
21. Per Diem		100.00
22. Other		50.00
23. TOTAL	$	1300.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTING SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

1202

SYLVIA V. BACA 01-07

(b) (6)

4/24/09
DATE

PAY TO THE ORDER OF Department of Interior $ 100 00/100

One-hundred and 00/100 DOLLARS

Bank of America

Premier Banking

ACH R/T 111900026

Sylvia V. Baca

(b) (6)

the westin grand, washington d.c.
2350 m street n.w. washington, dc 20037
phone 202.429.0100 fax 202.857.0127
westin.com/washingtongrand

guest

Sylvia Baca
Sato Travel/tmc
(b) (6) [redacted]

	215		
room	209.00		
rate	1		
no.pers.	272667	RX-A	
folio	1		
page	26-MAR-09	22:35	
arrive	27-MAR-09		
depart	AX		
payment			

Carlson Wagonlit Travel
1849 C St Nw

Washington, DC 20240-000

26-MAR-09	RT215	Room Tax		30.31
26-MAR-09	r. clipper	Commission Concessions		5.00
27-MAR-09	AX	American Express	244.31-	
		Balance Due	0.00	

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
26-MAR-09	239.31	0.00	0.00	5.00	244.31	0.00
Total	239.31	0.00	0.00	5.00	244.31	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
Signature _____

As a Starwood Preferred Guest you have earned at least 418 Starpoints for this visit A41611059505

Sylvia Baca
FOLIO 272667 26-MAR-09

WESTIN
HOTELS & RESORTS

VIP RECEIPT

#0530

TEL: 703-333-5800

DATE: 3/26 TIME: 3/26

TRIP ORIGIN: Nat'L Airport

DESTINATION: Westin Hotel

FARE: $ 17.00

SIGNATURE _____

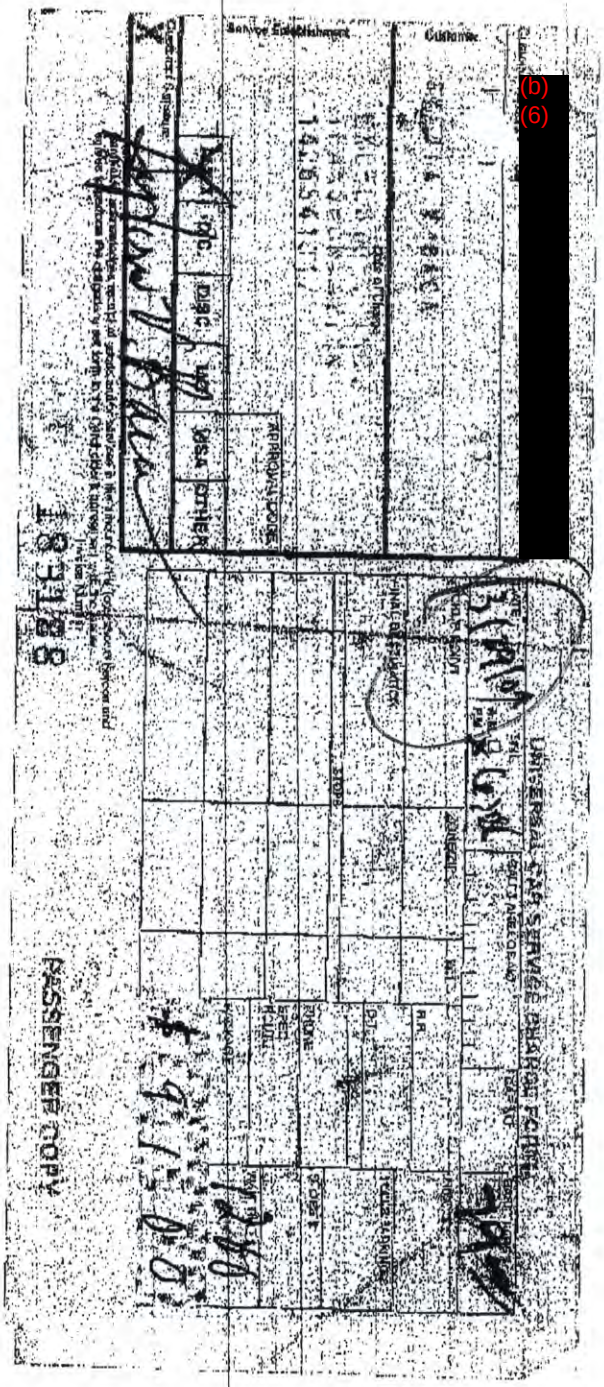
Taxi Cab Receipts

DATE: 3/27 TIME: _____

TRIP ORIGIN: Hotel

DESTINATION: DOI

FARE: $ 8.00 SIGNATURE _____



3/26

(b) (6) [redacted]

UNIVERSAL CAR SERVICE CHARGE FORM

Cardmember Account Number	DATE	CALL/FARE/JOB NO.	CAR NO.	BASIC FARE $
[illegible] N BACA	08/18/08			79.00

PICKUP POINT	ZONE/ZIP			
FINAL DESTINATION			TOLLS/PARKING $	
STOP			STOPS $	
			WAIT TIME $	12.00
			TOTAL	91.00

Date of Charge

APPROVAL CODE

AMEX	D.C.	DISC.	MC	VISA	OTHER

Cardmember Signature

Cardmember acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardmember's agreement with the issuer.

075558

PASSENGER COPY

Continental

[redacted]

March 24, 2009

Carlson Wagonlit Travel SatdTravel.

For: SYLVIA BACA GDOIOS

To: NGMSDOI
"INVITATIONAL".
ETKT 24MAR.

Sales Person: 77
Locator: BHWVPW
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday March 26, 2009

Continental Airlines — Flight Number: 1558
Class of Service:Coach Class M
Depart: HOUSTON/INTERCONT,TX — 5:50 Pm March 26, 2009
Arrive: WASHINGTON/NATL,DC — 9:44 Pm March 26, 2009
Total Flight Time: — 2 Hours 54 Minutes Non-Stop
Equipment: 73G
Meal Service: Snack
Status: Confirmed — Confirmation Number: BYZE2D
Reserved Seat: BACA/SYLVIA 16B
DEP-TERMINAL C — ARR-TERMINAL B

Thursday March 26, 2009

WASHINGTON/NATL,DC
WESTIN HOTELS THE WESTIN GRAND
2350 M STREET NW
WASHINGTON DC 20037
Phone Number: 202 429-0100
Fax Number: 202 429-9759
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 26, 2009
Check Out: Mar 27, 2009
Confirmation Number: C791456850
Cancellation Policy: Cancel 1 day prior

Sunday March 29, 2009

Continental Airlines — Flight Number: 1859
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 3:46 Pm March 29, 2009
Arrive: HOUSTON/INTERCONT,TX — 6:18 Pm March 29, 2009
Total Flight Time: — 3 Hours 32 Minutes Non-Stop
Equipment: 738
Meal Service: None
Status: Confirmed — Confirmation Number: BYZE2D
Reserved Seat: BACA/SYLVIA 10A
DEP-TERMINAL B — ARR-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BACA SYLVIA	4336/0057401702545	1021.40USD	76.60US	7.20ZP	12.50XT	1,117.70
BACA SYLVIA	4336/8906140616977	28.25				28.25
					Total Amount:	1,145.95

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL FREE 877-898-2654
CAR DECLINED/A//24HR

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 91000075 Baca, Sylvia

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 03-15-2006 b. TO 03-16-2006

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

4/30/09 ACH

d. OFFICE TELEPHONE NO

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Baca-1 b. DATE(S) 03-12-2009

e. PRESENT DUTY STATION: Houston, TX

f. RESIDENCE (City and State): (b) (6)

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

TOT

Traveler's Initials ▶

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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).

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)
1036.70	UA	Economy	03-13-2009	Houston, TX	Washington, DC and return
28.25				ticket agent fee	

0167401702526
8908140616959

Invitational travel. Air fare purchased with corporate card. Use of a limo to travel to/from Bush International Airort in Houston is approved. Cost is comparable to taxi fare.

2110 308.00
211 I 603
211 T 84.80
211 L 18.00

APR 29 2009

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 ▶ Sylvia T Baca DATE 4/29/09

AMOUNT CLAIMED ▶ $ 631.91

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 ▶ Ronnie Stang DATE 4/27/09

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
Certifier's initials. $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

NET TO TRAVELER ▶ $ 631.91

5/5/09

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

1012-116 NSN 7540-00-634-4160 STANDARD FORM 1012 (REV. 10-77)

This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Col. (b) If this 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) (m) (g) Show amount incurred for each meal, including tax, 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 without travel), 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Base-1

TRAVELER'S LAST NAME

Base

2009	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)
3/15	10:00 am	Depart Residence via Limousine Taxi											91.00
	12:12 pm	Depart Houston, TX											
	4:10 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Motel Tax											30.31
		Taxi IAD/Lodgin				56.00 +							59.60
						8.00 +							
		United Airlines				17.00 +							15.00
						0.00							
		Taxi Lodging/D											8.00
3/16													
		Taxi DCI/DCA				91.00 +							17.00
						91.00 +							
	7:30 pm	Depart Washir				0.00							
	10:00 pm	Arrive Houstor					48.00	-209	48.00			48.00	
		Continental Ai				305.00 +							15.00
						60.31 +							
	11:00 pm	Arrive residen taxi				81.00 +							91.00
						182.00 +							
						0.00							
						0.00							
						0.00							
						59.60 +							
						8.00 +							
						17.00 +							
						0.00							
						305.00 +							
						60.31 +							
						84.60 +							
						182.00 +							
						631.91 *							
						0.00							

If additional space is requir ... *ing the front blank.*

SUBTOTALS ▶ $305.00 $326.91

TOTALS ▶ $305.00 $326.91

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

TOTAL AMOUNT CLAIMED ▶ $631.91

In compliance with the Privacy Act of 19... Solicitation of the information on this for... implemented by the Federal Travel Regu... 22, 1971, E.O. 11012 of March 27, 1962... U.S.C. 5711(a) and 6109. The primary p... determine payment or reimbursement t... similar relocation expenses incurred und... and to record and maintain costs of au... The information will be used by officers ... information in the performance of thei... disclosed to appropriate Federal, State, ...sactions, or when pursuant to a requirement by this agency ...hiring or firing of an employee, the issuance of a security ...assignations of the performance of official duty while in ... Your Social Security Account Number (SSN) is solicited ... the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) ...ovember 22, 1943, for use as a tax payer and/or employee ...er disclosure is MANDATORY on vouchers claiming travel ...llowance expense reimbursement which is, or may be, taxable ...e of your SSN and other requested information is voluntary. ...however, failure to provide this information (other than SSN) ...t the claim may result in delay or loss of reimbursement.

...produced by E-Z-8 Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1946

TRAVEL AUTHORIZATION

1. No. Baca-1
2. 3/12/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Sylvia Baca
5. OFFICIAL STATION Houston, TX
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Houston, TX
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a possible position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

In accordance with Federal Travel Regulations. Lodging not to exceed 300% per diem.

12. **PERIOD OF TRAVEL:** Beginning on or about 3/15/2009 Ending on or about 3/16/2009

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare , baggage fees
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,080.00
21. Per Diem		310.00
22. Other		100.00
23. TOTAL	$	1,490.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (APPROPRIATION OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

March 13, 2009

Carlson Wagonlit Travel SabreTravel

For: SYLVIA BACA GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: KSACGP
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Sunday March 15, 2009

United Airlines — Flight Number: 7582
Class of Service:Coach Class Y
Depart: HOUSTON/INTERCONT,TX — 12:12 Pm March 15, 2009
Arrive: WASHINGTON/DULLES — 4:10 Pm March 15, 2009
Total Flight Time: — 2 Hours 58 Minutes Non-Stop
Equipment: E70
Meal Service: None
Status: Confirmed — Confirmation Number: Q6F5CC
Reserved Seat: BACA/SYLVIA 17D
DEP-TERMINAL A
*IAH-IAD OPERATED BY /UNITED EXPRESS/SHUTTLE AMERICA
IAH-IAD CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Sunday March 15, 2009

WASHINGTON/NATL,DC
UTELL INTERNATIONAL ONE WASHINGTON CIRCLE HOTEL
ONE WASHINGTON CIRCLE NW
WASHINGTON DC 20037
Phone Number: 202-872-1680
Fax Number: 202-887-4989
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 15, 2009
Check Out: Mar 16, 2009
Confirmation Number: 109359815
Cancellation Policy: Cancel 1 day prior

Monday March 16, 2009

Continental Airlines — Flight Number: 159
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 7:30 Pm March 16, 2009
Arrive: HOUSTON/INTERCONT,TX — 10:00 Pm March 16, 2009
Total Flight Time: — 3 Hours 30 Minutes Non-Stop
Equipment: 73G
Meal Service: None
Status: Confirmed — Confirmation Number: CBQ68S

Reserved Seat: BACA/SYLVIA 9D
DEP-TERMINAL B ARR-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BACA SYLVIA	4317/0167401702526	946.05USD	70.95US	7.20ZP	12.50XT	1,036.70
BACA SYLVIA	4317/8908140616959	28.25				28.25
					Total Amount:	1,064.95

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//12MAR

TAXICAB RECEIPT

Time: _____

Date: 3/16

Origin of trip: DOI

Destination: National Airport

Fare: $ 17.00 Sign: _____

TAXICAB RECEIPT

Time: _____

Date: 3/16

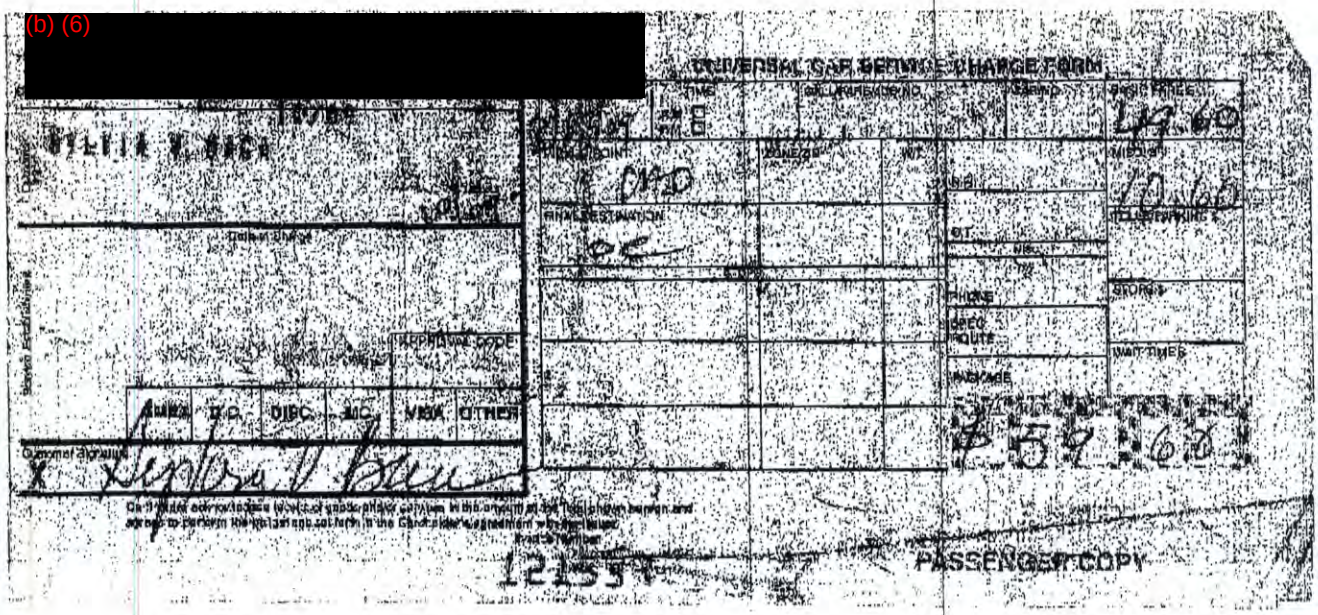
Origin of trip: Hotel

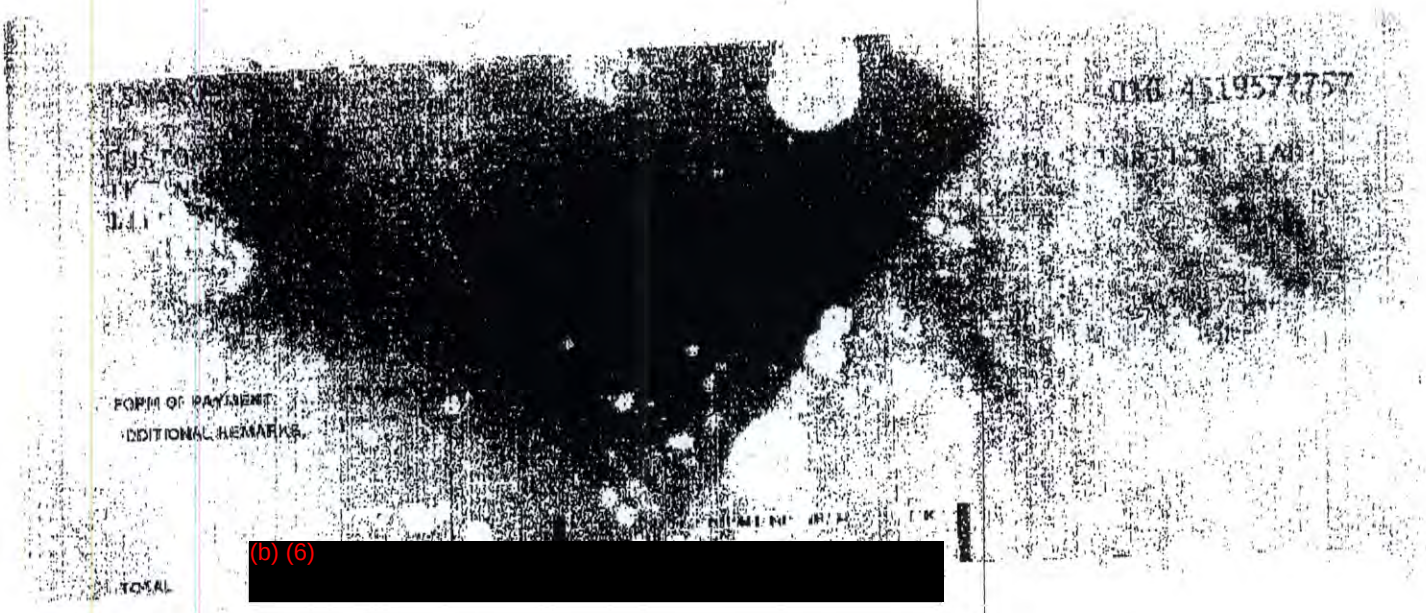
Destination: DOI

Fare: $ 8.00 Sign: _____

(b) (6)

[redacted]




FORM OF PAYMENT
ADDITIONAL REMARKS
(b) (6)
TOTAL

One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 8721680
Fax: (202) 887-4989
Member Potomac Hotel Group

Sylvia Baca

US

		Room No.	: 814
		Arrival	: 03-15-09
		Departure	: 03-16-09
		Page No.	: 1 of 1
		Invoice No.	:
A/R Number	:	Conf. No.	: 441159
Group Code	:		
Company Name	: Utell	Crs. No.	:

Date	Text	Charges USD	Credits USD
03-15-09	Room Charge	209.00	
03-15-09	Room Tax (14.5%)	30.31	
	Total	**239.31**	**0.00**
	Balance	**239.31 USD**	

REMARKS:
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 for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.
SIGNATURE:

Baca, Sylvia

From: reservations@excelsiorlimo.com
Sent: Thursday, April 09, 2009 9:34 AM
To: Baca, Sylvia
Subject: Ride Receipt for Reservation# 371091-1

EXCELSIOR TRANSPORTATION INC.
11500 TANNER ROAD
HOUSTON, TX 77041
Phone: 713-466-5844 Fax: 713-466-5883
Email: reservations@excelsiorlimo.com
Web: www.excelsiorlimo.com

Ride Receipt

BP
501 WESTLAKE PARK BLVD
Houston, TX 77079

Account# : BP
Invoice# : CCP031809
Inv Date : 03/18/09

Date	Description	Charges	Credits
03/15/09	**Res#:** 371091-1 **PU:** (b) (6) [redacted] **Drop:** IAH 7582 UA **Pickup:** 10:00AM **Dropoff:** 10:29AM **Passenger:** Baca, Sylvia		
	Flat: SEDAN	$79.00	
	Req By: Sylvia Baca Chauf: JR		
	Wait Time: - Wait Chg:		
	Phone: - Mins Phone:		
Stops	Stops:	$0.00	
	Department# : CA,CC		
	Gratuity:	$12.00	
	Discount:		
	Deposit:		
	Ride Total:	$91.00	
	Paid By Credit Card AX (b) (6) [redacted] **Trip Amount Due:**	**$0.00**	

Baca, Sylvia

From: reservations@excelsiorlimo.com
Sent: Thursday, April 09, 2009 9:34 AM
To: Baca, Sylvia
Subject: Ride Receipt for Reservation# 371091-2

EXCELSIOR TRANSPORTATION INC.
11500 TANNER ROAD
HOUSTON, TX 77041
Phone: 713-466-5844 Fax: 713-466-5883
Email: reservations@excelsiorlimo.com
Web: www.excelsiorlimo.com

Ride Receipt

BP
501 WESTLAKE PARK BLVD
Houston, TX 77079

Account# : BP
Invoice# : CCP031809
Inv Date : 03/18/09

Date	Description	Charges	Credits
03/16/09	**Res#:** 371091-2 **PU:** IAH 359 CO **Drop:** 14315 Kingston Cove Ln. Houston TX 77077 **Pickup:** 08:05PM **Dropoff:** 08:50PM **Passenger:** Baca, Sylvia		
	Flat: SEDAN	$79.00	
	Req By: Sylvia Baca Chauf: ALI		
	Wait Time: - Wait Chg:		
	Phone: - Mins Phone:		
Stops	Stops:	$0.00	
	Department# : CA,CC		
	Gratuity:	$12.00	
	Discount:		
	Deposit:		
	Ride Total:	$91.00	
	Paid By Credit Card AX (b) (6) [redacted] **Trip Amount Due:**	**$0.00**	

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91000016

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): True, Todd
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION:
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 04-13-2009 b. TO 04-15-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TATrue2009 b. DATE(S) 04-08-2009

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

10. CHECK NO.

11. PAID BY

TDT
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
Teleticket 44050167401702613	966.30	UA	coach	04-09-2009	Seattle, Washington And return	Washington, D.C. Salt Lake City, Utah
Agent ticket fee 44058908144782789	38.25					

JUL 21 2009

No cost to Avitare cost only Invitational Travel only.

21105700
211I 60.62
211T 125.00

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 ▶ DATE 7/16/09 AMOUNT CLAIMED ▶ $ 763.62

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; Id. 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 ▶ Deputy Chief of Staff DATE 7-16-09

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

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 ▶ $ 763.62

8/3/09 R

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01-09

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

Col. (a) 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. (c) thru (g): Show amount incurred for each meal, including tax, 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.

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

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

Complete this information if this is a continuation sheet: PAGE 22 OF PAGES

TRAVEL AUTHORIZATION NO.

TATrue2009

TRAVELER'S LAST NAME

True

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

TINF

2009

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: ¢

(a)	MEALS (c) LUNCH	(d) DINNER	(e) TOTAL	(f) MISCELLANEOUS SUBSISTENCE	(g) LODGING	(h) TOTAL SUBSISTENCE EXPENSE	(i) NO. OF MILES	AMOUNT CLAIMED (j) MILEAGE	(k) SUBSISTENCE	(l) OTHER
4/13				48.00	200.00	262.00			257.00	60.00
4/13										30.31
4/14				64.00	209.00	273.00			273.00	
4/14										30.31
4/15										65.00
4/15				48.00		48.00			48.00	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) 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, 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TATrue2009

TRAVELER'S LAST NAME

True

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS — BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
										SUBTOTALS ▶			
										TOTALS ▶		$578.00	$185.62

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $763.62

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 Regulation (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.

This form was electronically produced by Elite Federal Forms, Inc.

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date: 04.13.09

Name: [illegible]

$: [illegible]

From: Dulles

To: One Washington Circle

Driver: [illegible]

TAXICAB # 729

www.hudson-dc.com

42 Andre H

Tbl 84/1 Chk 1969 Gst 1
Apr14'09 08:10PM

~~1 Rentos K 9 OZ~~	~~6.00~~
1 Caesar Salad	9.00
1 Mac n Cheese	9.00
~~1 Desero Walb 3 OZ~~	~~6.00~~
1 Choc Cake	11.00
1 Coffee	3.50
Subtotal	44.50
Sales Tax	4.45
09:21PM Total	48.95
	-12.00
	36.95

Thank You for Exploring....

Available for Private Parties

Spend Your Holidays with Us

TAXICAB RECEIPT

Time: 4:10 PM

Date: 4/14/09

Origin of trip: One Washington Circle

Destination: Mount Vernon

Fare: $45.00 Sign: [illegible]

SANDELLA'S CAFE
2236 M STREET NW
WASHINGTON, DC
202-506-6030

DATE	04/14/2009	TUE
	TURKEY &MOZZ PANINI T1	$6.99
	COMBO CHIPS T1	$1.99
	SUB TOTAL	8.98
	SUB TOTAL	8.98
	SUB TOTAL	8.98
	*** TAKE OUT ***	
	~~SUB TOTAL~~	~~$8.98~~
	TAX TOTAL	$0.90
	TOTAL	$9.88
	CASH	$20.00
	CHANGE	$10.12

* ORDER# 0175 *

NO.017775 REG 01 KEVIN TUNSTA TIME 13:13

THANK YOU !
VISIT WWW.SANDELLAS@COMCAST.NET

ONE WASHINGTON CIRCLE HOTEL

An Affiliate of The George Washington University
One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 8721680
Fax: (202) 887-4989
Member Potomac Hotel Group

todd true

US

Room No. : 105
Arrival : 04-13-09
Departure : 04-15-09
Page No. : 1 of 1
Invoice No. :
Conf. No. : 448435
Crs. No. : 110609915

A/R Number :
Group Code :
Company Name : Utell

Date	Text	Charges USD	Credits USD
04-13-09	Room Charge	209.00	
04-13-09	Room Tax (14.5%)	30.31	
04-14-09	Room Charge	209.00	
04-14-09	Room Tax (14.5%)	30.31	
	Total	478.62	0.00
	Balance	478.62 USD	

4-20

Diane –
Hyu is hotel receipt.
Attached are receipts for taxis
from & to Dulles and for
lunch & dinner on 4/14
Thanks. E-mail if you have
questions. Todd

REMARKS:
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 for any or the full mount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.
SIGNATURE

April 9, 2009

Carlson Wagonlit Travel Satotravel

For: TODD TRUE GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: PZOWWY
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday April 13, 2009

United Airlines — Flight Number: 260
Class of Service:Coach Class Y
Depart: SEATTLE/TACOMA,WA — 1:15 Pm April 13, 2009
Arrive: WASHINGTON/DULLES — 9:09 Pm April 13, 2009
Total Flight Time: — 4 Hours 54 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: L5PEWW
Reserved Seat: TRUE/TODD 31D
STAR ALLIANCE

Monday April 13, 2009

WASHINGTON/MATL,DC
UTELL INTERNATIONAL ONE WASHINGTON CIRCLE HOTEL
ONE WASHINGTON CIRCLE NW
WASHINGTON DC 20037
Phone Number: 202-872-1680
Fax Number: 202-887-4989
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 13, 2009
Check Out: Apr 15, 2009
Confirmation Number: 110609915
Cancellation Policy: Cancel by 10PM

Monday April 13, 2009

Other Service
Apr 13, 2009 - Apr 13, 2009
Departure City: WASHINGTON/ANY ARPT
HOTEL GUARANTEED CANCEL BY 10PM TO AVOID BILLING

Wednesday April 15, 2009

United Airlines — Flight Number: 517
Class of Service:Coach Class V
Depart: WASHINGTON/DULLES — 2:45 Pm April 15, 2009
Arrive: DENVER, CO — 4:40 Pm April 15, 2009
Total Flight Time: — 3 Hours 55 Minutes Non-Stop

Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: L5PHNW
Reserved Seat: TRUE/TODD 32A
STAR ALLIANCE

Wednesday April 15, 2009

United Airlines Flight Number: 6683
Class of Service:Coach Class V
Depart: DENVER, CO 6:02 Pm April 15, 2009
Arrive: SALT LAKE CITY,UT 7:34 Pm April 15, 2009
Total Flight Time: 1 Hour 32 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed Confirmation Number: L5PHNW
Reserved Seat: TRUE/TODD 10D
ARR-TERMINAL UNIT 1
*DEN-SLC OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
DEN-SLC CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
TRUE TODD	4405/0167401702613	873.49USD	65.51US	10.80ZP	16.50XT	966.30
TRUE TODD	4405/8908144762788	28.25				28.25
					Total Amount:	994.55

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/07APR

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. [illegible]
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TA Interc2009
2. 04-08-2009 (DATE)
3. OS (BUREAU OR OFFICE)

4. NAME Tcce True, (b) (6) 5. OFFICIAL STATION Washington, D.C.

6. TITLE 7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, Washington
9. TO: Washington, D.C. and return to Salt Lake City, Utah

10. PURPOSE AND REMARKS:

Official business as may be required. Candidate for interview with the Secretary's office.

11. PER DIEM ALLOWANCE:

Actial lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds ---
Air fare Only

12. PERIOD OF TRAVEL: Beginning on or about 04-13-2009 Ending on or about 04-15-2009

MODE OF TRAVEL

13. [X] Common carrier 14. [ ] Extra fare 15. [ ] Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
(a) [X] Administratively determined to be the advantage of the Government
(b) [ ] A showing of advantage to the Government
(c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
18. [ ] Other *(specify)*
19. [ ] Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 963.00	
21. Per Diem	160.00	
22. Other	150.00	
23. TOTAL	1,273.30 $	

24. CHARGED TO:
2009-1000-DDD01-00

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Associate Deputy Secretary for Interior (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

2009-06-18 13:16 FAX 2022085627 >> 3030606631 P 11/18

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: 91000122

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Trahant, Mark
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Bainbridge Island, WA
f. RESIDENCE (City and State): Bainbridge Island, WA

6. PERIOD OF TRAVEL: a. FROM 05-04-2009 b. TO 05-05-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Trahant1 b. DATE(S) 04-30-2009

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

10. CHECK NO.

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 shown claim on reverse side.)

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

	AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
	(a)	(b)	(c)	(d)	(e)	(f)
See attached e-ticket	419.20	AK	Economy	05-04-2009	Seattle, WA	Washington, DC and return
Ticket agent fee	28.25					

Invitational travel. Air fare charged to corporate card.

JUN 16 2009

2110.3050
211I 3031
211T55

NO org

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 ▶ M N Trahant DATE 06-10-09 AMOUNT CLAIMED ▶ $ 390.31

NOTE: Falsification of an item on 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; id. 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 ▶ Renee Stone DATE 6/12/09

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 ▶ $ 390.31

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR
PAID

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ JUN 24 2009 DATE

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

6/24/09

1012-116

NSN 7540-00-634-4150

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

This form was electronically produced by Elite Federal Forms, Inc.

SCHEDULE OF EXPENSES AND AMOUN CLAIMI

2009

(a)

06/04

1650

If

In S in 2 U y

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

Complete for per diem and actual expense travel

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

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

Col (f) 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.

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

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

Complete for actual expense travel only

Complete this information if this is a continuation sheet.

PAGE 2

OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Trahant1

TRAVELER'S LAST NAME

Trahant

ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: ¢	AMOUNT CLAIMED		
MEALS			MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
BKFST/BRNCH (g)	DINNER (h)	TOTAL (i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
60.00 X									
75.00 %									
48.00 +			40.00	209.00	257.00			257.00	
0.00									30.31
48.00 +									15.00
48.00 +									
96.00 *			15.00		48.00			48.00	
0.00									40.00
209.64 +									
0.00									
0.00									
209.00 +									
209.00 *									
209.00 +									
96.00 +									
305.00 *									
0.00									
0.00 *									
15.00 +									
40.00 +									
30.31 +									
305.00 +									
390.31 *									
0.00									

SUBTOTALS ▶ $305.00 $85.31

TOTALS ▶ $305.00 $85.31

Enter grand total of columns (l), (m) and (n), below and in item 12 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $390.31

ther SF 1012-A BACK, leaving th front blank.

provided: ap. 57 as 309 of July 43, and 28 relative to travel uthorize on vernment. eed for the ion may be an relevant

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 non-instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR
WASHINGTON DC

TRAHANT, MARK

Room Number: 433
Daily Rate: 209.00
Room Type: QNDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
05/04/09	05/05/09	(b) (6)	SAT	ICNS	11420241754

DATE	ROOM NO	DESCRIPTION	REFERENCE	AMOUNT
05/04/09	433	ROOM CHARGE	#433 TRAHANT, MARK	$209.00
05/04/09	433	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31
05/05/09	433	URBANA RESTAURANT	433/3002/03:38/URBANA RESTAURANT	$22.03
05/05/09	433	MASTERCARD	MASTERCARD	($261.34)

TOTAL DUE: $0.00

KIMPTON every hotel tells a story
CARE | COMFORT | STYLE | FLAVOR | FUN

Taxi Cab Receipts

DATE: May 4, 2009 TIME: 10pm

TRIP ORIGIN: DCA

DESTINATION: Palamar Hotel

FARE: $ 15.00 SIGNATURE

DATE Tues 5 May 2009

CAB NO. 1574

DRIVER

FROM SEA

TO R T

AMOUNT 40.00

"Service with Pride"

PHONE

(206) 246-9999

SALES PERSON: ZZ ITINERARY/INVOICE NO: 0001586 DATE: 04 MAY 09
CUSTOMER NBR: 332:BGK LYDIGO PAGE: 01

TO: NGM8DO1
FTKT 30APR/*INVITATIONAL**.
ETKT 04MAY.

FOR: TRAHANT/MARK REF: GDGIOS

YOUR ESTIMATED AIRFARE ON 30APR AT 1154 IS 419.20
TICKET ISSUED TO CORP CARD - 277788
FIN M/SP OPC

04 MAY 09 - MONDAY
AIR ALASKA AIRLINES FLT:2 ECONOMY FOOD FOR PURCHASE
LV SEATTLE TACOMA 210P EQP: BOEING 737 800
04HR 49MIN
AR WASHINGTON REAGAN 959P NON-STOP
ARRIVE: TERMINAL B REF: KMMXCF
TRAHANT/MARK SEAT-28B

HOTEL WASHINGTON REAGAN OUT-05MAY
KIMPTON HOTELS 1 NIGHT
HOTEL PALOMAR DC-S 1 ROOM QUEEN DELUXE ROOM WITH ONE
2121 P STREET NW INCLUDES FREE WI FI AND WINE R
WASHINGTON DC 20037 RATE-309.00USD PER NIGHT
FONE 202-111-1600 CANCEL 24 HOURS PRIOR TO ARRIVAL
FAX 202-445-1801
GUARANTEED LATE ARRIVAL
CONFIRMATION 108942[illegible]

05 MAY 09 - TUESDAY
AIR ALASKA AIRLINES FLT:3 ECONOMY FOOD FOR PURCHASE
LV WASHINGTON REAGAN 555P EQP: BOEING 737-800
DEPART: TERMINAL B 05HR 50MIN
AR SEATTLE TACOMA 845P NON-STOP
REF: KMMXJP
TRAHANT/MARK SEAT-27E

PCO XD5145770812 BILLED TO MASTERCARD 28.25*

A/S TICKET 8027029126531 TRAHANT MARK 419.20*
ELEC TKT BILLED TO MASTERCARD

CONTINUED ON PAGE 2

SALES PERSON: 77 ITINERARY/INVOICE NO 6004586 DATE: 04 MAY 09
CUSTOMER NBR: 8321BCK LYDIGO PAGE: 02

TO: NGMSDOI
ETET SEARK**INVITATIONAL**.
ETET 04MAY.

FOR: TRAMANT/MARK REF: GOOTOS

05 MAY 09 - TUESDAY

SUB TOTAL	447.45
NET CC BILLING	447.45*
TOTAL AMOUNT DUE	0.00

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU. INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//30APR

P/3800
J15-CD
US-[illegible]
07-1.00-28.25-3.00

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
175	BS	1

Batch Totals

Input Date	Number of Documents
6/24/09	5

390.31 +
655.62 +
2,541.87 +
46.31 +
460.20 +
4,094.31 *

System Checked By: _____ **Date** _____

Batch Approval

Approved By: PAID

Date Approved: JUN 24 2009

8-39

2009-04-06 11:09 NO 0071 P04

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 910000050

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000050 Camilla Ihenetu
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 03-11-2009 b. TO 03-12-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Ihenetu-1 b. DATE(S) 03-10-2009

e. PRESENT DUTY STATION: Denver, CO

f. RESIDENCE (City and State): (b) (6)

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: 5
c. PAYEE'S SIGNATURE

11. PAID BY

RECEIVED
APR. 06 2009

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
4227401702518	439.20	FR	Economy	03-10-2009	Denver, CO	Washington, DC and return
Agent Fee	28.25					

Invitational Travel. Corporate card used to purchase airline ticket.

MAR 23 2009

211D -305.00
I -30.31
T -42.95

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 3/17/09 AMOUNT CLAIMED $ 378.26

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, id. 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: [signature] DATE 3/19/09

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: LB 4/7/10
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER $ 378.26

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Federal Forms, Inc. 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), (g), (h) Show amount incurred for each meal, including tax, tips, and daily total meal cost

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 expenses 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, airfare (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 2 PAGES

TRAVEL AUTHORIZATION NO.

Ihenetu-1

TRAVELER'S LAST NAME

Ihenetu

DATE 2009 (a)	TIME (Hour and a.m./p.m.) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (n)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: $ NO. OF MILES (k)	AMOUNT CLAIMED MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/11	11:55 a.m.	Depart Denver											
	4:59 p.m.	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel Taxes											30.31
		Taxi/Airport to hotel											18.40
3/12	1:00 p.m.	Official meeting at DOI Taxi/Hotel to DOI											6.50
	6:00 p.m.	Depart Washington, DC											
		Taxi/Hotel to airport											18.05
	8:07 p.m.	Arrive Denver					48.00		48.00			48.00	
												305.00	73.26
										SUBTOTALS ▶		$305.00	$73.26
										TOTALS ▶		$305.00	$73.26

209/64

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 ▶ 378.26

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 Regulation (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. 6051 (h) 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.

[redacted]

5.50+
18.05+
72.26*+

30.31+
18.40+
6.50+
18.05+
73.26*+

0.*

18.40+
6.50+
18.05+
42.95*+

0.*

305.00+
30.31+
42.95+
378.26*+

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1940

TRAVEL AUTHORIZATION

1. No. Ihenetu - 1
2. 3/10/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Camilla Ihenetu
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational Travel
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Denver, CO
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

Per diem allowance in accordance with the published Federal Travel Regulation. Lodging expenses not to exceed 300% per diem.

12. **PERIOD OF TRAVEL: Beginning on or about** 3/11/2009 **Ending on or about** 3/12/2009

MODE OF TRAVEL

13. ✗ **Common carrier**
14. **Extra fare** at a mileage rate of
15. **Government-owned conveyance** cents, subject to:
16. ✗ **Privately owned**
    - *(a)* ✗ **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. ✗ **Other** *(specify)*
    Taxi fare
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	450.00
21. Per Diem		310.00
22. Other		100.00
23. TOTAL	$	860.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (TRAVEL APPROVER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

EMBASSY SUITES HOTELS

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuites.com

Name & Address

IHENETU, CAMILLA

Suite 233/KSPN
Arrival Date 3/11/2009 5:57:00PM
Departure Date 3/12/2009 3:27:00PM

Adult/Child 1/0
Suite Rate 209.00

RATE PLAN S-GVT
HH#
AL:
CAR:

Folio

209/64

CONFIRMATION NUMBER : 85032250

3/12/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2009	4171502	GUEST ROOM	$209.00
3/11/2009	4171502	SUITE TAX	$30.31
3/12/2009	4172206	MC (b) (6)	($239.31)
		** BALANCE **	$0.00

ACCOUNT NO.

MC (b) (6)

CARD MEMBER NAME

IHENETU, CAMILLA

ESTABLISHMENT NO. & LOCATION

I HAVE REQUESTED DELIVERY OF THE USA TODAY. IF I

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE	FOLIO NO./CHECK NO.
03/11/09 18:46:00	488761 A

AUTHORIZATION 024627 INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -239.31

TheHiltonFamily
Hilton
CONRAD
DoubleTree
Hilton Garden Inn
Hilton Grand Vacations Club
Homewood Suites
USA Official Sponsor

March 10, 2009

Carlson Wagonlit Travel SatoTravel

For: CAMILLA IHENETU.GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: KXGPEY
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday March 11, 2009

Frontier Airlines — Flight Number: 724
Class of Service:Coach Class Y
Depart: DENVER, CO — 11:55 Am March 11, 2009
Arrive: WASHINGTON/NATL,DC — 4:59 Pm March 11, 2009
Total Flight Time: — 3 Hours 4 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed — Confirmation Number: HZERJK
Reserved Seat: IHENETU/CAMILLA 15D
ARR-TERMINAL C

Wednesday March 11, 2009

WASHINGTON/NATL,DC
EMBASSY SUITES EMBASSY STES WASHINGTON DC DTWN
1250 22ND ST NW
WASHINGTON DC 20037
Phone Number: 1-202-857-3388
Fax Number: 1-202-293-3173
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 11, 2009
Check Out: Mar 12, 2009
Confirmation Number: 85032250
Cancellation Policy: Cancel 24 hours prior

Thursday March 12, 2009

Frontier Airlines — Flight Number: 725
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:00 Pm March 12, 2009
Arrive: DENVER, CO — 8:07 Pm March 12, 2009
Total Flight Time: — 4 Hours 7 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed — Confirmation Number: HZERJK
Reserved Seat: IHENETU/CAMILLA 25D
DEP-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
IHENETU CAMILLA	4309/4227401702518	388.84USD	29.16US	7.20ZP	14.00XT	439.20
IHENETU CAMILLA	4309/8908140616951	28.25				28.25
					Total Amount:	467.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-696-2554
CAR DECLINED/A//09MAR

TAXICAB RECEIPT

Time: 12:05 P.M.
Date: 3/12/09

Origin of trip: 1250 22nd st nw

Destination: 1849 C st nw

Fare: 10.50 Sign: Terpak

Taxi Cab Receipts

DATE 3/11/09 TIME: ~15 min

TRIP ORIGIN: DCA

DESTINATION: Embassy Suites

FARE: $ 10.40 SIGNATURE

TAXICAB RECEIPT

Time: ~15 min
Date: 3/12/09

Origin of trip: Embassy Suites 22nd & M

Destination: DCA

Fare: 18.05 Sign:

P.01

TRANSACTION REPORT

APR-06-2009 MON 09:11 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
APR-06	09:06 AM	FAX	5'09"	9	FAX RX	OK		

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barbara Smith **Fax:** 303-969-6631

From: Barbara Martin **Date:** 4/6/2009

Re: Enclosed is a travel voucher for Camilla Ihenetu **Pages:**

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: U.S. Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS: 1849 C Street, NW, Washington, DC 20240

CONTACT PERSON NAME: Accounts Payable

TELEPHONE NUMBER: (202) 208-5723

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Camilla Ihenetu

SSN NO. OR TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON NAME: Camilla Ihenetu

TELEPHONE NUMBER: (303) 524-5068

FINANCIAL INSTITUTION INFORMATION

NAME: Wachovia Bank

ADDRESS: (b) (6) [redacted]

ACH COORDINATOR NAME:

TELEPHONE NUMBER: ( )

NINE-DIGIT ROUTING/TRANSIT NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE: Udoaku C Ihenetu

DEPOSITOR ACCOUNT NUMBER: (b) (6) [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT: [X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER: ( )

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 7/2005)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

09:43:47 Tue Apr 07, 2009

DOCID: TV O 910000050
STATUS: SCHED BATID: TV O 097RBB SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 910000050 VOUCHER PARTIAL/FINAL: F
LOG DATE: 04 06 2009 DOC ACTION: TOTAL VERIFIED: 378.26
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 03 11 2009 END DATE: 03 12 2009 TAX WITHHLD: I/D:
TRVL PURPSE: O MILEAGE: WTA: 0.00 OFFSET ELIG: Y
HOME ORG: 1000 MILE COST: TICKET AMT: 0.00
EMPLOYEE ID: (b) (6) DAYS: OWED EMPLOYEE: 378.26 I/D:
NAME : UDOAKU CAMILLA IHENETU EXCPTION CODE: SCHEDULE CATEGORY: A
ADDR1: (b) (6) PRINT CHECK: Y SCHEDULE FY:
ADDR2: NO CHECK DISB: N SCHED NUM:
ADDR3: DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: DENVER CO 80249
CHECK TYPE: COMMENTS TO PRINT:
FIELD 1: FIELD 2: FIELD 3: FIELD 4:

TTYP	TRAVEL ORDER ADV NUM	APPLIED AMOUNT	I/D	ADVANCE BALANCE	DESCRIPTION

FAX TRANSMITTAL

DENVER PAYMENTS UNIT

Department of the Interior/ Office of the Secretary
National Business Center – Products & Services
7301 West Mansfield Avenue, Rm. 330 – MS D-2730
Lakewood, CO 80235

DATE: 4/7/09

NUMBER OF PAGES TO FOLLOW: 1

****

TO: DARB MARTIN

ORGANIZATION: —

PHONE NO.

FAX NO. 202-208-5627

****

FROM: REBEKAH BEATTY

ORGANIZATION: ***FISCAL SERVICES***

PHONE NO. 303-969-~~6631~~ 5689

FAX NO. ~~(303) 969-7281~~ 303-969-6631

****

COMMENTS: Thank you! Rebekah

FAX TRANSMITTAL

DENVER PAYMENTS UNIT

Department of the Interior/ Office of the Secretary
National Business Center – Products & Services
7301 West Mansfield Avenue, Rm. 330 – MS D-2730
Lakewood, CO 80235

DATE: 4/7/09

NUMBER OF PAGES TO FOLLOW: 1

TO: ~~FROM~~ DARB MARTIN

ORGANIZATION: —

PHONE NO.

FAX NO. 202-208-5627

FROM: ~~TO~~ REBEKAH BEATTY

ORGANIZATION: FISCAL SERVICES

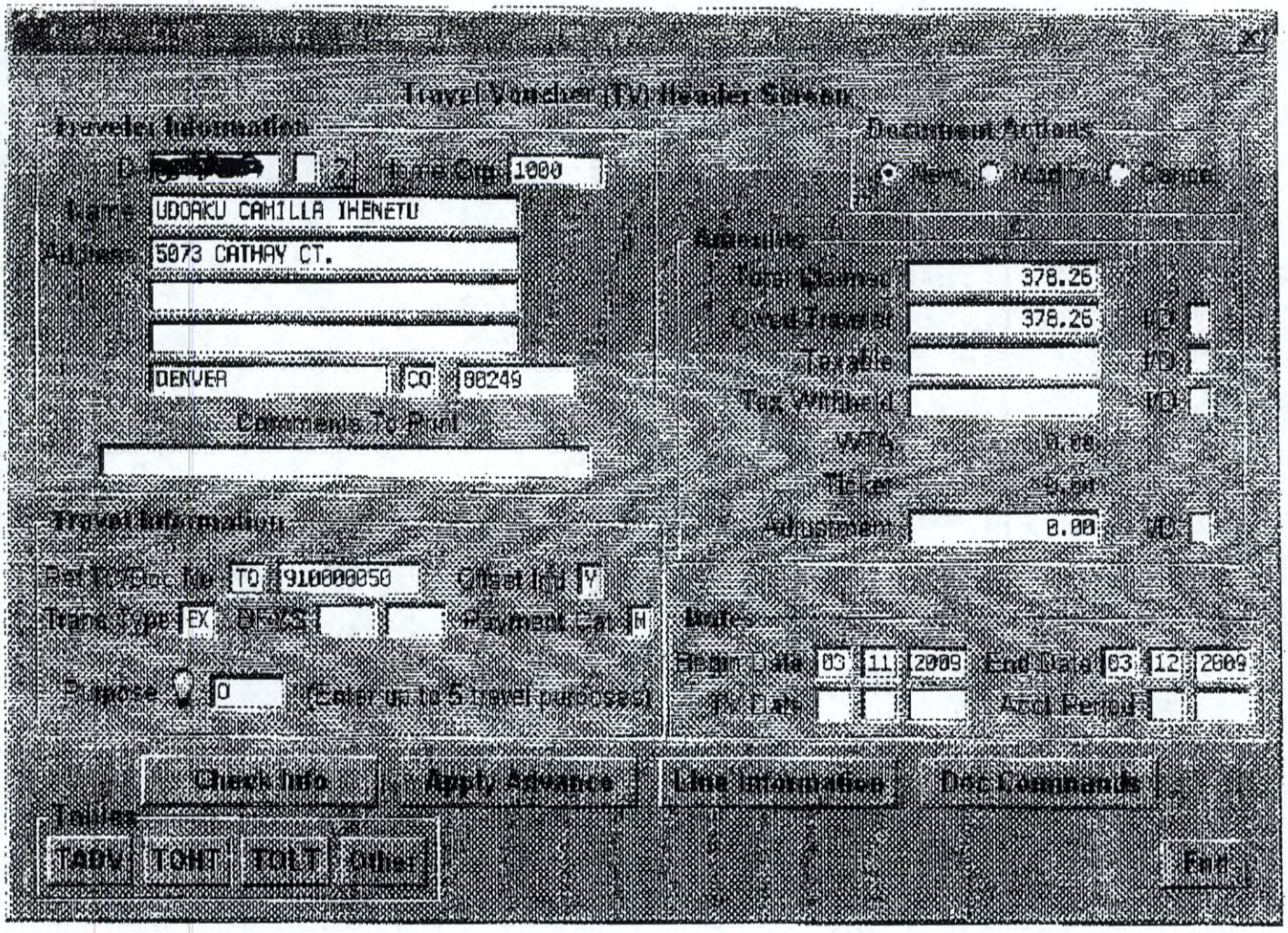
PHONE NO. 303-969-~~7281~~ 5089

FAX NO. ~~(303) 969-7281~~ 303-969-6631

COMMENTS: Thank you! Rebekah

Accepted Copy

Thanks


Travel Voucher (TV) Header Screen
Traveler Information
ID
2
Type Grp
1000
Name
UDOAKU CAMILLA IHENETU
Address
5073 CATHAY CT.
DENVER
CO
80249
Comments To Prnt
Travel Information
Ref Doc No
TD
910000050
Offset Ind
Y
Trans Type
EX
Purpose
0
(Enter up to 5 travel purposes)
Payment Cat
H
Document Actions
New
Add to
Cancel
Amounts
Total Claimed
378.25
Owed Traveler
378.25
Taxable
Tax Withheld
VAT
0.00
Ticket
0.00
Adjustment
0.00
Dates
From Date
03
11
2009
End Date
03
12
2009
TV Date
Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Totals
TADV
TOHT
TOIT
Other
Fwd

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

0 • *

378 • 26 +
378 • 26 * +

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division	Julian Date	Prep Unit	Sequence Number
TV	O	097	RB	B

Batch Totals

Input Date	Number of Documents	Net Total (Required)
4/7/09	1	378.26

System Checked By: RB Date 4/7/09

Batch Approval

Approved By: _____

Date Approved: _____

M-30-9

2009-04-20 15:55 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 91000058 Udoaku Ihenetu

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 03-19-2009 b. TO 03-21-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Ihenetu - 2 b. DATE(S) 03-18-2009

e. PRESENT DUTY STATION: Denver, CO

f. RESIDENCE (City and State): (b) (6)

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

RECEIVED APR 20 2009

TDT-I
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

(a) AGENT'S VALUATION OF TICKET	(b) ISSUING CARRIER (Initials)	(c) MODE CLASS OF SERVICE AND ACCOMMODATIONS	(d) DATE ISSUED	POINTS OF TRAVEL (e) FROM	(f) TO
4224701708542 439.20	FR	Economy	03-18-2009	Denver, CO	Washington, DC and return
8908140616974 28.25				ticket agent fee	

Invitational travel. Traveler remained one extra day in DC at no additional expense to the government. Corporate card used to purchase air fare.

2110-3050
2117-3031
2117-7001

APR 15 2009

personal Card

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: U.C. Ihe DATE 4/14/09

AMOUNT CLAIMED $ 342.31

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: Kenna Stone DATE 4/15/09

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

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 $ 342.31

4/21/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DD001 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

2009-04-20 15:22

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Ihenetu - 2

TRAVELER'S LAST NAME

Ihenetu

DATE 2009 (a)	TIME (Hour and minutes) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE (k) NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/19	11:55 a.m.	Depart Denver, CO											
	4:59 p.m.	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel tax											30.31
3/20		Washington, DC											
		Taxi Lodging/DOI											7.00
3/21	6:00 p.m.	Depart Washington, DC											
	8:07 p.m.	Arrive Denver, CO					48.00		48.00			48.00	
												305.00	
										SUBTOTALS ▶		$305.00	$37.31
										TOTALS ▶		$305.00	$37.31

20 04

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 ▶ $342.31

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 Regulation (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.

STANDARD FORM 1012 BACK (10-77)

This form was electronically produced by Elite Federal Forms, Inc

64 • x
75 • %
48 • 00 +
• • 0 • •
48 • 00 +
48 • 00 +
96 • 00 *
96 • 00 +
209 • 00 +
305 • 00 *
401 • 00 *
• • 0 • •
• • 0 • •
305 • 00 +
30 • 31 +
7 • 00 +
342 • 31 *
• • 0 • •
0 • 00 *
• • 0 • •

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1820
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Ihenetu - 2
2. 03/18/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Udoaku (Camilla) Ihenetu
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational Travel
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Denver, CO
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior. This is the employee's second round of interviews.

11. **PER DIEM ALLOWANCE:**

Per diem allowance in accordance with the published Federal Travel Regulation. Lodging expenses not to exceed 300% per diem. Traveler will be on official business March 19 and 20, returning to Denver on March 21. Lodging allowed for the night of 3/19 only. No per diem allowance on 3/21.

12. **PERIOD OF TRAVEL: Beginning on or about** 03/19/2009 **Ending on or about** 03/21/2009

MODE OF TRAVEL

13. [X] **Common carrier**
14. **Extra fare at a mileage rate of**
15. **Government-owned conveyance cents, subject to:**
16. [X] **Privately owned**
    - *(a)* [X] **Administratively determined to be the advantage of the Government**
    - *(b)* **A showing of advantage to the Government**
    - *(c)* **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
18. [X] **Other** *(specify)* Taxi fare
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	460.00
21. Per Diem		300.00
22. Other		100.00
23. TOTAL	$	850.00

24. **CHARGED TO:** 2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

EMBASSY SUITES
HOTELS

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation:
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

IHENETU UDOAKU
(b) (6)

Suite	721/TQBK	
Arrival Date	3/19/2009	6:39:00PM
Departure Date	3/20/2009	11:41:00AM
Adult/Child	1/0	
Suite Rate	208.00	
RATE PLAN		S-GVT
HH#		
AL:		
CAR:		

Folio

CONFIRMATION NUMBER : 85561487

3/20/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
			$208.00
3/19/2009	4180187	GUEST ROOM	$30.31
3/19/2009	4180187	SUITE TAX	($239.31)
3/20/2009	4180562	VS (b) (6)	
		** BALANCE **	$0.00

TheHiltonFamily
Hilton
CONRAD
DOUBLETREE
Embassy Suites Hotels
Hampton
Hilton Garden Inn
Hilton Grand Vacations Club
HOMEWOOD SUITES
USA Official Sponsor

ACCOUNT NO.
VS (b) (6)
CARD MEMBER NAME
IHENETU UDOAKU
ESTABLISHMENT NO. & LOCATION

I HAVE REQUESTED DELIVERY OF THE USA TODAY, IF I

CARD MEMBER'S SIGNATURE
X

DATE OF CHARGE	FOLIO NO./CHECK NO.
03/19/09 18:39:00	500052 A
AUTHORIZATION	INITIAL
384015	
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-239.31

TAXICAB RECEIPT

Time: 11:45
Date: 3/20/09

Origin of trip: Embassy Suites

Destination: DUI

Fare: $7.50

Sign: [signature]

March 18, 2009

Carlson Wagonlit Travel SatoTravel.

For: UDOAKU IHENETU GDOIOS

To: NGMSDOI
ETKT 18MAR.

Sales Person: 77
Locator: [redacted]
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday March 19, 2009

Frontier Airlines
Class of Service:Coach Class Y
Depart: DENVER, CO
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed
Reserved Seat: IHENETU/UDOAKU 3F
ARR-TERMINAL C

Flight Number: 724

11:55 Am March 19, 2009
4:59 Pm March 19, 2009
3 Hours 4 Minutes Non-Stop

Confirmation Number: KSNKTM

Thursday March 19, 2009

WASHINGTON/NATL,DC
EMBASSY SUITES EMBASSY STES WASHINGTON DC DTWN
1250 22ND ST NW
WASHINGTON DC 20037
Phone Number: 1-202-857-3388
Fax Number: 1-202-293-3173
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 19, 2009
Check Out: Mar 20, 2009
Confirmation Number: 80225580
Cancellation Policy: Cancel 24 hours prior

Saturday March 21, 2009

Frontier Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DENVER, CO
Total Flight Time:
Equipment: 319
Meal Service: Snack
Status: Confirmed
Reserved Seat: IHENETU/UDOAKU 2A
DEP-TERMINAL C

Flight Number: 725

6:00 Pm March 21, 2009
8:07 Pm March 21, 2009
4 Hours 7 Minutes Non-Stop

Confirmation Number: KSNKTM

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
IHENETU UDOAKU	4333/4227401702542	388.84USD	29.16US	7.20ZP	14.00XT	439.20
IHENETU UDOAKU	4333/8908140616974	28.25				28.25
					Total Amount:	467.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//17MAR

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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): 910000080 Ihenetu, Udoaku Camilla
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 04-11-2009
b. TO: 04-11-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): IhenRel-1
b. DATE(S): 03-25-2009

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

10. CHECK NO.

11. PAID BY

TOT
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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) ▶

	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)
See attached e-ticket	219.60	FR	Economy	04-01-2009	Denver, CO	Washington, DC
ticket agent fee	28.25					

Permanent Change of Station. Travel time was less than 12 hours. No per diem.

Air fare purchased with corporate card.

MAY 4 2009

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 ▶ U. Ihenetu DATE 4/29/09

AMOUNT CLAIMED ▶ $ 00.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (26 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 ▶ Renee Stone DATE 4/30/09

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 ▶ $ 00.00

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 ▶ DATE

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

5/4/9

3

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

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

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

(m) Show per diem amount, limited to maximum rate, or if travel on actus expense show the lesser of the amount from col. (i) 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

IhenRel-1

TRAVELER'S LAST NAME

Ihenetu

2009	TIME (Hour and minute)	DESCRIPTION (Departure/arrival city; per diem computation, or other explanations of expenses)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST	MEALS LUNCH	MEALS DINNER	MEALS TOTAL	MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE $ / NO. OF MILES	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
1/11	11:50 am	Depart Denver, CO											
	4:59 pm	Arrive Washington, DC											

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

SUBTOTALS ▶

TOTALS ▶

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 Regulation (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 the 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1350
FORM APPROVED BY BOMP, GEN. 178
November 6, 1949

New Appointee

TRAVEL AUTHORIZATION

1. No. IhenRel-1

2. 03/25/09 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME Udoaku Camilla Ihenetu

5. OFFICIAL STATION Washington, DC

6. TITLE Special Assistant

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Denver, CO , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 03/24/09

11 PER DIEM ALLOWANCE:

No per diem will be allowed for Enroute travel, as travel will be less than 12 hours. Taxi is authorized for travel to and from the airport. Self-Shipment (U-Haul) is authorized for shipment of Household Goods and Personal Effects.

12. PERIOD OF TRAVEL: Beginning on or about: **April 10, 2009** Ending on or about: **April 10, 2011**

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Exra Fare 15. ☐ Government-owned conveyance

16. ☐ Privately owned: at a mileage rate of cents, subject to:

(a) ☒ Administratively determined to be to the advantage of the Government
(b) ☒ A showing of advantage to the Government
(c) ☒ Not to exceed cost by common carrier including consideration of Per Diem allowance

MISCELLANEOUS

17 ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTF 30days

18 ☒ Other (Specify)
- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☐ Shipment of POV
- ☐ Real Estate Expenses
- ☒ Non GBL / Self-shipment U-Haul
- ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$ 359.00
21.	Per Diem	$ 0.00
22.	Other	$ 5,000.00
23.	TOTAL	$ 5,359.00

24. CHARGED TO: 2009 1000DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (TITLE)

28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

U.S. DEPARTMENT OF THE INTERIOR

NATIONAL BUSINESS CENTER

Office of the Secretary

Computation Form for Employee Estimate of Total Relocation Costs and Travel Advances

Name of Employee: **Udoaku Camilla Ihenetu**

Travel Authorization #:

Object Class		Estimate of costs to be computed by NBC	Employee advance request	Taxable
213C	Enroute - Airfare 209.00 one way travel	$209.00		
213D	M&IE en route CONUS % Rate = Employee 0 days @ 38.00 = 0.00 Spouse days @ 28.25 = N-A Unaccompanied spouse days @ 38.00 = N-A Dependent >12 X X days @ 28.25 = N-A Dependent <12 X X days @ 19.50 = N-A	$0.00 New Appointee - Family not authorized M&IE expenses		$0.00
213D	Lodging en route CONUS % Rate = Employee 0 days @ 70.00 = 0.00 Spouse days @ 52.50 = N-A Unaccompanied spouse days @ 70.00 = N-A Dependent >12 X X days @ 52.50 = N-A Dependent <12 X X days @ 35.00 = N-A	$0.00 New Appointee - Family not authorized lodging expenses		
213P	Transportation en route 1st POV miles @ = 0.00 2nd POV miles @ = 0.00 Taxable Mileage : 37 miles @ = 0.00 Tax: $ 50.00 Parking	$150.00		$0.00
213W	Transportation / Househunting POV miles @ = N-A Rental Car + Gas Airfare Taxi Parking	New Appointee		N-A
213V	Perdiem / Househunting Locality Rate % Rate = Employee days @ 0.00 = N-A Spouse days @ 0.00 = N-A Unaccompanied spouse days @ 0.00 = 0.00 H/H Fixed Rate (Locality Rate) Employee and Spouse @ 6.25 = N-A Employee or spouse only @ 5 = N-A	New Appointee		N-A
1212	Temporary Quarters Allowance Employee days @ 109.00 = N-A Spouse days @ 81.75 = N-A Unaccompanied spouse days @ 109.00 = N-A Dependent >12 X X days @ 81.75 = N-A Dependent <12 X X days @ 54.50 = N-A 2nd 30 days TQ T.Q. Fixed Rate (Locality Rate) Employee .75 days @ = N-A Family (#) .25 days @ = N-A	New Appointee		N-A
1216	Miscellaneous Allowance N-A Employee without immediate family N-A Employee with immediate family N-A Claim actual expenses	New Appointee		N-A
224F	Shipment of Household Goods lbs/GBL =	$0.00		
224F	U-Haul 5,000.00	$5,000.00		
224F	Temporary Storage of Household Goods Days = Allowed a total of 90 days for storage Storage over 30 days (taxable)	$0.00		$0.00
224L	Shipment of POV - Government Bill of Lading (GBL)	$0.00		
1213	Real Estate N-A Sale 7% NTE 10% N-A Purchase 3% NTE 5% Un-expired lease or lease break	New Appointee		N-A
1215	Relocation Income Tax Allowance (RITA) 39.3333333% of subtotal of column C	New Appointee		Subtotal $0.00
	TOTAL Total Estimated Costs: (amount obligated) Total Advance Requested	$5,359.00	$0.00	

April 1, 2009

Carlson Wagonlit Travel SatoTravel.

For: UDOAKU IHENETU GDOIOS

To: NGMSDOI
ETKT 09APR.
ETKT 09APR**OK TO ISSUE ON .

Sales Person: 77
Locator: NDAKEQ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Saturday April 11, 2009

Frontier Airlines — Flight Number: 724
Class of Service:Coach Class Y
Depart: DENVER, CO — 11:50 Am April 11, 2009
Arrive: WASHINGTON/WATL,DC — 4:59 Pm April 11, 2009
Total Flight Time: — 3 Hours 9 Minutes Non-Stop
Equipment: 319
Meal Service: Snack
Status: Confirmed — Confirmation Number: DDLHUC
Reserved Seat: IHENETU/UDOAKU 2F
ARR-TERMINAL C

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
IHENETU UDOAKU	4351/4227401702560	194.42USD	14.58US	3.60ZP	7.00XT	219.60
IHENETU UDOAKU	4351/8908144782753	28.25				28.25
					Total Amount:	247.85

SATO TRAVEL AFTER HOURS EMERGENCY 866-687-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//31MAR
LODGING DECLINED//31MAR

2009-07-07 11:47 FAX 2022085607 ... 303 969 7281 P.1/4

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91000014G

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Ward, Vincent

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 06-10-2009 b. TO 06-14-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Ward1 b. DATE(S) 06-08-2009

e. PRESENT DUTY STATION: Albuquerque, NM

f. RESIDENCE (City and State): (b) (6)

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

8. CASH PAYMENT RECEIPT: a. DATE RECEIVED; b. AMOUNT RECEIVED $; c. PAYEE'S SIGNATURE

Inv-to card

TOT

Traveler's initials

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

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

	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)	TO (f)
See attached ticket	309.60	AA	Economy	06-09-2009	Albuquerque, NM	Washington, DC
See attached ticket	415.70	UA	Economy	06-09-2009	Washington, DC	Albuquerque, NM
TMC	28.25					

JUL - 2 2009

210.1600
211T 1600

Invitational travel. Air fare purchased with corporate card. Lodging not claimed; lodging arrangements reserved thru SATO were inadvertently canceled by the hotel. Traveler was transferred to another hotel in the chain and was not charged due to hotel's mistake. Traveler remained in DC 2 additional days at no extra cost to the government.

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 6/25/09 AMOUNT CLAIMED $ 320.00

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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE: [signature] DATE 6-29-09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING 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 $ 320.00

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

This form was electronically produced by Elite Federal Forms, Inc.

7/2/09

2009-07-07 11:47 FAX 2022085427 303 969 7281 P 15/21

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, 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, tips (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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. Ward1

TRAVELER'S LAST NAME Ward

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/10		Taxi to Airport											20.00
	3:50 pm	Depart Albuquerque, NM											
	11:05 pm	Arrive Washington, DC					48.00		48.00			48.00	
		Taxi DCA/Lodging											35.[illegible]
08/11							64.00		64.00			64.00	30.[illegible]
													30.[illegible]
08/12													
08/13													25.00
08/14													20.00,
	6:02 pm												
	8:11 pm						48.00		48.00			48.00	
		SUBTOTALS										$160.00	160.00
		TOTALS										$160.00	160.00 ✓

MILEAGE RATE: ¢

209/47

160

48.00 +
64.00 +
48.00 +
160.00 *

..0..

35.00 +
50.00 +
20.00 +
25.00 +
20.00 +
..0..

20.00 +
35.00 +
50.00 +
30.00 +
25.00 +
20.00 +
20.00 -
160.00 *

160.00 +
160.00 +
320.00 *

If additional space ... BACK, leaving the front blank.

In compliance with the ... Solicitation of the information ... implemented by the ... 22, 1971 E.O. 11012 of ... and 6109 ... in payment or ... relocation expenses ... and to record and maintain ... The information will be ... information in the performance ... disclosed to appropriate ... 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 taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel allowance for relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in 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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 320.00 ✓

electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO 61-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1940

TRAVEL AUTHORIZATION

1. No. Ward1
2. 06/08/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Vincent J. Ward
5. OFFICIAL STATION Albuquerque, NM
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel.

Traveler will remain in DC an additional three days at no extra cost to the government.

11. PER DIEM ALLOWANCE:

Per diem in accordance with Federal Travel Regulation issued by GSA and published in the Federal Register. Per diem on travel dates only.

12. PERIOD OF TRAVEL: Beginning on or about 06/10/09 Ending on or about 06/14/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [X] Transportation immediate family
18. Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	750.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1200.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

June 9, 2009

Carlson Wagonlit Travel Sabtravel

For: VINCENT WARD GDOIOS

To: NGMSDOI
ETKT 08JUN.

Sales Person: 77
Locator: IGVAWU
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday June 10, 2009

American Airlines — Flight Number: 1485
Class of Service: Coach Class Y
Depart: ALBUQUERQUE, NM — 3:50 Pm June 10, 2009
Arrive: DALLAS/F.WORTH,TX — 6:30 Pm June 10, 2009
Total Flight Time: — 1 Hour 40 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed — Confirmation Number: IGVAWU
ONEWORLD

Wednesday June 10, 2009

American Airlines — Flight Number: 1900
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH,TX — 7:30 Pm June 10, 2009
Arrive: WASHINGTON/NATL,DC — 11:05 Pm June 10, 2009
Total Flight Time: — 2 Hours 45 Minutes Non-Stop
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: IGVAWU
Reserved Seat: WARD/VINCENT 11D
ARR-TERMINAL B
ONEWORLD

Wednesday June 10, 2009

WASHINGTON/NATL,DC
KIMCO HOTEL PALOMAR DC-A KIMPTON HTL
2121 P STREET NW
WASHINGTON DC 20037
Phone Number: 202-448-1800
Fax Number: 202-448-1801
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 10, 2009
Check Out: Jun 14, 2009
Confirmation Number: 1091245815

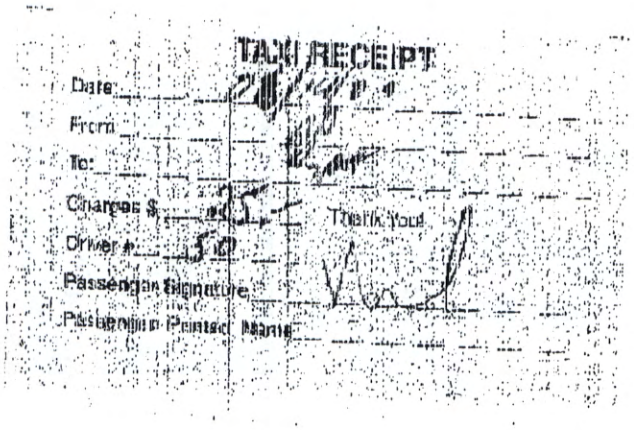
Candellation Policy: Cancel 24 hours prior

Sunday June 14, 2009

United Airlines Flight Number: 783
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES 6:02 Pm June 14, 2009
Arrive: ALBUQUERQUE, NM 8:11 Pm June 14, 2009
Total Flight Time: 4 Hours 9 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: P9LK90
Reserved Seat: WARD/VINCENT 19C
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WARD VINCENT	4737/0167681380015	278.14	31.46			309.60
WARD VINCENT	4737/8900500374426	28.25				28.25
WARD VINCENT	4736/0017681380014	368.37USD	27.68US	7.20ZP	12.50XT	415.70
					Total Amount:	753.55

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8616
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-898-2564
CAR DECLINED/A//08JUN



TAXI RECEIPT

Date: 2/6/09

From

To:

Charges $ 25.00 Thank You

Driver # 560

Passenger Signature

Passenger Printed Name

DATE 2/6/09 AMOUNT $ 25.00

RECEIVED FROM

FROM DCA

DESTINATION W. National Harbor

CAB #. 2026 DRIVER I.D.#

DRIVERS NAME

UNITED
14JUN09 ...
AGENT ID: ...
CUSTOMER: WARD/VINCENT J
TKT NBR: 016 7681380015
ITEMS:
20.00 BAG1 FEE

(b) (6) [redacted]

FORM OF PAYMENT:
ADDITIONAL REMARKS:

TOTAL USD020.00

STAPLE HERE

INSERT

Do not expose to excessive heat or direct sunlight.

BAGGAGE PAYMENT
CUSTOMER RECEIPT
016 4513910732

CPN: 1 ORIGIN: IAD DESTINATION: ABQ

CPN DOCUMENT NUMBER CK
1 016 4513910732 3

Taxi Cab Receipts

DATE: 6-11-09 TIME: ______

ORIGIN: DC

DESTINATION: DOI

FARE: $ 30.00 SIGNATURE: ______

Taxi Cab Receipts

DATE: 6-11-09 TIME: ______

TRIP ORIGIN: DC

DESTINATION: Gaylord - MD

FARE: $ 30.00 SIGNATURE: ______

RECEIPT DATE 6-10-09

FROM ______

TO Airport

AMOUNT $20.

SIGNATURE ______

Thank you. Your patronage is appreciated.

141407602

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

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): Vogel, Kenneth

b. SOCIAL SECURITY NO.: [redacted]

c. MAILING ADDRESS (Include ZIP Code): [redacted]

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION: Denver, Colorado

f. RESIDENCE (City and State): [redacted]

6. PERIOD OF TRAVEL: a. FROM 05/14/09 b. TO 05/15/09

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Vogel1 b. DATE(S) 5/13/09

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

TDT

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)
46180167423918556 46188908145774938 is 28.25	~~1,047.20~~	~~UA~~	coach	5/13/09	Denver, Colorado Washington, DC	Washington, DC

Invitational travel. Air fare charged to corporate card.

JUN 16 2009

NO Card

Not clear Cld not read

2110305 00
211T 85 05
211 I 3031

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 9 June 2009 AMOUNT CLAIMED $ $420.36

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; id. 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 Renee Stone DATE 6/12/09

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

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 $ 420.36

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

6/23/9

6/22/9

1012-114

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

2009-06-19 12:17 FAX 2022085627 >> 303 969 7281 P 14/21

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 (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 2 OF PAGES

TRAVEL AUTHORIZATION NO. Vogel1

TRAVELER'S LAST NAME Glaspell

DATE 19	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES: MEALS — BREAKFAST	LUNCH	DINNER	TOTAL	MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE	MILEAGE RATE: C — NO. OF MILES	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
5/14	3:40 pm	Depart Denver, Co							48.00			48.00	
5/14		Arrive Dulles Airport											
5/14		Taxi from Dulles Airport to Hotel											49.50
5/15		Airport parking											35.55
5/14		Lodging at the Doubletree						209.00				209.00	
5/14		Room Taxes											30.31
5/15		Per Diem							48.00			48.00	
5/15	7:20 pm	Arrive Denver, CO											

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

SUBTOTALS 0 $305.00 $115.36

TOTALS

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 in 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 for 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	420.36

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Vogel1
2. 05/13/09 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Kenneth Vogel
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. **PURPOSE AND REMARKS:**
Invitational travel.

11. **PER DIEM ALLOWANCE:**
Per diem in accordance with the Federal Travel Regulation issued by GSA are published in the Federal Register

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. Vogel1
2. 05/13/09 (MO.)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Kenneth Vogel
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. **PURPOSE AND REMARKS:**
Invitational travel.

11. **PER DIEM ALLOWANCE:**
Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 05/14/09 **Ending on or about** 05/15/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
- *(a)* [X] Administratively determined to be the advantage of the Government
- *(b)* A showing of advantage to the Government
- *(c)* Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1075.00
21. Per Diem		300.00
22. Other		50.00
23. TOTAL	$	1425.00

24. CHARGED TO:
2009 1000 DDD 01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REGISTERING SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave, NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

VOGEL, KENNETH

Room 510/NK1K
Arrival Date 5/14/2009 10:30:00PM
Departure Date 5/15/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH# (b) (6) SILVER
AL
BONUS AL CAR

Confirmation: 85906881

5/15/2009 PAGE 1

DATE	REFERENCE		DESCRIPTION	AMOUNT
5/14/2009	1364813	GUEST ROOM		$209.00
5/14/2009	1364813	SUITE TAX		$30.31
			WILL BE SETTLED TO AC (b) (6)	$239.31
			EFFECTIVE BALANCE OF	$0.00

Hilton HHonors
Points & Miles

You have earned approximately 2403 HHonors points and approximately 500 miles with United Airlines for this stay. To check your earnings for this stay or any other stay at any of more than 3,600 Hilto

Thank you for choosing Doubletree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

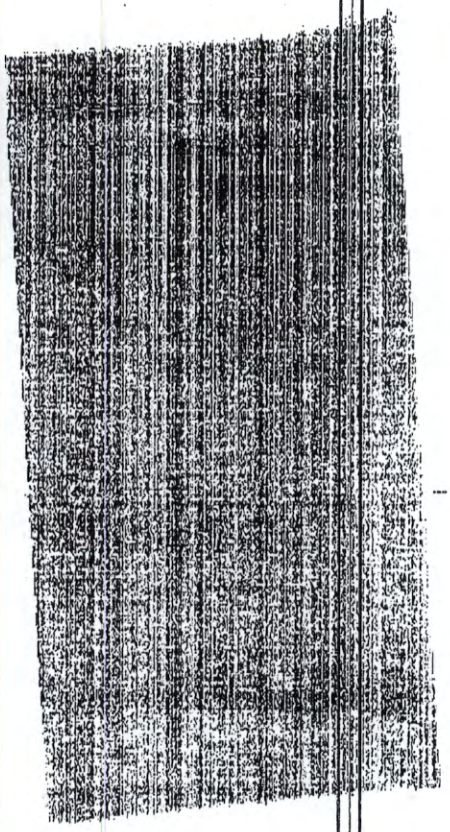
- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase,
  - charge purchases to your account, then stop by the Front Desk for an updated statement,
  - or request an updated statement be mailed to you within two business days.

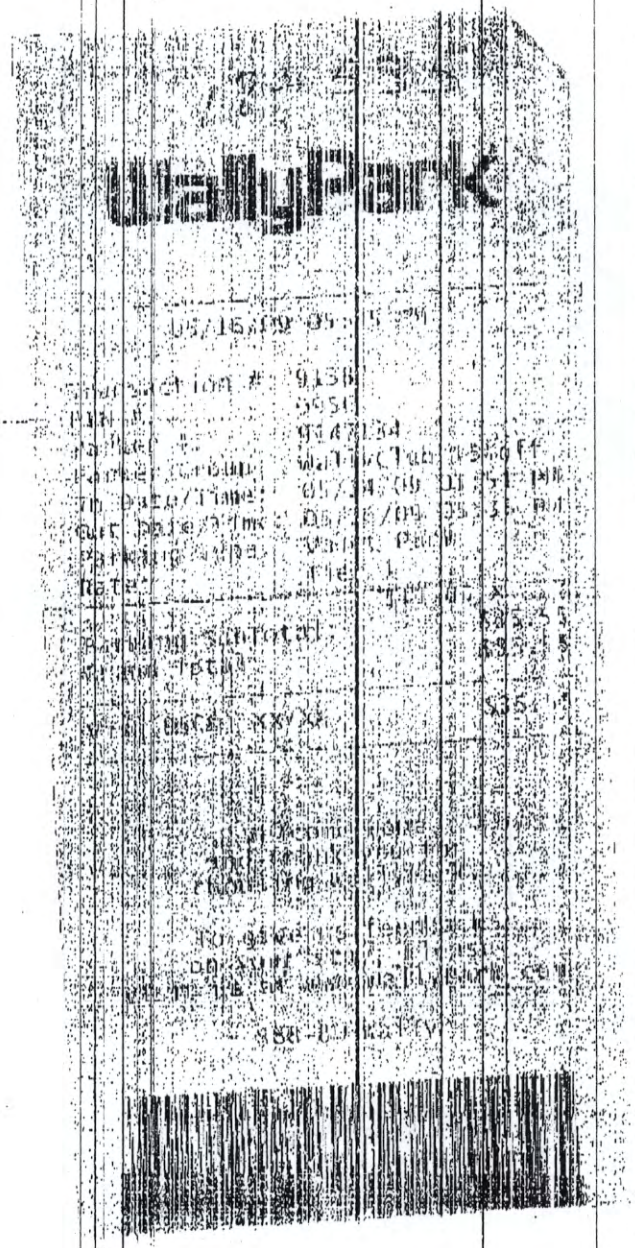
Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

MADE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION 200077	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
INTERIM AMOUNT	0.00

THANK YOU




dailyPark

To: **Sheila Wilson**
Branch of Accounting Operations, FNMS
National Business Center

From: Margaret Bradley
Office of the Secretary

Date: May 18, 2009

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Margaret Bradley on 202-208-3290 if you have any questions.

Traveler	Travel Period	Cost Center
Kenneth Vogel	May 14-15, 2009	2009-1003-DDD01-68

Account Name: Division of Financial Management Services

May 13, 2009

Carlson Wagonlit Travel Satellite

For: KENNETH VOGEL GDOIOS

To: NGMSDOI
ETKT 1SMAY"INVITATIONAL".

Sales Person: YY
Locator: QDYKXG
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 218788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday May 14, 2009

United Airlines — Flight Number: 932
Class of Service: Coach Class Y
Depart: DENVER, CO — 3:40 Pm May 14, 2009
Arrive: WASHINGTON/DULLES — 9:57 Pm May 14, 2009
Total Flight Time: 3 Hours 17 Minutes Non-Stop
Equipment: Boeing 767
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: WVWLMI
Reserved Seat: VOGEL/KENNETH 30E
STAR ALLIANCE

Thursday May 14, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STES WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9188
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: May 14, 2009
Check Out: May 15, 2009
Confirmation Number: 85906881
Cancellation Policy: Cancel by 4PM

Friday May 15, 2009

United Airlines — Flight Number: 937
Class of Service: Coach Class Y
Depart: WASHINGTON/DULLES — 5:30 Pm May 15, 2009
Arrive: DENVER, CO — 7:20 Pm May 15, 2009
Total Flight Time: 3 Hours 50 Minutes Non-Stop
Equipment: 777
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: WVWLMI
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
VOGEL KENNETH	4[illegible]/0167423918558	964.20USD	71.68US	7.20XP	14.00XT	1,047.48
VOGEL KENNETH	4[illegible]/8900116774938	28.25				28.25
					Total Amount:	1,075.73

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//13MAY

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 relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel 89/44

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 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 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0P2TMW

TRAVELER'S LAST NAME Waidmann

DATE 20 08 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.585 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/01		D-:RES: ARLINGTON,											
12/01		A-:CORPUS CHRISTI,				33 00		79 00	33.00			33 00	
12/01		POV-No Gvt Vhc Avl/Airport								20	11 70		
12/01		Airfare (Reimbursable)											
12/01		TMC Fee											
12/01		Lodging Tax											
12/02		D-:CORPUS CHRISTI,											
12/02		Rental Car											
12/02		POV-No Gvt Vhc Avl/Airport								20	11 70		
12/02		A:RES: ARLINGTON,											
12/02		Subsistence				21 00			21.00			21 00	
12/02		TAV FEE -I											
12/02		Gasoline											
		SUBTOTALS ▶									23 40	54 00	0 00
		TOTALS ▶									23 40	54 00	0 00

If additional space is required, continue on another 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 ▶ 77.40

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, 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 you 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.

Doc No: BWCORPUSCHRIS120108 V01
Waidmann, Bria (b) (6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-R-211C			972.00
GASOLINE-211I			11.59
LODGING-211D			90.85
M&IE-211D			54.00
MILEAGE-211P			23.40
RENTAL CAR-211R			66.63
TAV EXP -I-211B			13.50
TMC FEE -I-211B			28.25
08 1000.DDD01. .6	0.00	0.00	1,260.22

2008^^WS^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,260.22
NON-REIMBURSABLE EXPENSES		1,182.82
TOTAL AMOUNT CLAIMED		77.40
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		77.40
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD		0.00
PAY TO TRAVELER		77.40

Doc No: BWCORPUSCHRIS120108 V01
Waidmann, Bria (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	12/03/08	11:37AM E	Donna M Deen
T-ENTERED	12/03/08	11:53AM E	Donna M Deen
ADJUSTED	12/03/08	12:45PM E	Iris Straitt
RETURNED	12/03/08	12:46PM E	Iris Straitt
ADJUSTED	12/22/08	3:24PM E	Donna M Deen
ADJUSTED	01/16/09	4:13PM E	Donna M Deen
T-ENTERED	01/16/09	4:14PM E	Donna M Deen
AUTHORIZED	01/16/09	4:45PM E	Iris Straitt

I certify that the electronic signatures listed above are valid and on file.

_____ _____

SIGNED DATE

OFFICIAL TDY TRAVELER AUTHORIZATION

(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NO.: BWCORPUSCHRIS120108 A01

2. TRAVELER *(first name, middle initial, last name)*: Brian K. Waidmann

3. TITLE: OTHER

4. SOCIAL SECURITY NO.: (b) (6) [redacted]

5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:
1849 C St. NW
Washington, DC 20240

6A. OFFICE/SERVICE AND DIVISION: OS, Secretary Immedi

6B. CORR. SYMBOL:

7. OFFICIAL DUTY STATION: Washington

8. OFFICE PHONE NO.: 202-208-4025

9. TYPE: [X] ORIGINAL [ ] AMENDMENT

10. CATEGORY: [X] SINGLE TRIP [ ] LOA ([ ] COST [ ] NO COST)

11. TRAVEL PURPOSE *(check one)*
[ ] SITE VISIT [ ] INFORMATION MEETING [ ] TRAINING ATTENDANCE [ ] SPEECH OR PRESENTATION [ ] CONFERENCE ATTENDANCE [ ] ENTITLEMENT [ ] SPECIAL MISSION [X] OTHER *(SPECIFY)*

12. SPECIFIC TRAVEL PURPOSE

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.

DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c) CITY	ITINERARY POINT (c) STATE	PER DIEM RATE M&IE RATE (d)	PER DIEM RATE MAXIMUM LODGING (e)	PER DIEM RATE TOTAL MAXIMUM (f)	ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		FROM: RES: ARLINGTON	VA						
12/01/08	MON	TO: CORPUS CHRISTI	TX	44	89	133			
12/02/08	TUE	CORPUS CHRISTI	TX	---	---				
--------	---	TO: ----------	--	---	---	---	---	----	----
--------	---	----------	--	---	---	---	---	----	----
12/02/08	TUE	TO: RES: ARLINGTON	VA						

YES	NO		
	X	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? *(If YES, explain in item 22, REMARKS)* (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)	
	X	15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? *(If NO, justify in item 22)*	
	X	16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? *(If YES, justify in item 22)*	
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? *(If YES, check one box below and complete item 17B)* [ ] USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. [ ] USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER	17B. MILEAGE RATE AUTHORIZED PER MILE.
	X	18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? *(If YES, justify in item 22)* IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER $25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).	

19. TRAVELER IS *(check one)*: [X] a. GOV'T CHARGE CARD HOLDER [ ] b. GOV'T CHARGE CARD DECLINEE [ ] c. INFREQUENT TRAVELER

20. METHOD OF OBTAINING COMMON CARRIER TICKETS *(check one)* (Note: if item 19a was checked and you check 20b or c, explain in item 22): [ ] a. INDIVIDUAL GOVERNMENT CHARGE CARD [ ] b. BLANKET GOVERNMENT CHARGE CARD [ ] c. GOVERNMENT TRANSPORTATION REQUEST [ ] OTHER *(explain in item 22)*

21. FUNDS OBLIGATED: A. INITIALS: B. DATE:

22. REMARKS

Item 15: Air travel not used. Trip is greater than 12 hours. Traveled to Corpus Christi, TX to attend National Park System Advisory Board Meeting a nd site visit of Padre Island National Seashore.

23. EST. COST TO GOVERNMENT

A. TOTAL COMMON CARRIER COST	$ 0.00
B. TOTAL PER DIEM AND OTHER	$ 168.50
C. TOTAL ESTIMATED COST	$ 168.50

24. TRAVEL ADVANCE WILL BE OBTAINED BY *(check one)*: [X] a. GOVERNMENT ISSUED CHARGE CARD [ ] b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT

25. ADVANCE AUTHORIZED: $ 0.00

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY

A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.

26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	Refer	to accounting detail attachment				(must	be enabled on form preferences).			

27A. NAME AND TITLE OF AUTHORIZING OFFICIAL

27B. SIGNATURE *(PRESS FIRMLY USE BALL POINT PEN)*

27C. DATE

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D			89.00
M&IE-211D			66.00
TAV EXP -I-211B			13.50
08 1000.DDD01. .6	0.00	0.00	168.50

2008^^WS^1000^^DDD01^^68^

Doc No: BWCORPUSCHRIS120108 A01
Waidmann, Bria (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	12/02/08	9:46AM E	Donna M Deen
SIGNED	12/02/08	9:55AM E	Donna M Deen
APPROVED	12/02/08	9:56AM E	Otto M. Approval
AUDIT PASS	12/02/08	9:57AM E	Paul Payment
PAY LINK	12/02/08	9:57AM E	Paul Payment
PAYMENT SUBMITTED	12/02/08	9:59AM E	Paul Payment
AUTH 24 HOUR PASSED	12/02/08	10:00AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

_____ _____

SIGNED DATE

Logged In As: CRYSTAL M WILLIAM
Traveler Name: Brian K Waidmann
Return to Document List

Document Name: BWCORPUSCHRIS 120108_A01
Document Type: Authorization

Screen ID: 1059.1
TA Number: 0P2TMW

GovTrip
TRAVEL for GOVERNMENT

Itinerary | Travel | Expenses | Accounting | Additional Option
Preview | Pre-Audit | Other Auths. | Digital Signature

Digital Signature

Ticketing Date

* Advance Ticketing Date: 12/02/2008
PNR LOCATOR:

Pending Routing Actions

Awaiting Status Change To	By	Level
		0

Document History

Display Current Hi

Status	Date	Time	Name	Remarks
CREATED	12/02/08	09:46	Donna M Deen	
SIGNED	12/02/08	09:55	Donna M Deen	
APPROVED	12/02/08	09:56	Otto M. Approval	AUTO-APPROVED
AUDIT PASS	12/02/08	09:57	Paul Payment	
PAY LINK	12/02/08	09:57	Paul Payment	document data-linked to Payment Module
PAYMENT SUBMITTED	12/02/08	09:59	Paul Payment	Document data-linked to Accounting
AUTH 24 HOUR PASSED	12/02/08	10:00	Paul Payment	24 Hours have passed and no rejection

View Reasons for Audit Failures

Proceed to the following page: Preview

Logged In As: CRYSTAL M WILLIAM
Traveler Name: Brian K Waidmann
Return to Document List

Document Name: BWCORPUSCHRIS 120108_V01
Document Type: Voucher

Screen ID: 1059.2
TA Number: 0P2TMW

Digital Signature

Ticketing Date

* Advance Ticketing Date: 01/16/2009
PNR LOCATOR:

Pending Routing Actions

Awaiting Status Change To	By	Level
TV AUDITOR REVIEWED	Barbara A Smith	20
TV AUDITOR REVIEWED	CRYSTAL M WILLIAM	20
TV AUDITOR REVIEWED	REBEKAH BEATTY	20
TV AUDITOR REVIEWED	Tracy Happ	20
APPROVED	BARBARA A MARTIN	25
APPROVED	CATHY RIOS	25
APPROVED	Roberta Millen	25

Document History

Display Full Hist

Status	Date	Time	Name	Remarks
CREATED	12/03/08	11:37	Donna M Deen	
T-ENTERED	12/03/08	11:53	Donna M Deen	
ADJUSTED	12/03/08	12:45	Iris Straitt	
RETURNED	12/03/08	12:46	Iris Straitt	
ADJUSTED	12/22/08	15:24	Donna M Deen	
ADJUSTED	01/16/09	16:13	Donna M Deen	
T-ENTERED	01/16/09	16:14	Donna M Deen	
AUTHORIZED	01/16/09	16:45	Iris Straitt	

View Reasons for Audit Failures View Adjustments

Proceed to the following page: Trip Overview

Logged In As: CRYSTAL M WILLIAM
Traveler Name: Brian K Waidmann
Return to Document List

Document Name: BWCORPUSCHRIS 120108_A01
Document Type: Authorization

Screen ID: 1064.3
TA Number: 0P2TMW

Itinerary | Travel | Expenses | Accounting | Additional Option
Preview | Pre-Audit | Other Auths. | Digital Signature

Preview Trip

Review the details for this trip below. When you have finished, proceed to Pre-Audit.

Overall Starting Point Time Zone: EST (06)

Itinerary: View
Leave From: RES: ARLINGTON, VA
Leave: 01-Dec-08

Comments to the Approving Official:
Traveled to Corpus Christi, TX to attend I
Park System Advisory Board Meeting and
of Padre Island National Seashore.

Location 1 - CORPUS CHRISTI,TX Time Zone: CST (07)

Itinerary: View
Leave From: RES: ARLINGTON, VA
TDY Location: CORPUS CHRISTI ,TX
Arrive: 01-Dec-08
Leave: 02-Dec-08

Overall End Point Time Zone: EST (06)

Itinerary: View
Leave From: CORPUS CHRISTI ,TX
Return Location: RES: ARLINGTON, VA
Arrive: 02-Dec-08

Expenses

Non-Mileage:

No.	Expense Type	Date	Cost	Method of Reimbursemen
1.	TAV FEE -I	12/02/08	$13.50	GOVCC-C
		Total:	$13.50	

Mileage:

No.	Expense Type	Date	Cost	Method of Reimbursement
		Total:	$0.00	

Per Diem Entitlements

Lodge / M&IE:

	Start Date	End Date	Total Lodge	Total M&IE
View	12/01/08	12/02/08	$89.00	$66.00

View Documentation/Receipts

Accounting Summary

Accounting Code: 08 1000.DDD01. .68 View
LODGING: $89.00
M&IE: $66.00

TAV EXP -I:	$13.50
08 1000.DDD01. .68 Sub Total:	$168.50
Calculated Trip Cost:	$168.50

Advances Summary

No Advances Requested.

Payment Distribution

Proceed To Pre-Audit

Proceed to the following page: Pre-Audit

Logged In As: CRYSTAL M WILLIAM
Traveler Name: Brian K Waidmann
Return to Document List

Document Name: BWCORPUSCHRIS 120108_V01
Document Type: Voucher

Screen ID: 1064.6
TA Number: 0P2TMW

Preview Trip

Review the details for this trip below. When you have finished, proceed to Pre-Audit.

Overall Starting Point Time Zone: EST (06)

Itinerary: View
Leave From: RES: ARLINGTON, VA
Leave: 01-Dec-08

Comments to the Approving Official:
Traveled to Corpus Christi, TX to attend I Park System Advisory Board Meeting and of Padre Island National Seashore as well extensive marine debris.

Location 1 - CORPUS CHRISTI,TX Time Zone: CST (07)

Itinerary: View
Leave From: RES: ARLINGTON, VA
TDY Location: CORPUS CHRISTI ,TX
Arrive: 01-Dec-08
Leave: 02-Dec-08

Overall End Point Time Zone: EST (06)

Itinerary: View
Leave From: CORPUS CHRISTI ,TX
Return Location: RES: ARLINGTON, VA
Arrive: 02-Dec-08

Expenses

Non-Mileage:

	No.	Expense Type	Date	Cost	Method of Reimbursemen
View	1.	Rental Car	12/02/08	$66.63	GOVCC-C
View	2.	Airfare (Reimbursable)	12/01/08	$972.00	GOVCC-C
View	3.	TMC Fee	12/01/08	$28.25	GOVCC-C
View	4.	Lodging Tax	12/01/08	$11.85	GOVCC-C
	5.	TAV FEE -I	12/02/08	$13.50	GOVCC-C
View	6.	Gasoline	12/02/08	$11.59	GOVCC-C
			Total:	$1,103.82	

Mileage:

	No.	Expense Type	Date	Cost	Method of Reimbursement
View	1.	POV-No Gvt Vhc Avl/Airport	12/01/08	$11.70	REIMBURSABLE
View	2.	POV-No Gvt Vhc Avl/Airport	12/02/08	$11.70	REIMBURSABLE
			Total:	$23.40	

Per Diem Entitlements

Lodge / M&IE:

	Start Date	End Date	Total Lodge	Total M&IE
View	12/01/08	12/02/08	$79.00	$54.00

View Documentation/Receipts

Accounting Summary

Accounting Code: 08 1000.DDD01. .68 View	
COM. CARR. -R:	$972.00
GASOLINE:	$11.59
LODGING:	$90.85
M&IE:	$54.00
MILEAGE:	$23.40
RENTAL CAR:	$66.63
TAV EXP -I:	$13.50
TMC FEE -I:	$28.25
08 1000.DDD01. .68 Sub Total:	$1,260.22
Calculated Trip Cost:	$1,260.22

Advances Summary

No Advances Requested.

Payment Distribution

Pay to Gov't Charge Card:	$ 0.00
Pay to Traveler: (Due Gov't if Negative)	$ 77.40
Total Payment: (Due Gov't if Negative)	$ 77.40

Prior Vouchers Summary

Date

Current Voucher Cost

Total Voucher Cost

Proceed To Pre-Audit

Proceed to the following page: Trip Overview

DEC-22-2008 15:27 DEPT INTERIOR 202 273 3501 P.08

89/44

COMFORT SUITES (TX821)
15209 WINDWARD DR.
CORPUS CHRISTI, TX 78418 USA
Phone: (361) 949-1112
Fax: (361) 949-1150
gm.tx821@choicehotels.com

Account: TX821 - 119483
Date: 12/02/08
Page: 1 of 1
Room: 225 GROUP
Arrival Date: 12/01/08 21:02
Departure Date: 12/02/08 12:29
Frequent Traveler ID:
You were checked out by: BM
You were checked in by: SB

NATIONAL SEASHORE

WAIDMANN, BRIAN
(b) (6) [redacted]

Post Date	Description	Comment	Amount
12/01/08	ROOM CHARGE	#225 WAIDMANN, BRIAN	79.00
12/01/08	STATE TAX	STATE TAX	4.74
12/01/08	CITY/COUNTY TAX	CITY/COUNTY TAX	7.11
12/02/08	MASTER CARD	MASTER CARD Acct: (b) (6) [redacted]	-90.85

Balance Due: 0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

CC

COMFORT SUITES (TX821)
15209 WINDWARD DR.
CORPUS CHRISTI, TX 78418 USA
Phone: (361) 949-1112
Fax: (361) 949-1150
gm.tx821@choicehotels.com

Room: 225
Arrival Date: 12/01/08
Departure Date: 12/02/08
Account: TX821 - 119483
Frequent Traveler ID:

Approval Number: 065044
Card Type: MC
Date: 12/2/2008
Card Number: **********1328
Total: 90.85

BRIAN WAIDMANN
(b) (6) [redacted]

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

Thank you for your business! Book your next reservation on choicehotels.com for the best internet rates guaranteed.

12/22/2008 03:35PM

TUESDAY, DECEMBER 2, 2008

NATIONAL PARK SYSTEM ADVISORY

61328 91000038

TRAVEL VOUCHER (Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OS, Secretary Immedi

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: BWCORPUSCHRIS120108_V01

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): Waidmann, Brian K. 198916

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): 1849 C St. NW
Washington, DC 20240

RECEIVED JAN 16 2009

d. OFFICE TELEPHONE NO.: 202-208-4025

6. PERIOD OF TRAVEL: a. FROM 12/01/08 b. TO 12/02/08

7. TRAVEL AUTHORIZATION: a. NUMBER(S) OP2TMW b. DATE(S) 12/02/08

e. PRESENT DUTY STATION: Washington

f. RESIDENCE (City and State): (b) (6)

10. CHECK NO.:

11. PAID BY: TDT-O

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
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 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)
ACCOUNTING CLASSIFICATION: 08 1000.DDD01 .68-2008^^WS^1000^^DDD01^^68^ - 2.82				77.40 NR-	1,18
COMMENTS: Traveled to Corpus Christi, TX to attend National Park System ting and site visit of Padre Island National Seashore as well marine debris					Advisory Board Mee as tour extensive

211054.00
2.4P 2340

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 ▶ DATE AMOUNT CLAIMED ▶ 77.40

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 phone 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).)

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES $

TUESDAY, DECEMBER 2, 2008

NATIONAL PARK SYSTEM ADVISORY BOARD MEETING

Comfort Suites North Padre Island

	Breakfast on your own.	
8:00 am	**Convene Business Meeting**	
1:25 pm	**Lunch**	
3:00 pm	**Arrive Airport/Return Rental Car**	
4:30 pm	**Depart Corpus Christi** **Locator Code: JICHPI**	**American Eagle #3418 (13A)**
5:50 pm	**Arrive Dallas**	
7:05 pm	**Depart Dallas**	**American Airlines #364 (23B)**
10:25 pm	**Arrive Reagan National**	

DEC-22-2008 15:28 DEPT INTERIOR 202 273 3501 P.10

DTS OPERATIONS USD (ANNITY CAR RENTAL
1928 N PADRE ISLAND DR
CORPUS CHRISTI, TX 00000784
877-283-0898

VEH.#: 993053-0
LIC.#: AWR2676 STALL#:
08 KIA OPTIMA
Rate: GOVT Cls: IDAR 910690
FUEL LEVEL IN: FULL
FUEL LEVEL OUT: FULL
MILEAGE IN: 19140
MILEAGE OUT: 18985
TOTAL MLS DRIVEN: 155
VEH. CONDITION IN:
13E

2/02/2008 1454 RN002557-2

Car To Be Returned To Above Unless Stated Below

RA CLOSED AT
CORPUS CHRISTI

TIME OUT TIME IN
12/01/2008 1217 12/02/2008 1450

CHARGES

Hours	2 Hrs @	8.00	16.00
Days	1 Dys @	26.00	26.00
TOTAL T & M			42.00
UNDER AGE 25	INCLUDED		
LOSS DAMAGE	INCLUDED		
000115	INCLUDED		
FLT LIC & TA	2 Dys@	1.69	3.38
GNPS	2 Dys@	5.00	10.00
ENERGY RECOV	2 Dys@	.45	.90
ARCONRECFEE	10.000%		4.29
RENTAL TAX	10.000%		6.06
TOTAL CHARGES			66.63
NET DUE			66.63
PAYMENTS			-66.63

Customer Information

UNKNOWN, BRIAN
(b) (6)
0712 VA 087287201G 202-320-3252
ADD'L DRIVER: None

CREDIT CARD/CORP PAYMENTS
MC (b) (6) 66.63/12/02/2008

ZERO BALANCE 0.00

DS
TWEB2T/338 JCHAPT/338
ID:0010225547 09581283

TEXAS OPTIONAL LOSS DAMAGE WAIVER; NOTICE TO TEXAS RESIDENTS

NOTICE: Your rental agreement offers, for an additional charge, an optional Loss Damage Waiver ("LDW") to cover all or part of your responsibility for damage to or loss of the Vehicle. Before deciding whether to purchase LDW, you may wish to determine whether your own automobile insurance or credit card agreement provides you coverage for rental Vehicle damage or loss and determine the amount of the deductible under your own insurance coverage. The purchase of LDW is not mandatory. The damage waiver is not insurance.

NOTICE TO TEXAS RESIDENTS REGARDING DAMAGE WAIVERS: Your personal automobile insurance policy may or may not provide coverage for your liabilities in connection with the loss of or damage to a rented Vehicle. Before deciding whether to purchase a damage waiver, you may wish to determine whether your automobile insurance policy provides you coverage for rental Vehicle damage or loss. If you file a claim under your personal automobile insurance policy, your insurance company may choose to nonrenew your policy at your renewal date, but may do so only if you are at fault for the claim.

NOTICE REGARDING AUTO RENTAL LIABILITY INSURANCE: You may not need the auto insurance offered by the Company. The purchase of auto rental liability insurance is not required as a condition of renting a Vehicle. This insurance does not apply to bodily injury or property damage arising out of the use or permitting the use of a rental Vehicle by any driver while under the influence of drugs or alcohol in violation of the law.

These terms supersede any conflicting terms stated elsewhere.

e Rental Agreement is between the undersigned and the company identified above (the "Company") By signature below, the undersigned acknowledges and represents that they are legally authorized to operate the rental ve valid driver's license, and that they have read and agree to the terms, conditions and notices, both printed and written, including the Loss Damage Waiver information, that appear on this Rental Statement and on the sep ttached (the "Agreement"), which is incorporated herein. THE UNDERSIGNED AUTHORIZE THE COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED R THIS RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE ALL CHARGES SUBJECT TO AUDIT. No additional drivers are permitted mpany's approval.

RENTER X 12/22/2008 03:35PM

BRIAN WAIDMANN
CHIEF OF STAFF
OFFICE OF THE SECRETARY
DEPARTMENT OF THE INTERIOR
Corpus Christi, Texas
December 1-2, 2008

MONDAY, DECEMBER 1, 2008

5:30 am	**Depart residence for Reagan National Airport**	
7:05 am	**Depart Reagan**	**American Airlines #1271**
	Locator Code: JICHPI	
9:40 am	**Arrive Dallas**	
10:30 am	**Depart Dallas**	**American Eagle #3875**
11:50 am	**Arrive Corpus Christi**	

RENTAL CAR
THRIFTY — **Intermediate Car**
877-283-898 — **Conf. #DW21RQ**
$26/day unl. Mileage

HOTEL
COMFORT SUITES NORTH PADRE ISLAND
15209 Windward Drive — **Conf. #70064885**
Corpus Christi, TX 78418 — **Gov't Rate: $89**
Ph: 361-949-1112
Fax: 361-949-1150

Tour Padre Island National Seashore
Contact Dimitra Guerrero, 361-949-8173 x 229 or
cell: (b) (6) when you arrive for details

(D R A F T / As of 11/20/08)

National Park System Advisory Board

143rd MEETING OF THE NATIONAL PARK SYSTEM ADVISORY BOARD

December 2-3, 2008

MEETING SITE—Comfort Suites North Padre Island, 15209 Windward Drive, Corpus Christi, TX 78418, 361-949-1112, Fax 361-949-1150

LODGING SITE— Comfort Suites North Padre Island

Travel to Corpus Christi, Texas, on Monday, December 1, 2008
(Hotel Check-In—after 4:00 pm; Check-out—before 11:00 am)
Hotel serves breakfast only—6:00 am -10:00 am

Tuesday
DECEMBER 2

6:00-7:50 am	Breakfast on your own—Comfort Inn Suites North Padre Island
8:00 am	CONVENE BUSINESS MEETING COMFORT INN SUITES NORTH PADRE ISLAND—Meeting Room CALL TO ORDER / AGENDA REVIEW Chairman William Baker
8:15 am	REMARKS BY THE DIRECTOR OF THE NATIONAL PARK SERVICE The Honorable Mary Bomar • Update on NPS Issues • Transition
9:05 am	BRIEFING ON THE DOCUMENTARY SERIES: THE NATIONAL PARKS: AMERICA'S BEST IDEA—Diane Chalfant, Assistant Associate Director for Visitor Experience, NPS
10:35 am	BREAK
10:45 am	NATIONAL HISTORIC LANDMARKS COMMITTEE REPORT Committee Chair Larry Rivers (by telephone); Dr. Antoinette Lee, Assistant Associate Director, Historical Documentation Programs, NPS
11:45 am	NATIONAL PARKS SCIENCE COMMITTEE REPORT Committee Chair John Francis, Dr. Margaret Brooks, Program Manager, National Natural Landmarks Program; Ms. Heather Germaine, National Natural Landmarks Coordinator, Intermountain Region, NPS • National Natural Landmark Nominations
12:45 pm	Opportunity for Public Comment
12:55 pm	Scheduling the next meeting of the Board

Tuesday
DECEMBER 2 - cont'd

1:05 pm	OTHER BUSINESS Chairman Baker
1:20 pm	ADJOURN FOR THE DAY
1:25 pm	LUNCH—Comfort Suites North Padre Island • WELCOME AND BRIEF PREVIEW OF TODAY AND TOMORROW'S TOUR Padre Island National Seashore Superintendent Joe Escoto
2:20 pm	Board bus to begin tour of Padre Island National Seashore Accompanied by Interior Department Chief of Staff Brian Waidmann, National Park Service Director Mary Bomar, Acting Deputy Regional Director John Wessels (Intermountain Region), and Superintendent Escoto • View DVD on Turtle Project on route
2:40 pm	ARRIVE PADRE ISLAND NATIONAL SEASHORE VISITOR CENTER • BROWSE VISITOR CENTER • SUPERINTENDENT'S MANAGEMENT OVERVIEW • RANGER TALK AND BEACH WALK—Ranger William "Buzz" Botts
4:00 pm	BREAK
4:10 pm	Board bus to Turtle Lab
4:25 pm	TOUR TURTLE LAB Accompanied by Dr. Donna Shaver, Chief, Sea Turtle Science and Recovery
4:55 pm	Board bus
5:15 pm	Arrive hotel
6:15 pm	Gather in hotel lobby for brief walk across the street for Advisory Board dinner with Director Bomar • LORENZO'S PLAYA RESTAURANT Holiday Inn Sunspree Resort—15202 Windward Drive—Corpus Christi, TX (361-949-9996)
8:00 pm	Return to hotel

Wednesday
DECEMBER 3

6:00 - 8:10 am	Breakfast on your own—Comfort Suites North Padre Island
8:20 am	CONVENE MEETING COMFORT INN SUITES NORTH PADRE ISLAND—Meeting Room CALL TO ORDER Chairman William Baker

Wednesday
DECEMBER 3 - cont'd

8:30 a.m.	OVERVIEW OF THE NATIONAL PARKS CONSERVATION ASSOCIATION'S NATIONAL PARKS SECOND CENTURY COMMISSION—Jonathan "Jon" Jarvis, Pacific West Regional Director, NPS, serving as NPS Liaison to the National Parks Second Century Commission
9:10 am	ADJOURN
	BREAK
9:30 am	Board bus to Padre Island National Seashore
9:50 am	Transfer to 4-wheel drive vehicles for tour of park areas • DOWN ISLAND DRIVE • VISIT OIL AND GAS SITE
12:30 pm	LUNCH—Box Lunch at Gazebo
1:30 pm	Return to the Hotel
—	Return travel or Dinner and evening on your own w/return travel on December 4

TRAVEL VOUCHER (Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OS, Secretary Immedi

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: BWCORPUSCHRIS120108_V01

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): Waidmann, Brian K.

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 12/01/08 b. TO 12/02/08

c. MAILING ADDRESS (Include ZIP Code): 1849 C St. NW, Washington, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-4025

7. TRAVEL AUTHORIZATION: a. NUMBER(S) OP2TMW b. DATE(S) 12/02/08

e. PRESENT DUTY STATION: Washington

f. RESIDENCE (City and State): (b) (6)

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0 00
b. Amount to be applied	0 00
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 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)

ACCOUNTING CLASSIFICATION:
08 1000.DDD01 .68-2008^^WS^1000^^DDD01^^68^ - 77.40 NR- 1.18
2.82

COMMENTS:
Traveled to Corpus Christi, TX to attend National Park System Advisory Board Meeting and site visit of Padre Island National Seashore as well as tour extensive marine debris

Ethics: Melinda J Loftin Date: December 8, 2008

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: DEC 4 2008 AMOUNT CLAIMED ▶ 77 40

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 phone 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 ▶ [signature] DATE: DEC 22 2008

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): $ 0 00

d. NET TO TRAVELER ▶ $ 77 40

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

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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 relationships 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 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 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0P2TMW

TRAVELER'S LAST NAME Waidmann

DATE 20 08 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.585 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/01		D-:RES: ARLINGTON,											
12/01		A-:CORPUS CHRISTI,				33 00		79 00	33.00			33 00	
12/01		POV-No Gvt Vhc Avl/Airport,								20	11 70		
12/01		Airfare (Reimbursable)											
12/01		TMC Fee											
12/01		Lodging Tax											
12/02		D-:CORPUS CHRISTI,											
12/02		Rental Car											
12/02		POV-No Gvt Vhc Avl/Airport								20	11 70		
12/02		A:RES: ARLINGTON,											
12/02		Subsistence				21 00			21.00			21 00	
12/02		TAV FEE -I											
12/02		Gasoline											
									SUBTOTALS ▶		23 40	54 00	0 00
									TOTALS ▶		23 40	54 00	0 00

If additional space is required, continue on another 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 ▶ 77.40

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, 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 you 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.

STANDARD FORM 1012 BACK (10-77)

DEC-22-2008 15:25 DEPT INTERIOR 202 273 3501 P.03

12/22/2008 07:25AM

12/03/08 ACCOUNTING DETAIL
GovTrip Travel System

Doc No: BWCORPUSCHRIS120108_V01
Waidmann, Bria (b) (6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-R-211C			972.00
GASOLINE-211I			11.59
LODGING-211D			90.85
M&IE-211D			54.00
MILEAGE-211P			23.40
RENTAL CAR-211R			66.63
TAV EXP -I-211B			13.50
TMC FEE -I-211B			28.25
08 1000.DDD01. .6	0.00	0.00	1,260.22

2008^^WS^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,260.22
NON-REIMBURSABLE EXPENSES		1,182.82
TOTAL AMOUNT CLAIMED		77.40
GOV'T ADVANCE OUTSTANDING	0.00	
GOV'T ADVANCE APPLIED	0.00	
		0.00
NET TO TRAVELER (GOVT)		77.40
GOV'T CHARGE CARD EXPENSES	0.00	
GOV'T CHARGE CARD ATM ADV	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD		0.00
PAY TO TRAVELER		77.40

12/03/08 DOCUMENT HISTORY Doc No: BWCORPUSCHRIS120108 V01

GovTrip Travel System Waidmann, Bria (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	12/03/08	11:37AM E	Donna M Deen
T-ENTERED	12/03/08	11:53AM E	Donna M Deen
ADJUSTED	12/03/08	12:45PM E	Iris Straitt
RETURNED	12/03/08	12:46PM E	Iris Straitt

I certify that the electronic signatures listed above are valid and on file.

_____ SIGNED

_____ DATE

OFFICIAL TDY TRAVELER AUTHORIZATION

(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NO.: BWCORPUSCHRIS120108 A01

2. TRAVELER *(first name, middle initial, last name)*: Brian K. Waidmann

3. TITLE: OTHER

4. SOCIAL SECURITY NO.: (b) (6) [redacted]

5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:
1849 C St. NW
Washington, DC 20240

6A. OFFICE/SERVICE AND DIVISION: OS, Secretary Immedi

6B. CORR. SYMBOL:

7. OFFICIAL DUTY STATION: Washington

8. OFFICE PHONE NO.: 202-208-4025

9. TYPE: [X] ORIGINAL [ ] AMENDMENT

10. CATEGORY: [X] SINGLE TRIP [ ] LOA ([ ] COST [ ] NO COST)

11. TRAVEL PURPOSE *(check one)*: [ ] SITE VISIT [ ] INFORMATION MEETING [ ] TRAINING ATTENDANCE [ ] SPEECH OR PRESENTATION [ ] CONFERENCE ATTENDANCE [ ] ENTITLEMENT [ ] SPECIAL MISSION [X] OTHER *(SPECIFY)*

12. SPECIFIC TRAVEL PURPOSE

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.

DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c) CITY	ITINERARY POINT (c) STATE	PER DIEM RATE M&IE RATE (d)	PER DIEM RATE MAXIMUM LODGING (e)	PER DIEM RATE TOTAL MAXIMUM (f)	ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
[redacted]	[redacted]	FROM: RES: ARLINGTON	VA	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
12/01/08	MON	TO: CORPUS CHRISTI	TX	44	89	133			
12/02/08	TUE	CORPUS CHRISTI	TX	---	---				
---	---	TO: ---	--	---	---	---	---	---	---
---	---	---	--	---	---	---	---	---	---
12/02/08	TUE	TO: RES: ARLINGTON	VA	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]

YES	NO	
	X	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? *(If YES, explain in item 22, REMARKS)* (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)
	X	15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? *(If NO, justify in item 22)*
	X	16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? *(If YES, justify in item 22)*
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? *(If YES, check one box below and complete item 17B)* [ ] USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. [ ] USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER. — 17B. MILEAGE RATE AUTHORIZED PER MILE.
	X	18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? *(If YES, justify in item 22)* IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER $25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).

19. TRAVELER IS *(check one)*: [X] a. GOVT CHARGE CARD HOLDER [ ] b. GOVT CHARGE CARD DECLINEE [ ] c. INFREQUENT TRAVELER

20. METHOD OF OBTAINING COMMON CARRIER TICKETS *(check one)* (Note: If Item 19a was checked and you check 20b or c, explain in Item 22): [ ] a. INDIVIDUAL GOVERNMENT CHARGE CARD [ ] b. BLANKET GOVERNMENT CHARGE CARD [ ] c. GOVERNMENT TRANSPORTATION REQUEST [ ] OTHER *(explain in Item 22)*

21. FUNDS OBLIGATED — A. INITIALS — B. DATE

22. REMARKS

Item 15: Air travel not used.
Trip is greater than 12 hours. Traveled to Corpus Christi, TX to attend National Park System Advisory Board Meeting and site visit of Padre Island National Seashore.

23. EST. COST TO GOVERNMENT

A. TOTAL COMMON CARRIER COST	$ 0.00
B. TOTAL PER DIEM AND OTHER	$ 168.50
C. TOTAL ESTIMATED COST	$ 168.50

24. TRAVEL ADVANCE WILL BE OBTAINED BY *(check one)*: [X] a. GOVERNMENT ISSUED CHARGE CARD [ ] b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT

25. ADVANCE AUTHORIZED: $ 0.00

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY

A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.

26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	Refer	to accounting detail attachment				(must	be enabled on form preferences)			

27A. NAME AND TITLE OF AUTHORIZING OFFICIAL

27B. SIGNATURE *(PRESS FIRMLY USE BALL POINT PEN)*

27C. DATE

GENERAL SERVICES ADMINISTRATION — GSA FORM 87 (REV. 8/98)

Exception to GSA Form 87

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data the is to determine the amount to reimburse an employee for expenses incurred in connection with temporary duty travel. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.

12/03/08 ACCOUNTING DETAIL | Doc No: BWCORPUSCHRIS120108_A01
GovTrip Travel System | Waidmann, Bria (b) (6)

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D			89.00
M&IE-211D			66.00
TAV EXP -I-211B			13.50
			168.50

08 1000.DDD01. .6 0.00 0.00

2008^^WS^1000^^DDD01^^68^

12/03/08 DOCUMENT HISTORY | Doc No: BWCORPUSCHRIS120108_A01
GovTrip Travel System | Waidmann, Bria (b) (6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	12/02/08	9:46AM E	Donna M Deen
SIGNED	12/02/08	9:55AM E	Donna M Deen
APPROVED	12/02/08	9:56AM E	Otto M. Approval
AUDIT PASS	12/02/08	9:57AM E	Paul Payment
PAY LINK	12/02/08	9:57AM E	Paul Payment
PAYMENT SUBMITTED	12/02/08	9:59AM E	Paul Payment
AUTH 24 HOUR PASSED	12/02/08	10:00AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

_____ _____
SIGNED DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TA 2009 WAIDMANN
2. 09-24-2008 (DATE)
3. OS/SIO (BUREAU OR OFFICE)

4. NAME Brian K. Waidmann
5. OFFICIAL STATION Washington, DC
6. TITLE Chief of Staff
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Such places in the contiguous US, AK, HI, PR and US Territories as may be necessary, and return. Accomplish missions. Official business.

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.
Includes attendance at conferences where traveler is speaker, presenter or staff to the Secretary.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published inthe Federal Travel Register.

"Subject to availability of funds."

12. PERIOD OF TRAVEL: Beginning on or about 10-01-2008 Ending on or about 01-20-2009

MODE OF TRAVEL

13. ☒ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance at a mileage rate of cents, subject to:
16. ☒ Privately owned
    - (a) ☒ Administratively determined to be the advantage of the Government
    - (b) ☐ A showing of advantage to the Government
    - (c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
19. ☐ Shipment household goods and personal effects
18. ☒ Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance with FPMR 101-7, et seq.

ESTIMATED COST

20. Transportation $
21. Per Diem
22. Other
23. TOTAL $
24. CHARGED TO:

25. (FISCAL OFFICER'S SIGNATURE)

26. B-Wil (REQUESTER'S SIGNATURE)
27. Brian Waidmann, Chief of Staff (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Doug Domenech, Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

November 26, 2008

Carlson Wagonlit Travel SatoTravel.

For: BRIAN WAIDMANN GDOIOS

To: NGMSDOI
ETKT 26NOV.

Sales Person: 77
Locator: JICHPI
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday December 1, 2008

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
ONEWORLD

Flight Number: 1271

7:05 Am December 1, 2008
9:40 Am December 1, 2008
3 Hours 35 Minutes Non-Stop

Confirmation Number: JICHPI

Monday December 1, 2008

American Airlines
Class of Service:Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: CORPUS CHRISTI,TX
Total Flight Time:
Equipment: ER4
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
OPERATED BY AMERICAN EAGLE
ONEWORLD

Flight Number: 3875

10:30 Am December 1, 2008
11:50 Am December 1, 2008
1 Hour 20 Minutes Non-Stop

Confirmation Number: JICHPI

Monday December 1, 2008

THRIFTY
Pick Up: December 1, 2008 11:50 Am

Intermediate Car
Location: CORPUS CHRISTI,TX
CORPUS CHRISTI,TX
877-283-0898

Return: December 2, 2008 2:50 Pm
Daily Rate: 26.00 USD
Unlimited Free Miles
Confirmation Number: DW21RQ
VISIT CARLSON-SATO.THRIFTY.COM FOR UPGRADE/BENEFIT INFORMATION

Monday December 1, 2008

CORPUS CHRISTI,TX
CORPORATE RESORTS COMFORT SUITES CORPUS CHRISTI
15209 WINDWARD DRIVE
CORPUS CHRISTI TX 78418
Phone Number: 361-949-1112
Fax Number: 361-949-1150
Number of Rooms: 1
Rate: 89.00 USD Per Night
Check In: Dec 01, 2008
Check Out: Dec 02, 2008
Confirmation Number: 70064885
Cancellation Policy: Cancel by 4PM

Tuesday December 2, 2008

American Airlines
Class of Service:Coach Class Y
Depart: CORPUS CHRISTI,TX
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: ER4
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: WAIDMANN/BRIAN 13A
ARR-TERMINAL B
OPERATED BY AMERICAN EAGLE
ONEWORLD

Flight Number: 3418

4:30 Pm December 2, 2008
5:50 Pm December 2, 2008
1 Hour 20 Minutes Non-Stop

Confirmation Number: JICHPI

Tuesday December 2, 2008

American Airlines
Class of Service:Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: WAIDMANN/BRIAN 23B
ARR-TERMINAL B
ONEWORLD

Flight Number: 364

7:05 Pm December 2, 2008
10:45 Pm December 2, 2008
2 Hours 40 Minutes Non-Stop

Confirmation Number: JICHPI

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WAIDMANN BRIAN	4197/0017379210917	865.10USD	64.90US	14.00ZP	28.00XT	972.00
WAIDMANN BRIAN	4197/8908149797315	28.25				28.25
					Total Amount:	1,000.25

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

GovTrip
eTRAVEL for GOVERNMENT

eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968-6870.
Documentation/Receipts may take up to five minutes to appear on the document.

BWCORPUSCHRIS120108_V01

Fax cover sheet requested by: Donna M Deen

Note: Bar code must be present above.

Notes

19 pgs

Logged In As: CRYSTAL M WILLIAM
Traveler Name: Brian K Waidmann
Return to Document List

Document Name: BWCORPUSCHRIS120108_V01
Document Type: Voucher

Screen ID: 1043.1
TA Number: 0P2TMW

GovTrip TRAVEL for GOVERNMENT

Itinerary | Travel | Expenses | Accounting | Additional Option

Preview | Pre-Audit | Other Auths. | Digital Signature

Pre-Audit Trip

Below are any items that were "flagged" for this trip.

3 Items have been Flagged in this Travel Document

	Reason Flagged	Item Description	* Justification to Approving Official
1.	COST COMPARISON	VCH COST (TRIP 1) IS NOT WITHIN 15% OF AUTH EST COST (BWCORPUSCHRIS120108_A01)	Contract carrier used for air travel
2.	DFLT PMT METHOD USED	Airfare (Reimbursable) ON 12/01/08 HAS PMT METHOD OF GOVCC-C - NOT USING DEFAULT PAYMENT METHOD - REIMBURSABLE	Booked off-line SATO
3.	OTHER EXPENSES	Airfare (Reimbursable) > 0	Booked off-line SATO

Proceed to the following page: Trip Overview

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS, Secretary Immedi

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: ENCORFUSCHRIS1201D8_V01

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): Waidmann, Brian K. 910000038

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C St. NW, Washington, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-4025

e. PRESENT DUTY STATION: Washington

f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 12/01/08 b. TO 12/02/08

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 092CMM b. DATE(S) 12/02/08

8. TRAVEL ADVANCE: a. Outstanding 0.00; b. Amount to be applied 0.00; c. Amount due Government (Attached [ ] Check [ ] Cash); d. Balance or unapplied

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

10. CHECK NO.:

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 order on reverse side):

I hereby assign the United States any right I may have against any person in connection with reimbursable transportation charges described below, purchased under cash payment procedure (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)

ACCOUNTING CLASSIFICATION:
08 1000.DDD01 .68-2008^^WS^1000^^DDD01^^68^ 77.40 NR- 1.18
2.82

COMMENTS:
Traveled to Corpus Christi, TX to attend National Park System Advisory Board Meeting and site visit of Padre Island National Seashore as well as tour extensive marine debris

Ethics: Melinda J. Loftin Date: December 8, 2008

13. I (or We) 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] DEC 4 2008

NOTE: Falsification of an item in an expense account may be a violation of law. [20 U.S.D. 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; id. 1001)

AMOUNT CLAIMED: 77 40

14. This voucher is approved. Long distance phone 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 (or designee) (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE: [signature] DATE: DEC 22 2008

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION: a. VOUCHER NO. b. D.C. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Traveler's Initials): $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0 00

d. NET TO TRAVELER: $ 77 40

18. ACCOUNTING CLASSIFICATION: SEE BLOCK 12 ABOVE

12/27/08

1012-15 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 relationships to employee and marital status of children (unless information is shown on the travel authorization).

Complete only for actual expense travel

Col. (f) Show amount incurred for each meal, including taxes, 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).

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

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

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

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

DATE 20 08 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 0.585 NO. OF MILES (k)	MILEAGE (l)	AMO
12/01		D-;RES: ARLINGTON,										
12/01		A-:CORPUS CHRISTI,				33.00		79.00	33.00			
12/01		POV-No Gvt Vhc Avl/Airport								20	11.70	
12/01		Airfare (Reimbursable)										
12/01		TMC Fee										
12/01		Lodging Tax										
12/02		D-;CORPUS CHRISTI,										
12/02		Rental Car										
12/02		POV-No Gvt Vhc Avl/Airport								26	15.00	
12/02		A:RES: ARLINGTON,										
12/02		Subsistence				21.00			21.00			
12/02		TAV FEE -I										
12/02		Gasoline										
									SUBTOTALS ▶	23.40	54.00	0.00
									TOTALS ▶	23.40	54.00	0.00

If additional space is required, continue on another TRAVEL CLAIM, leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and as item 10 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 77.40

STANDARD FORM 1012 BACK (10-77)

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. Your 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.

20.00 +
20.00 +
40. ×
0.585 =
23.40 +
63.40 *
0.0
33.00 +
21.00 +
54.00 *
54.00 +
23.40 +
77.40 *
0.0

DEC-22-2008 15:26 DEPT INTERIOR 202 273 3501 P.04

12/03/08 ACCOUNTING DETAIL
GovTrip Travel System

Doc No: BWCORPUSCHRIS120108 VAT
Waidmann, Eric (b) (6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-R-211C			972.00
GASOLINE-211I			11.59
LODGING-211D			90.85
M&IE-211D			54.00
MILEAGE-211P			23.40
RENTAL CAR-211R			66.63
TAV EXP -I-211B			13.50
TMC FEE -I-211B			28.25
08 1000.DDD01. .6	0.00	0.00	1,260.22

2008^^WS^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,260.22
NON-REIMBURSABLE EXPENSES		1,182.82
TOTAL AMOUNT CLAIMED		77.40
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		77.40
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD		0.00
PAY TO TRAVELER -------		77.40

12/22/2008 03:35PM

DEC-22-2008 15:26 DEPT INTERIOR 202 273 3501 P.05
12/03/08 DOCUMENT HISTORY Doc No: BWCORPUSCHRIS120108 VO
GovTrip Travel System Waldmann, Bria (b) (6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	12/03/08	11:37AM E	Donna M Deen
T-ENTERED	12/03/08	11:58AM E	Donna M Deen
ADJUSTED	12/03/08	12:45PM E	Iris Straitt
RETURNED	12/03/08	12:46PM E	Iris Straitt

I certify that the electronic signatures listed above are valid and on file.

SIGNED DATE

DEC-22-2008 15:27 DEPT INTERIOR 202 273 3501 P.00

[redacted]

COMFORT SUITES (TX821)
15209 WINDWARD DR.
CORPUS CHRISTI, TX 78418 USA
Phone: (361) 949-1112
Fax: (361) 949-1150
grn.tx821@choicehotels.com

Account: TX821 - 118483
Date: 12/02/08
Page: 1 of 1
Room: 225 GROUP
Arrival Date: 12/01/08 21:02
Departure Date: 12/02/08 12:29
Frequent Traveler ID:
You were checked out by: BM
You were checked in by: SS

WAIDMANN, BRIAN
(b) (6) [redacted]

NATIONAL SEASHORE

Post Date	Description	Comment	Amount
12/01/08	ROOM CHARGE	#225 WAIDMANN, BRIAN	79.00
12/01/08	STATE TAX	STATE TAX	4.74
12/01/08	CITY/COUNTY TAX	CITY/COUNTY TAX	7.11
12/02/08	MASTER CARD	MASTER CARD Acct: (b) (6) [redacted]	-90.85

Balance Due: 0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

[redacted]

COMFORT SUITES (TX821)
15209 WINDWARD DR.
CORPUS CHRISTI, TX 78418 USA
Phone: (361) 949-1112
Fax: (361) 949-1150
grn.tx821@choicehotels.com

Room: 225
Arrival Date: 12/01/08
Departure Date: 12/02/08
Account: TX821 - 118483
Frequent Traveler ID:

Approval Number: 065044
Card Type: MC
Date: 12/2/2008
Card Number: [redacted]1928
Total: 90.85

BRIAN WAIDMANN
(b) (6) [redacted]

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

Thank you for your business! Book your next reservation on choicehotels.com for the best Internet rates guaranteed.

12/22/2008 03:35PM

[illegible] CORPUS CHRISTI CAR RENTAL
1928 N PADRE ISLAND DR
CORPUS CHRISTI, TX [illegible]
877-283-[illegible]

Car To Be Returned To Above Unless Stated Below:

RA CLOSED AT
CORPUS CHRISTI

Customer Information

[redacted]
0712 VA 08/28/2016 202-320 3C5E
ADD'L DRIVER: None

CREDIT CARD/CASH PAYMENTS
MC/[redacted] 66.62/12/02/2008

VEH. #: [illegible]
LIC. #: AHP2676 STALL #:
08 KIR OPTIMA
Rate: GOVT Cls: ICAR 910690
FUEL LEVEL IN: FULL
FUEL LEVEL OUT: FULL
MILEAGE IN: 19140
MILEAGE OUT: 19985
TOTAL MLS DRIVEN: 155
VEH. CONDITION IN:
12

06
TWEBST/330 JOHAP1/330
ID:0010025547 [illegible]

12/02/2008 1454 PN[illegible]

TIME OUT	TIME IN
12/01/2008 1217	12/02/2008 1458

CHARGES

Hours	2 Hrs @	5.00	1[illegible]
Days	1 Dys @	26.00	26.[illegible]
TOTAL T & M			42.[illegible]
UNDER AGE 25	INCLUDED		
LOSS DAMAGE	INCLUDED		
[illegible]	INCLUDED		
FLT LIC & TR	2 Dys @	1.69	[illegible]
GOPS	2 Dys @	5.00	10.[illegible]
ENERGY RECOV	2 Dys @	.45	[illegible]
APCONCFEE	10.000%		[illegible]
RENTAL TAX	10.000%		[illegible]
TOTAL CHARGES			66.[illegible]
NET DUE			66.[illegible]
PAYMENTS			-66.[illegible]

ZERO BALANCE 0.00

TEXAS OPTIONAL LOSS DAMAGE WAIVER; NOTICE TO TEXAS RESIDENTS

NOTICE: Your rental agreement offers, for an additional charge, an optional Loss Damage Waiver ("LDW") to cover all or [illegible] responsibility for damage to or loss of the Vehicle. Before deciding whether to purchase LDW, you may wish to determine whether [illegible] own automobile insurance or credit card agreement provides you coverage for rental Vehicle damage or loss and determine the [illegible] of the deductible under your own insurance coverage. The purchase of LDW is not mandatory. The damage waiver is not insurance.

NOTICE TO TEXAS RESIDENTS REGARDING DAMAGE WAIVERS: Your personal automobile insurance policy may or may not [illegible] coverage for your liabilities in connection with the loss of or damage to a rented Vehicle. Before deciding whether to purchase a dam[illegible] waiver, you may wish to determine whether your automobile insurance policy provides you coverage for rental Vehicle damage [illegible] you file a claim under your personal automobile insurance policy, your insurance company may choose to nonrenew your policy [illegible] renewal date, but may do so only if you are at fault for the claim.

NOTICE REGARDING AUTO RENTAL LIABILITY INSURANCE: You may not need the auto insurance offered by the Com[illegible] purchase of auto rental liability insurance is not required as a condition of renting a Vehicle. This insurance does not [illegible] bodily injury or property damage arising out of the use or permitting the use of a rental Vehicle by any driver while und[illegible] influence of drugs or alcohol in violation of the law.

These terms supersede any conflicting terms stated elsewhere.

a Rental Agreement is between the undersigned and the company identified above (the "Company"). By signature below, the undersigned acknowledges and represents that they are legally authorized to [illegible] valid driver's license, and that they have read and agree to the terms, conditions and notices, both printed and written, including the Loss Damage Waiver information, that appear on this Rental Agreement [illegible] (the "Agreement"), which is incorporated herein. THE UNDERSIGNED AUTHORIZE THE COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED [illegible] OF THE RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE. ALL CHARGES SUBJECT TO AUDIT. No additional drivers are permitted [illegible] company approval.

RENTER X ____________ 12/22/2008 03:35PM

DEC-22-2008 15:32 DEPT INTERIOR 202 273 3501 P.19

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1000
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 1, 1949

TRAVEL AUTHORIZATION

1. No. TA 2009 WAIDMANN
2. 09-24-2008 (DATE)
3. OS/SIO (BUREAU OR OFFICE)
4. NAME Brian K. Waidmann
5. OFFICIAL STATION Washington, DC
6. TITLE Chief of Staff
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Such places in the contiguous US, AK, HI, PR and US Territories as may be necessary, and return. Accomplish missions. Official business.

10. PURPOSE AND REMARKS:
Official business as may be required.
I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions.
Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.
Includes attendance at conferences where traveler is speaker, presenter or staff to the Secretary.

11. PER DIEM ALLOWANCE:
Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published inthe Federal Travel Register.

"Subject to availability of funds."

12. PERIOD OF TRAVEL: Beginning on or about 10-01-2008 Ending on or about 01-20-2009

MODE OF TRAVEL

13. ☒ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☒ Privately owned at a mileage rate of cents, subject to:
(a) ☒ Administratively determined to be the advantage of the Government
(b) ☐ A showing of advantage to the Government
(c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
19. ☐ Shipment household goods and personal effects
18. ☒ Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance with FPMR 101-7, et seq.

ESTIMATED COST
20. Transportation $
21. Per Diem
22. Other
23. TOTAL $
24. CHARGED TO:

26. B. Waidmann (REQUESTING SIGNATURE)
27. Brian Waidmann, Chief of Staff (TITLE)
28. Doug Domenech (AUTHORIZING OFFICER'S SIGNATURE)
29. Doug Domenech, Deputy Chief of Staff (TITLE)

25. (FISCAL OFFICER'S SIGNATURE)

This form was electronically produced by Elite Federal Forms, Inc.

12/22/2008 03:35PM

November 26, 2008

Carlson Wagonlit Travel SatoTravel.

For: BRIAN WAIDMANN GDOIOS

To: NGM6DOI
ETKT 26NOV.

Sales Person: 77
Locator: JICHPI
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday December 1, 2008

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
ONEWORLD

Flight Number: 1271
7:05 Am December 1, 2008
9:40 Am December 1, 2008
3 Hours 35 Minutes Non-Stop
Confirmation Number: JICHPI

Monday December 1, 2008

American Airlines
Class of Service:Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: CORPUS CHRISTI,TX
Total Flight Time:
Equipment: ER4
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
OPERATED BY AMERICAN EAGLE
ONEWORLD

Flight Number: 3875
10:30 Am December 1, 2008
11:50 Am December 1, 2008
1 Hour 20 Minutes Non-Stop
Confirmation Number: JICHPI

Monday December 1, 2008

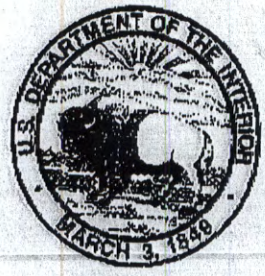
THRIFTY
Pick Up: December 1, 2008 11:50 Am

Intermediate Car
Location: CORPUS CHRISTI,TX
CORPUS CHRISTI,TX
877-283-0298

Return: December 2, 2008 2:50 Pm
Daily Rate: 26.00 USD
Unlimited Free Miles
Confirmation Number: DW2ARQ
VISIT CARLSON-SATO.THRIFTY.COM FOR UPGRADE/EXEMPTI INFORMATION

Monday December 1, 2008

FINANCIAL MANAGEMENT DIRECTORATE FAX# 202-208-5627



National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barbara Smith Fax: 303-969-6631

From: Barbara Martin Date: 1/26/2009

Re: Enclosed is travel voucher for Brian Waidmann Pages:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

Regarding Traveler Brian K. Waidmann

Crystal M William to: Donna Deen 01/21/2009 03:30 PM

Good Afternoon Donna,

I have received a Gov-Trip voucher for Brian K. Waidmann. However on Brian's voucher it has an Otto M. Approval that signed it. In order for me to process this voucher he will need to use the barcode fax coversheet and resend the Travel Authorization with the correct handwritten approving signature on it through the Gov-Trip website.

Normally I contact the Traveler personally. However Brain is not listed in Lotus Notes.

Thank You
Crystal William
National Business Center-Denver
Williams/Gonzales JV
D-2730
Phone: (b) (6)
Fax; (b) (6)

CENTRALLY BILLED ITEMS
CHECKED WITH CARD TABLE

AGENT FEE _____ _____ _____ _____ _____

AIR FARE _____ _____ _____ _____

Baggage fee _____ _____ _____ _____

LODGING 90.85 _____ _____ _____

RENTAL CAR 64.63 _____ _____ _____

GAS 11.98 < 1.60 7 _____ _____

PARKING _____ _____ _____

TAXI/SHUTTLE _____ _____ _____ _____

VXRF _____ _____ _____ _____ _____

TADV _____ _____ _____ _____

ADDITIONAL LODGING CHARGES

_____ _____ _____ _____ INT/DATE 7-7-9

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
027	BS	1

Batch Totals

Input Date	Number of Documents	Net Total
1/27/09	2	77•40+ 843•17+ 920•57 *

System Checked By: BS Date 1/27/09

Batch Approval

Approved By: _____

Date Approved: _____

pd 1/27

L9 1-27-9

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 91000090 Watchman, Derrick

b. SOCIAL SECURITY NO: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6) No card

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL: a. FROM 06-30-2009 b. TO 07-01-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Watchman1, Watchman1-Amend; b. DATE(S) 06-29-2009, 07-21-2009

e. PRESENT DUTY STATION: Window Rock, AZ

f. RESIDENCE (City and State): (b) (6)

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 RECEIVED AUG 31 2009

10. CHECK NO.

11. PAID BY JDTD

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)	TO (f)
See attached e-ticket 1,044.20	US	Economy	06-29-2009	Phoenix, AZ	Washington, DC and return
TMC fee 28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card.

AUG 26 2009

211 0 305.00
211 I 80.31
211 F -306.90

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

AMOUNT CLAIMED ▶ $ 892.21

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; id. 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 ▶ [signature] DATE 8.19.09

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
Certifier's initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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

d. NET TO TRAVELER ▶ $ 892.21

9/21/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc

NSN 7540-00-634-4180

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

2

2009-09-03 15:16

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Watchman1 and Watchman1-Amend

TRAVELER'S LAST NAME

Watchman

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/30	8:00 am	Depart Residence via POV											
	12:30 pm	Arrive Phoenix								279	153.45		
	2:43 pm	Depart Phoenix											
	8:58 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging tax											80.31
07/01	5:15 pm	Depart Washington, DC											
	7:00 pm	Arrive Phoenix					48.00		48.00			48.00	
		Airport parking											50.00
	7:30 pm	Depart Phoenix via POV											
	11:30 pm	Arrive Window Rock, AZ								279	153.45		
										SUBTOTALS ▶	$306.90	$305.00	$80.31
										TOTALS ▶	$306.90	$305.00	$80.31

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.

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 Regulation (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

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 num... MANDATORY on vouchers claiming travel and/or relocatio... which is, or may be, taxable income. Disclo... at other instanc... required to sup...

This form was electronic...

TOTAL AMOUNT CLAIMED ▶ $692.21

STANDARD FORM 1012 BACK (10-77)

153•45 +
153•45 +
80•31 +
305•00 +
692•21 *

692•21
*

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 5, 1948

TRAVEL AUTHORIZATION

1. No. Watchman1
2. 06/29/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Derrick Watchman
5. OFFICIAL STATION Phoenix, AZ
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Phoenix, AZ
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about ~~[illegible]~~ 6/30/09 Ending on or about ~~[illegible]~~ 7/01/09

MODE OF TRAVEL

13. ✗ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ✗ Privately owned
    - (a) ✗ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ✗ Other *(specify)*
    Baggage, taxis, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1100.00
21. Per Diem		325.00
22. Other		100.00
23. TOTAL	$	1525.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (APPROVING OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (CERTIFYING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

THE Fairmont WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room	:	0434
Folio #	:	261288
Cashier #	:	186
Page #	:	1 of 1

SATO
[redacted]
US

Arrival	:	06-30-09
Departure	:	07-01-09

Date	Description	Additional Information	Charges	Credits
06-30-09	In Room Dining - Dinner	#0434 : CHECK #5889	63.52	
06-30-09	In Room Video - Interlaced	#434 : VIDEO TV Services	13.99	
06-30-09	Television Services Tax		2.20	
06-30-09	Room Charge		209.00	
06-30-09	Room Tax		30.31	
07-01-09	Visa	[redacted]		319.02
		Total	319.02	319.02
		Balance due	0.00	

Parking →

[illegible]
Phoenix, AZ 85034
Phone: 602-273 4548 or 4546
Fax: 602-302 0149
Entry: 06/30/09 12:43 Lane: 1B
Exit: 07/02/09 20:04 Lane: EC 2
Amount Paid: $ 50.00
Visa
[redacted]

Guest signature X
For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

[illegible]

Thank you for choosing to stay with Fairmont Hotels & Resorts

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1948

TRAVEL AUTHORIZATION

1. No. Watchman1-Amend
2. 07/21/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Derrick Watchman
5. OFFICIAL STATION Window Rock, AZ
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Window Rock, AZ
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler interviewed for a position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 06/30/09 **Ending on or about** 07/01/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare at a railcage rate of
15. Government-owned conveyance cents, subject to:
16. ☒ Privately owned
    - *(a)* ☒ Administratively determined to be the advantage of the Government
    - *(b)* A showing of advantage to the Government
    - *(c)* Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation $ 306.47
21. Per Diem
22. Other
23. TOTAL $ 306.47
24. CHARGED TO:
    2009 1000 DDD01 68
25. (FISCAL OFFICER'S SIGNATURE)
26. (TRAVELER'S SIGNATURE)
27. Invitational (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel.

June 29, 2009

For: DERRICK WATCHMAN GDOIOS

To: NGMSDOI
ETKT 28JUN**INVITATIONAL**.

Sales Person: 77
Locator: JBCYKE
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday June 30, 2009

US Airways Flight Number: 46
Class of Service:Coach Class T
Depart: PHOENIX, AZ 2:43 Pm June 30, 2009
Arrive: WASHINGTON/NATL,DC 9:39 Pm June 30, 2009
Total Flight Time: 4 Hours 16 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: A98582
Reserved Seat: WATCHMAN/DERRICK 12D
DEP-TERMINAL 4 ARR-TERMINAL C

Tuesday June 30, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 30, 2009
Check Out: Jul 01, 2009
Confirmation Number: 50446907
Cancellation Policy: Cancel 1 day prior

Wednesday July 1, 2009

US Airways Flight Number: 192
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC 5:15 Pm July 1, 2009
Arrive: PHOENIX, AZ 7:00 Pm July 1, 2009
Total Flight Time: 4 Hours 45 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: A95582
DEP-TERMINAL C ARR-TERMINAL 4

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WATCHMAN DERRICK	4845/0377681360116	951.63USD	71.37US	7.20ZP	14.00XT	1,044.20
WATCHMAN DERRICK	4845/8900500823173	28.25				28.25
					Total Amount:	1,072.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8918
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//29JUN

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [ ] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 91000100 Robert Wigington

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 4/15/9 b. TO 4/16/9

c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]

c. OFFICE TELEPHONE NO.

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

d. PRESENT DUTY STATION

f. RESIDENCE (City and State): (b) (6) [redacted]

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 shown 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)
44460167401702657	219.60	UA	coach	04-13-2009	Denver, Colorado	Washington, D.C. and return to Colorado
44468908144782616	28.25				Ticketing Agent	
44454227401702656	219.60					

MAY 15 2009

Airline fare only

5/19/9

2110-3450
211E 6701

ACH

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. Where 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 5-08-09 AMOUNT CLAIMED ▶ $ 412.01

NOTE: Falsification of an item in any 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; id. 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 ▶ [signature] Deputy Chief of Staff DATE 5/15/09

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) $
NET TO TRAVELER ▶ $ 412.01

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.C. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01-09

5/22/09

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, 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Wigington

DATE (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2009													
4/15		4:30 Depart Denver, Colorado Lodging					48.00	249.00	297.00			297.00	
4/15		Room Taxes											
4/16		Metro from DOI to Airport											35.11
4/16		Depart Washington, DC					48.00		48.00			48.00	4.00
4/16		POV 88 miles @ .55											
													4.40
4/16		Airport parking											18.00
4/15		Electronic toll											7.60

300 1/2 App.

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

SUBTOTALS ▶		$345.00	$67.01
TOTALS ▶			

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

TOTAL AMOUNT CLAIMED ▶ $412.01

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 Regulation (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.

This form was electronically produced by Elite Federal Forms, Inc.

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, 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

Wigington

2009 (a)	TIME (Hour and arrival) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
										SUBTOTALS ▶			
										TOTALS ▶		$345.00	$67.01

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ **$412.01**

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 Regulation (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.

The George Washington University Inn
824 New Hampshire Ave., N.W. Washington, D.C. 20037
(202) 337-6620
Member Potomac Hospitality Services

Robert Wigington

US

		Room No.	: 211
		Arrival	: 04-15-09
		Departure	: 04-16-09
A/R Number	:	Page No.	: 1 of 1
Group Code	:	Folio No.	:
Company Name	:	Conf. No.	: 381318

Date	Text	Charges USD	Credits USD
04-15-09	Long Distance Call	0.95	
	23:52 #7211 : 800-950-1111 [00:08:00]		
04-15-09	Rooms	249.00	
04-15-09	Room Tax	36.11	
	Total	**286.06**	**0.00**
	Balance	**286.06 USD**	

REMARKS:

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1038
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 5, 1948

TRAVEL AUTHORIZATION

1. No. TAWigington
2. 04-09-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Robert Wigington, (b) (6)

5. OFFICIAL STATION Washington, D.C.

6. TITLE

7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, Colorado
9. TO: Washington, D.C. and return to Denver, Colorado

10. PURPOSE AND REMARKS:
Official business as may be required. Candidate for position in DOI.

11. PER DIEM ALLOWANCE:
Actial lodging and per diem NTE 300% as authorized in accordiance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds —
Airfare only

12. PERIOD OF TRAVEL: Beginning on or about 04-15-2009 Ending on or about 04-16-2009

MODE OF TRAVEL

13. ☐ Common carrier
14. ☐ Extra fare at a mileage rate of
15. ☐ Government-owned conveyance cents, subject to:
16. ☐ Privately owned
(a) ☐ Administratively determined to be the advantage of the Government
(b) ☐ A showing of advantage to the Government
(c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	439.00
21. Per Diem		112.00
22. Other		50.00
23. TOTAL	$	601.00

24. CHARGED TO:
2009-1000-DDD01-08

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Associate Deputy Secretary for Interior (TITLE)

This (DI-1) was electronically produced by Elite Federal Forms, Inc.

April 23, 2009

Dianne Calhoun
Department of the Interior
1849 "C" Street, NW
Room 7229
Washington, D.C. 20240

Re: Travel Expense Reimbursement

Dianne,

Here are the original receipts for the expenses on my trip for the interviews on April 16, besides the plane ticket. I also drove 88 miles to and from the Denver airport and incurred a $7.50 electronic toll during rush hour on the drive to the airport. Please send the reimbursement voucher to me at the address below.

Robert Wigington

(b) (6) [redacted]

To: **Shelia Wilson**
Accounting Operations, FNMS
Office of the Secretary

From: Dianne Calhoun, OS

Date: **April 9, 2009**

SUBJECT: Request to Authorize Use of the Corporate Travel

Traveler's Name: Robert Wigington

This memorandum authorizes the following traveler to charge airline ticket for the trip only to OS Corporate travel account. Please call Dianne Calhoun on (b) (6) if you have any Questions.

Traveler	**Travel Period**	**Cost Center**
Robert Wigington	04/15/09 – 4/16/09	2009-1000-DDD01-09

Thank you.

22470 E. 6th Parkway, Suite 110
Aurora, CO 80018
Local: 303-537-3470
Toll Free: 1-888-846-3470
www.expresstoll.com

ExpressToll Monthly Statement

Friday, May 01, 2009 8:34 PM

ExpressToll

MR ROBERT WIGINGTON
(b) (6)

Statement for Transactions Posted between 3/26/2009 and 4/25/2009 Acct No : 2179221

Transaction No	Transaction Date/Time	Plaza	Lane	Tel Status	Amount
Transactions For Device # 614877		Plate # MSB265-CO			
299218277	4/15/2009 2:55:52 PM	NWP NWP TOLL PLAZA	Lane 2 South	AVITOLL	$3.00
299155316	4/16/2009 3:03:53 PM	E470 PLAZA E	Lane 2 South	AVITOLL	$2.25
299156160	4/15/2009 3:12:49 PM	E470 PLAZA D	Lane 2 South	AVITOLL	$2.25
				Total:	$7.50
				Grand Total:	$7.50

*AVITOLL - Toll Collected with EXpressToll Transponder

*VTOLL - Toll Collected with Toll Violation Camera Equipment
*MVTOLL - Toll Collected Manually

Payments Made between 3/26/2009 and 4/25/2009

Date	Comments	Pay Type	Amount
4/15/2009	PAYMENT	CREDIT	$27.00

Adjustments/Charges Made between 3/26/2009 and 4/25/2009

Date	Comments	Pay Type	Amount
N/A			

Summary

Opening TAB :	12.50
Total Tolls :	-7.50
Payments Made :	27.00
Debit Adjustments :	0.00
Credit Adjustments :	0.00
Remaining TAB :	32.00

04/15/09 22:32:07

METRORAIL
ARLINGTON VA
FOR CUSTOMER SERVICE
CALL 202-962-5719

2400 S. SMITH BLVD.

MEZZANINE 93
MACHINE 30

AN: (b) (6)

VENDOR: 093-30-30652
REF NO: 306528697106
AUTH NO: 360536

CREDIT PURCHASE

QUANTITY SELECTED: 1

COST IS $4.00 PER

FARECARD

S/N: 306520608697125

TOTAL AMOUNT: $4.00

DENVER
INTERNATIONAL AIRPORT

Card Account # : (b) (6)
Card Expiration Date : XX/XX
Card Type : VISA
Authorization Code : 000129
Bank Sequence Number : (b) (6)

Entrance: 15:19 04/15/09 Lane # 16
Exit : 20:36 04/18/09 Lane # 32
Length of stay: 1 d. 05 h. 17 mn.
License Plate : CO 870LJV
Cashier: 3054 Shift: 0017 SEQ# 4866

Transaction Amount: $ 15.00

Carlson Wagonlit Travel Saltillo travel

April 13, 2009

For: ROBERT WIGINGTON GDOIOS

To: NGMSDOI
ETKT 13APR.

Sales Person: KS
Locator: [redacted]
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.
TICKET ISSUED TO CORP CARD - [redacted]
FIN MGMT OFC

Wednesday April 15, 2009

Frontier Airlines — Flight Number: 720
Class of Service: Coach Class Y
Depart: DENVER, CO — 4:30 Pm April 15, 2009
Arrive: WASHINGTON/NATL,DC — 9:41 Pm April 15, 2009
Total Flight Time: — 3 Hours 11 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Snack
Status: Confirmed — Confirmation Number: NGQDYW
Reserved Seat: WIGINGTON/ROBERT 9D
ARR-TERMINAL C

Wednesday April 15, 2009

WASHINGTON/NATL,DC
UTELL INTERNATIONAL GEORGE WASHINGTON UNIV INN
824 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 202-337-6620
Fax Number: 202-337-2540
Number of Rooms: 1
Rate: 249.00 USD Per Night
Check In: Apr 15, 2009
Check Out: Apr 16, 2009
Confirmation Number: 1097[redacted]9240
Cancellation Policy: Cancel 1 day prior

Wednesday April 15, 2009

Other Service
Apr 15, 2009 - Apr 15, 2009
Departure City: WASHINGTON/NATL,DC
HOTEL GUARANTEED CANCEL BY 4PM TO AVOID BILLING

Thursday April 16, 2009

United Airlines
Class of Service:Coach Class V
Depart: WASHINGTON/NATL,DC
Arrive: DENVER, CO
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available for Purchase
Status: Confirmed
Reserved Seat: WIGINGTON/ROBERT 21B
DEP-TERMINAL C
STAR ALLIANCE

Flight Number: 663

5:55 Pm April 16, 2009
7:56 Pm April 16, 2009
4 Hours 1 Minutes Non-Stop

Confirmation Number: S5QHFG

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WIGINGTON ROBERT	44[illegible]16740 1702657	194.42USD	14.58US	3.60ZP	7.00XT	219.60
WIGINGTON ROBERT	44[illegible]8908144782816	28.25				28.25
WIGINGTON ROBERT	44[illegible]22740 1702656	194.42USD	14.58US	3.60ZP	7.00XT	219.60
					Total Amount:	467.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8815
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2564
CAR DECLINED/KS/09APR

P. 01

TRANSACTION REPORT

MAY-18-2009 MON 12:02 PM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
MAY-18	11:47 AM	FAX	14'25"	20	FAX RX	OK		

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
0100 00067

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)
Winkleman, Mark

b. SOCIAL SECURITY NO. (b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 03-26-2009
b. TO 03-29-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Winkleman
b. DATE(S) 03-25-2009

e. PRESENT DUTY STATION
Phoenix, AZ

f. RESIDENCE (City and State)
Phoenix, AZ

New ACH 4/2019 New ACH 1st use 4/2019

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

10. CHECK NO.

11. PAID BY

TOTO

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	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)
See attached e-ticket	1389.20	US	Economy	03-25-2009	Phoenix, AZ	Washington, DC and return
ticket agent fee	28.25					

Invitational Travel. Air fare charged to corporate card. Traveler remained in Washington, DC two additional days at no extra cost to the government.

APR 23 2009

2110 2570 00
211F 3031
211T 1500

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 4/29/09

AMOUNT CLAIMED ▶ $ 302.31

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. 68b).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/23/09

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 ▶ $ 302.31

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

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

5/5/09 BJ

1012-116

This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4150

STANDARD FORM 1012 (REV. 10-79)
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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Winkleman
TRAVELER'S LAST NAME

Winkleman

TIME 2009 (a)	(Hour and ampm) (b)	DESCRIPTION (Departure/arrival city, per diem computations, or other explanations or expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
3/26	2:55 pm	Depart Phoenix, AZ											
	9:57 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel tax											30.31
		Taxi DCA/Lodging											15.00
		Interview at DOI											
3/27		Personal Time											
3/28	4:59 pm	Depart Washington, DC											
3/29	7:09 pm	Arrive Phoenix, AZ											
			••0••	••0••	••0••	64.00 × 75.% 48.00 +	••0••						
			••0••	••0••	••0••								
		SUBTOTALS ▶										$257.00	$45.31
		TOTALS ▶										$257.00	$45.31

209.00 +
48.00 +
257.00 *
••0••
••0••
15.00 +
30.34 +
257.00 +
302.34 *
••0••

If additional space is required, continue o

In compliance with the Privacy Act of 1974, the following inform
Solicitation of the information on this form is authorized by 5 U
implemented by the Federal Travel Regulation (FPMR 101-7), 1
22, 1971 F.O. 11012 of March 27, 1962, E.O. 9397 of Novembe
U.S.C. 5011(b) and 5109. The primary purpose of the requeste
determine payment or reimbursement to eligible individuals fo
and/or relocation expenses incurred under appropriate admin
and to record and maintain costs of such reimbursements to
The information will be used by officers and employees who ha
information in the performance of their official duties. The in
disclosed to appropriate Federal, State, local, or foreign agen

...ank.

...quired by this agency
...employee, the issuance of a security
...performance of official duty while in
...y Account Number (SSN) is solicited
...s Code (26 U.S.C. 6011(b) and 6109)
...use as a tax payer and/or employee
...ATORY on vouchers claiming travel
...reimbursement which is, or may be, taxable
...requested information is voluntary in
...ide the information (other than SSN)
...delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $302.31

...ral Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

WINKLEMAN, MARK

Room 204/SK1K
Arrival Date 3/26/2009 10:04:00PM
Departure Date 3/27/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH#
AL CAR
BONUS AL

Confirmation: 84367516

3/27/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/26/2009	1351978	GUEST ROOM	$209.00
3/26/2009	1351978	SUITE TAX	$30.31
			$239.31
		WILL BE SETTLED TO MC (b) (6)	$0.00
		EFFECTIVE BALANCE OF	

Hilton HHonors

ESTIMATED CURRENCY TOTAL

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  + pay at the time of purchase.
  – charge purchases to your account, then stop by the Front Desk for an updated statement.
  + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	198000 INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

TAXICAB RECEIPT

Time: 10:30
Date: 3/26/09

Origin of trip: Washington National Airport

Destination: Doubletree Hotel

Fare: $15 Sign: _____

TAXICAB RECEIPT

Time: 4:00
Date: 3/29/09

Origin of trip: Dupont Circle

Destination: Wash Nat'l Airport

Fare: $16 Sign: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. Winkleman
2. 03/25/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Mark Winkleman
5. OFFICIAL STATION Phoenix, AZ
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** Phoenix, AZ
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior. Traveler will remain in DC on personal business March 28-29, at no additional cost to the government.

11. **PER DIEM ALLOWANCE:**

Per diem authorized in accordance with the Federal Travel Regulation as published in the Federal Register.

12. **PERIOD OF TRAVEL: Beginning on or about** 03/26/09 **Ending on or about** 03/29/09

MODE OF TRAVEL

13. ✗ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ✗ Privately owned
    - (a) ✗ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ✗ Other *(specify)* Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1416.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1866.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (LEGAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

CUSTOMER NBR: S321EGK

ITINERARY

SNAPCOM

PAGE: 01

TO: NGMSTOT
ETKT 25MAR**INVITATIONAL**.
ELAT 25MAR.

FOR: WINKLEMAN/MARK REF: GDOIOS

TICKET ISSUED TO CORP CARD - 213768
FIN MGMT CPC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

26 MAR 09 - THURSDAY

AIR US AIRWAYS FLT:46 COACH CLASS FOOD FOR PURCHASE
LV PHOENIX 255P EQP: AIRBUS A319
DEPART: TERMINAL 4 04HR 02MIN
AR WASHINGTON REAGAN 857P NON-STOP
ARRIVE: TERMINAL C REF: GSKW6M
WINKLEMAN/MARK SEAT-12F

HOTEL WASHINGTON REAGAN OUT 27MAR CORP ID-0560009417
DOUBLETREE HOTELS 1 N GH
DEREE OUES. STES WA 1 ROOM 1 KING BED 2 ROOM SUITE WI
801 NEW HAMPSHIRE AVE NW RT APPED 9 95-DAY-SWEET DREAMS
WASHINGTON DC 20037 RATE-209.00USD PER NIGHT
FONE 1-202-783-3300 CANCEL BY 04P DAY OF ARRIVAL
FAX 1-202-785-9485
GUARANTEED LATE ARRIVAL
CONFIRMATION 84367516
ZDC406:977J

29 MAR 09 - SUNDAY

AIR US AIRWAYS FLT:70 COACH CLASS FOOD FOR PURCHASE
LV WASHINGTON REAGAN 459P EQP: AIRBUS A319
DEPART: TERMINAL C 05HR 10MIN
AR PHOENIX 709P NON-STOP
ARRIVE: TERMINAL 4 REF: GSKW6M
WINKLEMAN/MARK SEAT-20D

CONTINUED ON PAGE 2

ITINERARY

CUSTOMER NBR: S32:BCIK ENRIGN PAGE: 02

TO: NGMSDOI
ETKT 25MAR**INVITATIONAL**.
ETKT 25MAR.

FOR: WINKLEMAN/MARK REF: GDOIOS

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES, VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2804
CAR DECLINED/R//25MAR

P.01

TRANSACTION REPORT

APR-28-2009 TUE 09:55 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
APR-28	09:53 AM	FAX	1'58"	9	FAX RX	OK		

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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)
91000000269
Wynn, Patrick

b. SOCIAL SECURITY NO.
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION
ACH

f. RESIDENCE (City and State)

6. PERIOD OF TRAVEL
a. FROM 03-31-2009
b. TO 04-01-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Wynn
b. DATE(S) 03-30-2009

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

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

	AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
	(a)	(b)	(c)	(d)	(e)	(f)
0377401702555	379.60	NW	Economy	03-30-2009	Las Vegas, NV	Washington, DC
0067401702554	233.20	US	Economy	03-30-2009	Washinton, DC	Las Vegas
8908140616965	28.25				ticket agent fee	

Invitational travel. Corporate card used to purchase airline ticket.

APR 23 2009

2110 305.80
211I 3031
211T 85.00

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 4/15/09

AMOUNT CLAIMED ▶ $ 370.31

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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/23/09

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

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 ▶ $ 370.31

5/5/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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, 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 2 PAGES

TRAVEL AUTHORIZATION NO. Wynn

TRAVELER'S LAST NAME Wynn

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
3/31	8:20 am	Depart Las Vegas											
	4:07 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Taxi - Airport/Lodging											15.00
		Hotel Taxes											30.31
4/1		Taxi - DOI/Airport											20.00
	6:30 pm	Depart Washington, DC											
	10.62 pm	Arrive Las Vegas					48.00		48.00			48.00	
										SUBTOTALS ▶		$305.00	$65.31
										TOTALS ▶			

208/04 96.80

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 Regulation (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 [illegible] by officers and employees who have a need for the information i[illegible] official duties. The information may be disclosed to [illegible] when relevant [illegible] 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 ▶ 370.31

[illegible] produced by Elite Federal Forms, Inc

STANDARD FORM 1012 BACK (10-77)

64• ×
75• %
48•00 +
•0••
48•00 +
48•00 +
209•00 +
305•00 *
•0••
20•00 +
15•00 +
35•00 *
35•00 +
30•31 +
65•31 *
65•31 +
305•00 +
370•31 *

[redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1945

TRAVEL AUTHORIZATION

1. No. Wynn
2. 03/30/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Patrick Wynn
5. OFFICIAL STATION Las Vegas, NV
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Las Vegas, NV
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowance in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 03/31/09 Ending on or about 04/01/09

MODE OF TRAVEL

13. ✗ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. ✗ Privately owned
    - (a) ✗ Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. ✗ Other (specify)
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	560.00
21. Per Diem		300.00
22. Other		100.00
23. TOTAL	$	960.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. Ronald Johnson (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

WYNN, PATRICK

Room 209/SQ2K
Arrival Date 3/31/2009 4:27:00PM
Departure Date 4/1/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH#
AL
BONUS AL CAR

Confirmation: 82903367

4/1/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/31/2009	1353082	GUEST ROOM	$209.00
3/31/2009	1353082	SUITE TAX	$30.31
		WILL BE SETTLED TO AX (b) (6)	$239.31
		EFFECTIVE BALANCE OF	$0.00

Hilton HHonors
Rate & Value

ESTIMATED CURRENCY TOTAL

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - + pay at the time of purchase.
  - + charge purchases to your account, then stop by the Front Desk for an updated statement.
  - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION 198206	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

TAXICAB RECEIPT

Time: 11
Date: 4/1/09

Origin of trip: ---
Destination: [illegible]
Fare: 50 Sign: [signature]

TAXICAB RECEIPT

Time: 3-31-09
Date:

Origin of trip: DCA
Destination: [illegible]
Fare: 15 Sign: [signature]

McCARRAN INT'L AIRPORT
P.O. BOX 11005 LAS VEGAS, NV 89111
PHONE:702-261-5122

CASHIER #23-#36701 491VRJ NV

TICKET 06334270 4/ 1/09 22:52
ARRIVE 3/31/09 5:15

PARKING FEE $ 28.00

AMOUNT PAID $ 28.00
AMOUNT TENDERED $ 30.00
AMOUNT CHANGE $ 2.00

(illegible)

March 30, 2009

Carlson Wagonlit Travel SatoTravel.

For: PATRICK WYNN GDOIOS

To: NGMSDOI
ETKT 30MAR.

Sales Person: 77
Locator: IBTNKM
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday March 31, 2009

Delta Airlines — Flight Number: 1200
Class of Service:Coach Class K
Depart: LAS VEGAS, NV — 6:20 Am March 31, 2009
Arrive: SALT LAKE CITY,UT — 8:43 Am March 31, 2009
Total Flight Time: — 1 Hour 23 Minutes Non-Stop
Equipment: 73H
Meal Service: None
Status: Confirmed — Confirmation Number: RYZ5UU
Reserved Seat: WYNN/PATRICK 11C
DEP-TERMINAL 1 ARR-TERMINAL UNIT 2

Tuesday March 31, 2009

Delta Airlines — Flight Number: 1550
Class of Service:Coach Class K
Depart: SALT LAKE CITY,UT — 10:00 Am March 31, 2009
Arrive: WASHINGTON/NATL,DC — 4:07 Pm March 31, 2009
Total Flight Time: — 4 Hours 7 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: RYZ5UU
DEP-TERMINAL UNIT 2 ARR-TERMINAL B

Tuesday March 31, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STES WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9485
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Mar 31, 2009
Check Out: Apr 01, 2009
Confirmation Number: 82903367
Cancellation Policy: Cancel by 4PM

Wednesday April 1, 2009

US Airways — Flight Number: 48
Class of Service:Coach Class V
Depart: WASHINGTON/NATL,DC — 8:30 Pm April 1, 2009
Arrive: LAS VEGAS, NV — 10:52 Pm April 1, 2009
Total Flight Time: — 5 Hours 22 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed — Confirmation Number: CGKQQ5
Reserved Seat: WYNN/PATRICK 8F
DEP-TERMINAL C — ARR-TERMINAL 1

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WYNN PATRICK	4347/0377401702555	343.26	36.34			379.60
WYNN PATRICK	4347/8908140616985	28.25				28.25
WYNN PATRICK	4346/0067401702554	197.21USD	14.79US	7.20ZP	14.00XT	233.20
					Total Amount:	641.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//30MAR

P. 01

TRANSACTION REPORT

APR-27-2009 MON 01:52 PM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
APR-27	01:47 PM	FAX	5'03"	9	FAX RX	OK		

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
125	BS	1

Batch Totals

Input Date	Number of Documents
5/5/9	5

0•00 +
302•31 +
370•31 +
688•76 +
631•91 +
572•31 +
2,565•60 *

System Checked By: BO **Date** 5/9

Batch Approval

Approved By: _____

Date Approved: _____

FY 09

Transaction Number	Fiscal Year	Dollar Amount	Vendor Name	Comments
910000077	2009	$ 305.00	ABBEY ROBERT V	Sent 7/27/12
910000077	2009	$ 30.31	ABBEY ROBERT V	Sent 7/27/12
910000219	2009	$ 215.37	ABBEY ROBERT V	Sent 7/27/12
910000219	2009	$ 2,092.00	ABBEY ROBERT V	Sent 7/27/12
910000193	2009	$ 65.89	ADELL AMOS	Sent 7/27/12
910000193	2009	$ 339.25	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 203.25	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 42.61	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 38.00	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 102.78	ADELL AMOS	Sent 7/27/12
910000222	2009	$ 261.00	ALLGOOD, TARA L.	Sent 7/27/12
910000222	2009	$ 23.93	ALLGOOD, TARA L.	Sent 7/27/12
910000222	2009	$ 29.00	ALLGOOD, TARA L.	Sent 7/27/12
910000222	2009	$ 48.00	ALLGOOD, TARA L.	Sent 7/27/12
910000052	2009	$ 31.35	ANNE CASTLE	
910000052	2009	$ 39.00	ANNE CASTLE	
910000052	2009	$ 305.00	ANNE CASTLE	
910000052	2009	$ 709.20	ANNE CASTLE	
910000087	2009	$ 1,124.00	ANNE CASTLE	
910000087	2009	$ 121.24	ANNE CASTLE	
910000130	2009	$ 1,670.00	ANNE CASTLE	
910000130	2009	$ 265.86	ANNE CASTLE	
910000130	2009	$ 148.50	ANNE CASTLE	
910000213	2009	$ 76.25	ANTHONY MARION BABAUTA	Sent 7/27/12
910000213	2009	$ 1.50	ANTHONY MARION BABAUTA	Sent 7/27/12
910000131	2009	$ 206.50	BELIN, ALLETTA D'ANDELOT	
910000131	2009	$ 76.00	BELIN, ALLETTA D'ANDELOT	
910000131	2009	$ 31.04	BELIN, ALLETTA D'ANDELOT	
910000005	2009	$ 47.00	BOGERT, MICHAEL LAURENCE	Sent 7/27/12
BOGERT1W	2009	$ 140.62	BOGERT, MICHAEL LAURENCE	Sent 8/10/12
910000094	2009	$ 305.00	BRANDT, ALFRED	Sent 7/27/12
910000094	2009	$ 48.31	BRANDT, ALFRED	Sent 7/27/12
910000094	2009	$ 18.75	BRANDT, ALFRED	Sent 7/27/12

910000143	2009	$	578.00	BROWN, MARY KAY	Sent 7/27/12
910000143	2009	$	51.50	BROWN, MARY KAY	Sent 7/27/12
910000143	2009	$	60.62	BROWN, MARY KAY	Sent 7/27/12
910000127	2009	$	305.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000127	2009	$	30.31	BURKE, MARCILYNN A.	Sent 7/27/12
910000127	2009	$	50.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000183	2009	$	44.50	BURKE, MARCILYNN A.	Sent 7/27/12
910000183	2009	$	261.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000183	2009	$	53.93	BURKE, MARCILYNN A.	Sent 7/27/12
910000183R2	2009	$	261.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000183R2	2009	$	53.93	BURKE, MARCILYNN A.	Sent 7/27/12
910000183R2	2009	$	44.50	BURKE, MARCILYNN A.	Sent 7/27/12
910000165	2009	$	30.31	CARD, JOAN	Sent 7/27/12
910000165	2009	$	305.00	CARD, JOAN	Sent 7/27/12
910000165	2009	$	18.04	CARD, JOAN	Sent 7/27/12
910000225	2009	$	270.00	CHRISTOPHER MICHAEL MORLANDT	Sent 7/27/12
910000225	2009	$	111.65	CHRISTOPHER MICHAEL MORLANDT	Sent 7/27/12
910000024	2009	$	220.33	CLIFFORD ROSENBERGER	Sent 7/27/12
910000015	2009	$	41.56	CONNALLY, PATRICIA	
910000118	2009	$	48.00	CRAIG E FRANCIS	Sent 7/27/12
910000118	2009	$	45.10	CRAIG E FRANCIS	Sent 7/27/12
910000118	2009	$	52.00	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	261.00	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	67.93	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	29.00	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	45.10	CRAIG E FRANCIS	Sent 7/27/12
910000144	2009	$	48.00	DALE T. WHITE	Sent 7/27/12
910000144	2009	$	50.00	DALE T. WHITE	Sent 7/27/12
910000210	2009	$	182.60	DALE T. WHITE	Sent 7/27/12
910000210	2009	$	29.10	DALE T. WHITE	Sent 7/27/12
910000210	2009	$	119.00	DALE T. WHITE	Sent 7/27/12
910000084	2009	$	851.00	DEANNA ARCHULETTA	Sent 7/27/12
910000084	2009	$	90.93	DEANNA ARCHULETTA	Sent 7/27/12
910000116	2009	$	305.00	DEBORAH B JENSEN	Sent 7/27/12

910000116	2009	$	66.16	DEBORAH B JENSEN	Sent 7/27/12
910000116	2009	$	27.00	DEBORAH B JENSEN	Sent 7/27/12
910000032	2009	$	28.61	DIRK A KEMPTHORNE	
9120308A01	2009	$	88.50	DIXON VICTORIA SANDS	Sent 7/27/12
9120308A01	2009	$	33.50	DIXON VICTORIA SANDS	Sent 7/27/12
910000103	2009	$	96.00	DRAPEAUX SR, BRIAN	Sent 7/27/12
MARSTERSRE1	2009	$	-	ELIZABETH MARSTERS	Sent 8/10/12
910000148	2009	$	146.00	ELIZABETH MARSTERS	Sent 7/27/12
910000148	2009	$	79.20	ELIZABETH MARSTERS	Sent 7/27/12
910000218	2009	$	270.00	ELIZABETH MARSTERS	Sent 7/27/12
910000169	2009	$	305.00	EZEKIEL J WILLIAMS	Sent 7/27/12
910000169	2009	$	30.31	EZEKIEL J WILLIAMS	Sent 7/27/12
910000169	2009	$	131.75	EZEKIEL J WILLIAMS	Sent 7/27/12
910000221	2009	$	490.00	FEARN, MILTON L.	Sent 7/27/12
910000221	2009	$	47.86	FEARN, MILTON L.	Sent 7/27/12
910000221	2009	$	75.75	FEARN, MILTON L.	Sent 7/27/12
910000191	2009	$	490.00	GARY E MARCHLIS	Sent 7/27/12
910000191	2009	$	47.86	GARY E MARCHLIS	Sent 7/27/12
910000191	2009	$	14.00	GARY E MARCHLIS	Sent 7/27/12
910000117	2009	$	305.00	GERALD L DANFORTH SR	Sent 7/27/12
910000117	2009	$	30.31	GERALD L DANFORTH SR	Sent 7/27/12
910000117	2009	$	40.00	GERALD L DANFORTH SR	Sent 7/27/12
910000215	2009	$	578.00	GERALD L DANFORTH SR	Sent 7/27/12
910000215	2009	$	33.00	GERALD L DANFORTH SR	Sent 7/27/12
910000215	2009	$	120.62	GERALD L DANFORTH SR	Sent 7/27/12
910000040	2009	$	25.89	GRILES, STEVEN J	Sent 7/27/12
910000041	2009	$	626.50	GRILES, STEVEN J	Sent 7/27/12
910000041	2009	$	351.22	GRILES, STEVEN J	Sent 7/27/12
910000041	2009	$	35.00	GRILES, STEVEN J	Sent 7/27/12
910000047	2009	$	209.00	HENDERSON, CHRISTOPHER	Sent 7/27/12
910000047	2009	$	30.31	HENDERSON, CHRISTOPHER	Sent 7/27/12
910000043	2009	$	60.23	HILARY TOMPKINS	Sent 7/27/12
910000043	2009	$	305.00	HILARY TOMPKINS	Sent 7/27/12
910000044	2009	$	285.70	HILARY TOMPKINS	Sent 7/27/12

910000097	2009	$	851.00	HILARY TOMPKINS	Sent 7/27/12
910000097	2009	$	90.93	HILARY TOMPKINS	Sent 7/27/12
910000096	2009	$	851.00	HILARY TOMPKINS	Sent 8/10/12
910000096	2009	$	90.93	HILARY TOMPKINS	Sent 8/10/12
910000099	2009	$	235.00	HOFFMAN, BARRY A.L.	Sent 7/27/12
910000099	2009	$	20.16	HOFFMAN, BARRY A.L.	Sent 7/27/12
910000099	2009	$	37.82	HOFFMAN, BARRY A.L.	Sent 7/27/12
910000088	2009	$	305.00	ISEMAN, TOM	Sent 7/27/12
910000088	2009	$	28.00	ISEMAN, TOM	Sent 7/27/12
910000088	2009	$	30.31	ISEMAN, TOM	Sent 7/27/12
910000164	2009	$	305.00	JAMES W SHAW	Sent 7/27/12
910000164	2009	$	30.31	JAMES W SHAW	Sent 7/27/12
910000059	2009	$	305.00	JANEA SCOTT	Sent 7/27/12
910000059	2009	$	30.31	JANEA SCOTT	Sent 7/27/12
910000059	2009	$	138.20	JANEA SCOTT	Sent 7/27/12
910000082	2009	$	-	JANEA SCOTT	Sent 7/27/12
910000142	2009	$	137.00	JANEA SCOTT	
910000142	2009	$	90.20	JANEA SCOTT	
910000060	2009	$	18.00	JOE CHILDERS	Sent 7/27/12
910000064	2009	$	305.00	JOE CHILDERS	
910000064	2009	$	20.70	JOE CHILDERS	
910000064	2009	$	30.31	JOE CHILDERS	
910000147	2009	$	514.00	JOHN E. TUBBS	Sent 8/10/12
910000147	2009	$	60.62	JOHN E. TUBBS	Sent 8/10/12
910000156	2009	$	630.00	JOHN E. TUBBS	Sent 8/10/12
910000156	2009	$	68.16	JOHN E. TUBBS	Sent 8/10/12
910000170	2009	$	61.20	JOHN J REYNOLDS	Sent 7/27/12
910000167	2009	$	305.00	JOSEPH ANDREW JACKSON	
910000167	2009	$	30.31	JOSEPH ANDREW JACKSON	
910000167	2009	$	23.50	JOSEPH ANDREW JACKSON	
910000179	2009	$	305.00	JOSEPH ANDREW JACKSON	
910000179	2009	$	33.41	JOSEPH ANDREW JACKSON	
910000179	2009	$	61.00	JOSEPH ANDREW JACKSON	
910000136	2009	$	191.28	JOSEPH G PIZARCHIK	Sent 7/27/12

910000182	2009	$	719.00	JOSEPH G PIZARCHIK	Sent 7/27/12
910000182	2009	$	191.79	JOSEPH G PIZARCHIK	Sent 7/27/12
910000182	2009	$	151.25	JOSEPH G PIZARCHIK	Sent 7/27/12
910000197	2009	$	190.89	JOSEPH G PIZARCHIK	Sent 7/27/12
910000197	2009	$	151.25	JOSEPH G PIZARCHIK	Sent 7/27/12
910000197	2009	$	719.00	JOSEPH G PIZARCHIK	Sent 7/27/12
910000209	2009	$	96.00	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000209	2009	$	157.25	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000223	2009	$	270.00	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000223	2009	$	95.11	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000223	2009	$	47.40	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000128	2009	$	57.00	KATHERINE JACOBS	Sent 7/27/12
910000128	2009	$	96.00	KATHERINE JACOBS	Sent 7/27/12
910000128	2009	$	10.00	KATHERINE JACOBS	Sent 7/27/12
910000104	2009	$	90.50	KATHERINE MARGARET BATTEN	
910000105	2009	$	45.18	KATHERINE MARGARET BATTEN	
910000140	2009	$	89.10	KATHERINE MARGARET BATTEN	
910000101	2009	$	160.00	KIEVE, LOREN	Sent 7/27/12
910000101	2009	$	156.53	KIEVE, LOREN	Sent 7/27/12
910000046	2009	$	220.00	LANE, KENNETH L	
910000046	2009	$	645.20	LANE, KENNETH L	
910000046	2009	$	345.50	LANE, KENNETH L	
LANRELA	2009	$	-	LANE, KENNETH L	Sent 8/10/12
910000074	2009	$	229.25	LANE, KENNETH L	
910000074	2009	$	12.00	LANE, KENNETH L	
910000072	2009	$	81.00	LANE, KENNETH L	
910000072	2009	$	24.00	LANE, KENNETH L	
910000073	2009	$	130.00	LANE, KENNETH L	
910000078	2009	$	42.00	LARRY J ECHO HAWK	
910000078	2009	$	578.00	LARRY J ECHO HAWK	
910000078	2009	$	62.00	LARRY J ECHO HAWK	
910000078	2009	$	60.62	LARRY J ECHO HAWK	
910000125	2009	$	1,580.00	LARRY J ECHO HAWK	
910000125	2009	$	261.86	LARRY J ECHO HAWK	

910000125	2009	$	46.20	LARRY J ECHO HAWK	
910000125	2009	$	122.00	LARRY J ECHO HAWK	
910000166	2009	$	45.10	LARRY J ECHO HAWK	
910000166	2009	$	305.00	LARRY J ECHO HAWK	
910000166	2009	$	30.00	LARRY J ECHO HAWK	
910000212	2009	$	96.00	LEONORE BLITZ	Sent 7/27/12
910000212	2009	$	68.00	LEONORE BLITZ	Sent 7/27/12
910000208	2009	$	137.20	LEWIS, COURTENAY C.	Sent 7/27/12
910000129	2009	$	171.50	LINDSEY DUBIN	Sent 7/27/12
910000181	2009	$	160.00	LORI L CARAMANIAN	Sent 7/27/12
910000181	2009	$	105.00	LORI L CARAMANIAN	Sent 7/27/12
910000181	2009	$	16.00	LORI L CARAMANIAN	Sent 7/27/12
910000055	2009	$	96.00	LORRAINE V. FAETH	
910000055	2009	$	58.00	LORRAINE V. FAETH	
910000115	2009	$	112.00	LORRAINE V. FAETH	
FAETH2	2009	$	50.00	LORRAINE V. FAETH	Sent 8/10/12
910000163	2009	$	61.00	LORRAINE V. FAETH	
910000157	2009	$	40.00	MARCIA MCNUTT	Sent 7/27/12
910000158	2009	$	305.00	MARCIA MCNUTT	Sent 7/27/12
910000158	2009	$	50.31	MARCIA MCNUTT	Sent 7/27/12
910000158	2009	$	30.25	MARCIA MCNUTT	Sent 7/27/12
910000157	2009	$	305.00	MARCIA MCNUTT	Sent 7/27/12
910000157	2009	$	50.31	MARCIA MCNUTT	Sent 7/27/12
910000086	2009	$	305.00	MAXINE VELASQUEZ	Sent 7/27/12
910000086	2009	$	30.31	MAXINE VELASQUEZ	Sent 7/27/12
910000086	2009	$	7.00	MAXINE VELASQUEZ	Sent 7/27/12
910000194	2009	$	213.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000194	2009	$	155.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000195	2009	$	305.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000195	2009	$	82.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000195	2009	$	30.31	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000194	2009	$	53.77	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000093	2009	$	67.50	MONTOYA, JORDAN	Sent 7/27/12
910000095	2009	$	42.73	MULHALL, MARJORIE	Sent 7/27/12

910000079	2009	$	-	NEAL KEMKAR	Sent 7/27/12
KEMKARRELA	2009	$	928.00	NEAL KEMKAR	Sent 8/10/12
910000184	2009	$	28.00	NEAL KEMKAR	Sent 7/27/12
910000184	2009	$	85.80	NEAL KEMKAR	Sent 7/27/12
KEMKARRELB	2009	$	576.05	NEAL KEMKAR	Sent 8/10/12
910000153	2009	$	146.00	PADILLA, JOAN V.	
910000121	2009	$	46.20	PETERSON, SARAH	
910000152	2009	$	110.00	PETERSON, SARAH	
910000070	2009	$	382.75	PRUKOP,JOANNA	Sent 7/27/12
910000070	2009	$	206.10	PRUKOP,JOANNA	Sent 7/27/12
910000070	2009	$	43.66	PRUKOP,JOANNA	Sent 7/27/12
910000070	2009	$	93.00	PRUKOP,JOANNA	Sent 7/27/12
910000211	2009	$	48.00	RAMON J CRUZ	Sent 7/27/12
910000211	2009	$	92.84	RAMON J CRUZ	Sent 7/27/12
910000089	2009	$	106.00	RAYMOND RIVERA	
910000149	2009	$	2.00	RAYMOND RIVERA	
910000149	2009	$	85.50	RAYMOND RIVERA	
910000090	2009	$	305.00	REBECCA Q. CEDILLO	Sent 7/27/12
910000090	2009	$	30.31	REBECCA Q. CEDILLO	Sent 7/27/12
910000090	2009	$	49.75	REBECCA Q. CEDILLO	Sent 7/27/12
910000124	2009	$	1,943.00	RHEA S SUH	Sent 8/10/12
910000124	2009	$	296.70	RHEA S SUH	Sent 8/10/12
910000124	2009	$	212.17	RHEA S SUH	Sent 8/10/12
910000004	2009	$	60.00	RICHARD D. SCHULTZ	
LV882296	2009	$	19.00	RICHARD D. SCHULTZ	Req'd from PCS 7/20/12
LV882293	2009	$	26.00	RICHARD D. SCHULTZ	Req'd from PCS 7/20/12
LV882407	2009	$	59.00	RICHARD D. SCHULTZ	Req'd from PCS 7/20/12
LV882545	2009	$	23.00	RICHARD D. SCHULTZ	Req'd from PCS 7/20/12
910000081	2009	$	305.00	RICK RUDY	Sent 7/27/12
910000081	2009	$	21.42	RICK RUDY	Sent 7/27/12
910000081	2009	$	80.00	RICK RUDY	Sent 7/27/12
910000081	2009	$	71.50	RICK RUDY	Sent 7/27/12
910400145	2009	$	207.00	RYAN LEHMAN	Sent 7/27/12
910400145	2009	$	96.00	RYAN LEHMAN	Sent 7/27/12

910000062	2009	$	226.60	STEPHEN Y EKEMA-AGBAW	Sent 7/27/12
910000062	2009	$	96.00	STEPHEN Y EKEMA-AGBAW	Sent 7/27/12
910000071	2009	$	44.00	STEVE BLACK	Sent 7/27/12
910000045	2009	$	54.40	STONE, RENEE	Sent 7/27/12
910000045	2009	$	13.20	STONE, RENEE	Sent 7/27/12
910000045	2009	$	60.91	STONE, RENEE	Sent 7/27/12
910000045	2009	$	153.50	STONE, RENEE	Sent 7/27/12
910000224	2009	$	28.00	STONE, RENEE	Sent 7/27/12
910000051	2009	$	78.50	STRICKLAND, THOMAS	Req'd from PCS 7/20/12
910000051	2009	$	308.61	STRICKLAND, THOMAS	Req'd from PCS 7/20/12
910000051	2009	$	325.50	STRICKLAND, THOMAS	Req'd from PCS 7/20/12
910000051	2009	$	84.00	STRICKLAND, THOMAS	Req'd from PCS 7/20/12
910000076	2009	$	305.00	SYLVIA V BACA	Sent 7/27/12
910000076	2009	$	182.00	SYLVIA V BACA	Sent 7/27/12
910000076	2009	$	45.31	SYLVIA V BACA	Sent 7/27/12
910000076	2009	$	40.00	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	305.00	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	60.31	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	84.60	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	182.00	SYLVIA V BACA	Sent 7/27/12
JOHNSONPCSA	2009	$	775.00	TERESA L JOHNSON	Sent 8/10/12
910000189	2009	$	32.00	TERESA L JOHNSON	Sent 8/10/12
910000189	2009	$	89.10	TERESA L JOHNSON	Sent 8/10/12
910000168	2009	$	578.00	TODD TRUE	Sent 7/27/12
910000168	2009	$	60.62	TODD TRUE	Sent 7/27/12
910000168	2009	$	125.00	TODD TRUE	Sent 7/27/12
910000123	2009	$	60.62	TRACIE STEVENS	
910000123	2009	$	17.00	TRACIE STEVENS	
910000123	2009	$	578.00	TRACIE STEVENS	
910000180	2009	$	85.70	TRACIE STEVENS	
910000180	2009	$	62.00	TRACIE STEVENS	
910000180	2009	$	578.00	TRACIE STEVENS	
910000122	2009	$	30.31	TRAHUNT, MARK N.	Sent 7/27/12
910000122	2009	$	55.00	TRAHUNT, MARK N.	Sent 7/27/12

910000122	2009	$	305.00	TRAHUNT, MARK N.	Sent 7/27/12
910000050	2009	$	305.00	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000050	2009	$	30.31	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000050	2009	$	42.95	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000058	2009	$	305.00	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000058	2009	$	30.31	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000058	2009	$	7.00	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000080	2009	$	-	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000146	2009	$	160.00	VINCENT J. WARD	Sent 7/27/12
910000146	2009	$	160.00	VINCENT J. WARD	Sent 7/27/12
910000126	2009	$	305.00	VOGEL, KENNETH	Sent 7/27/12
910000126	2009	$	85.05	VOGEL, KENNETH	Sent 7/27/12
910000126	2009	$	30.31	VOGEL, KENNETH	Sent 7/27/12
9100000038	2009	$	77.40	WAIDMANN, BRIAN	Sent 7/27/12
910000196	2009	$	305.00	WATCHMAN, DERRICK	Sent 7/27/12
910000196	2009	$	306.90	WATCHMAN, DERRICK	Sent 7/27/12
910000196	2009	$	80.31	WATCHMAN, DERRICK	Sent 7/27/12
910000100	2009	$	67.01	WIGINTON, ROBERT	Sent 7/27/12
910000100	2009	$	345.00	WIGINTON, ROBERT	Sent 7/27/12
910000067	2009	$	257.00	WINKLEMAN, MARK	Sent 7/27/12
910000067	2009	$	30.31	WINKLEMAN, MARK	Sent 7/27/12
910000067	2009	$	31.00	WINKLEMAN, MARK	Sent 7/27/12
910000069	2009	$	30.31	WYNN, PATRICK	Sent 7/27/12
910000069	2009	$	305.00	WYNN, PATRICK	Sent 7/27/12
910000069	2009	$	63.00	WYNN, PATRICK	Sent 7/27/12

BOGERT IW

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 8, 1949

Transferring

TRAVEL AUTHORIZATION

1. No. BOGERT 1

2. 06/28/06 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME L. Michael Bogert (b) (6) [redacted] OFFICIAL STATION Washington, DC

6. TITLE Counselor to the Secretary 7. ACCOUNTING OFFICE NBC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, WA
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

To transfer you to your official station in Washington, DC, 7/10/06. You are hereby directed to proceed from Seattle, WA, to Washington, DC, the latter to become your official station upon arrival. Employee is to take annual leave for excess travel time. Employment agreement has been signed.

11. PER DIEM ALLOWANCE:

Standard Conus rates apply for househunting and en route. Rates are decreased to 75% the first and the last day of travel. No per diem will be allowed for travel under 12 hours. Fixed rate reimbursement for temporary quarters, less any days spent househunting.

12. PERIOD OF TRAVEL: Beginning on or about: July 9, 2006 Ending on or about: July 10, 2008

MODE OF TRAVEL

13. [X] Common carrier 14. [X] Extra Fare 15. [X] Government-owned conveyance

16. [ ] Privately owned: at a mileage rate of: cents, subject to:

(a) [X] Administratively determined to be to the advantage of the Government

(b) [X] A showing of advantage to the Government

(c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

17. [X] Transportation immediate family 19. [X] Shipment household goods and personal effects Not to exceed 18,000 LBS

18. [X] Other (Specify) Authorized expenses include: House hunting for spouse only (NTE 10 days), airfare, M&IE only, en route airfare for employee, spouse and 2 children (under 12), no per diem if travel under 12 hours, fixed rate TQ for 30 days for employee, 15 days each for spouse and children, miscellaneous expense, shipment and storage of household goods (NTE 90 days), shipment of POV, direct reimbursement of real estate both sale and purchase, WTA and RITA

ESTIMATED COST

20.	Transportation	$	3,326.00
21.	Per Diem	$	7,929.00
22.	Other	$	164,606.00
23.	TOTAL	$	175,861.00

24. CHARGED TO: 2006 1000 DD Dol

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. COUNSELOR TO THE SECRETARY (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. DEPUTY COS (TITLE)

TOTAL P.02

Amendment 1

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 8, 1949

Transferring
TRAVEL AUTHORIZATION

1. No. BOGERT1

2. 07/18/06 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME L. Michael Bogert

5. OFFICIAL STATION Washington, DC

6. TITLE Counselor to the Secretary

7. ACCOUNTING OFFICE NBC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, WA
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

To add a rental car for spouse while in househunting status.

11. PER DIEM ALLOWANCE:

12. PERIOD OF TRAVEL: Beginning on or about 07-09-06 Ending on or about: 07-10-08

MODE OF TRAVEL

13. [ ] Common carrier
14. [ ] Extra Fare
15. [ ] Government-owned conveyance

16. [ ] Privately owned: at a mileage rate of: cents, subject to:
   (a) [ ] Administratively determined to be to the advantage of the Government
   (b) [ ] A showing of advantage to the Government
   (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

17. [ ] Transportation immediate family
18. [ ] Other (Specify)
19. [ ] Shipment household goods and personal effects

ESTIMATED COST

20.	Transportation	$ 350.00
21.	Per Diem	$ 0.00
22.	Other	$ 117.00
23.	TOTAL	$ 467.00

24. CHARGED TO: 06/1000/DDD01/68

25. (FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)

27. Counselor to the Secretary (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

2008 Rita

FEDERAL TRAVEL ADVISOR
RELOCATION INCOME TAX ALLOWANCE REPORT Date: 09/23/20

RITA INFORMATION

Name: Michael Bogert
Organization: OS
Social security no.: 000-00-0000
Travel authorization no.: BOGERT1
Reporting date: 12/31/2008
Year 1: 08
Year 1 WTA: $ 333
Covered Reimbursements: $ 1000
State adjustment basis: $ 0

TAX INFORMATION

Filing status: Married Filing Joint Return
Earned Income: $215226.00

	Year 1	Year 2
Federal Tax Rates:	0.280	0.280
State Tax Rate For VA:	0.058	0.058
Local Tax Rate:	.	.

RITA CALCULATION

CMTR1 = FEDRATE1 + (1 - FEDRATE1)(STATERATE) + (1 - FEDRATE1)(LOCRATE)
CMTR1 = 0.28000 + (1 - 0.28000)(0.05750) + (1 - 0.28000)(.)
CMTR YEAR 1 is 0.32140

CMTR2 = FEDRATE2 + (1 - FEDRATE2)(STATERATE) + (1 - FEDRATE2)(LOCRATE)
CMTR2 = 0.28000 + (1 - 0.28000)(0.05750) + (1 - 0.28000)(.)
CMTR YEAR 2 is 0.32140

RITA = [CMTR1/(1-CMTR2)(CTR)]-[(1-CMTR1)/(1-CMTR2)(WTA)]
RITA = [0.32140/(1-0.32140)(1000)]-[(1-0.32140)/(1-0.32140)(333)]

RIT Allowance for 2009..... $ 140.62

Abbreviations:

Combined marginal tax rate Year 1	= CMTR1
Combined marginal tax rate Year 2	= CMTR2
Federal marginal tax rate Year 1	= FEDRATE1
Federal marginal tax rate Year 2	= FEDRATE2
State marginal tax rate	= STATERATE
Local marginal tax rate	= LOCRATE
Relocation income tax allowance	= RITA
Covered taxable reimbursement	= CTR
Withholding tax allowance	= WTA
State adjustment basis	= STATEBASIS
State adjustment allowance	= STATEADJ

PAID
SEP 23 2009

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: DOI-IMMEDIATE OFFICE OF THE SECRETARY

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): BOGERT, L. MICHAEL

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 12-31-2008 b. TO

c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]

d. OFFICE TELEPHONE NO. 202-624-2762

7. TRAVEL AUTHORIZATION: a. NUMBER(S) BOGERT1 b. DATE(S) 2009 SEP 23 PM 12:01

e. PRESENT DUTY STATION

f. RESIDENCE (City and State): OAKTON, VA

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 9.23.09

11. PAID BY TVD DOI

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
RITA CLAIM FOR CALENDAR YEAR 2008				MJ 215,226.07 VA	

NBC DENVER MAIL ROOM 2009 SEP 23 AM 9:26

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 SEP 22 2009 AMOUNT CLAIMED ▶ $ 140.62

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 ▶ Michael is retired + AO doesn't want to sign DATE

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ PAID DATE SEP 23 2009

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) 4070 $ 56.25

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: 9-23-09 $ 84.37

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0

d. NET TO TRAVELER ▶ $ 84.37

18. ACCOUNTING CLASSIFICATION

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

PAGE 2/5 * RCVD AT 8/12/2009 10:55:22 AM [Eastern Daylight Time] * SVR:DCFAX01/0 * DNIS:6285116 * CSID: * DURATION (mm-ss):01-51

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Michael L. Bogert
(b) (6)
[redacted]

Voucher Identification: PCS Voucher Number:		BOGERT1 W	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$140.62			
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$140.62	$56.25	$0.00	$84.37

EXPLANATION: The tax calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

This is to notify you that your RITA claim has been processed as follows:

XX Payment will follow shortly.

_____ Payment will not follow, as the entire payment has been applied toward your travel advance.

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 09/23/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Michael L. Bogert	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$0.00		
H.C.33B (Taxable Income)	$140.62		
H.C.66A (Payment Outside Pay/Pers System)	$84.37		
ETW (Estimated Taxes Withheld by BAO)	$56.25		

	September 23, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****RITA*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

MARSTERSREL

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 8, 1949

New Appointee

TRAVEL AUTHORIZATION

1. No. Marsters REL

2. 04/14/09 (DATE)

3. Office of the Secretary (Bureau or Office)

D

4. NAME Elizabeth S. Marsters

5. OFFICIAL STATION Washington, DC TD

6. TITLE Special Asstistant to the Secretary

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO

9. TO: Washington, DC

10. PURPOSE AND REMARKS. Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Denver, CO , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 04/13/09

11. PER DIEM ALLOWANCE:

Enroute travel; No per diem will be allowed for enroute travel as it is under 12 hours. Allowed taxi to and from the airport.

12. PERIOD OF TRAVEL: Beginning on or about: April 17, 2009 Ending on or about: April 17, 2011

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra Fare 15. ☐ Government owned conveyance

16. ☐ Privately owned at a mileage rate of: cents, subject to

(a) ☒ Administratively determined to be to the advantage of the Government

(b) ☒ A showing of advantage to the Government

(c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90/days

18. ☒ Other (Specify)

- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☐ Shipment of POV
- ☐ Real Estate Expenses
- ☐ Non GBL / Self-shipment
- ☐ WTA & RITA

ESTIMATED COST

20	Transportation	$ 359.00
21	Per Diem	$ 0.00
22	Other	$ 13,008.25
23	TOTAL	$ 13,367.25

24. CHARGED TO: 2009 1000 DDD01 68

25. [signature] 4/15/09 (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

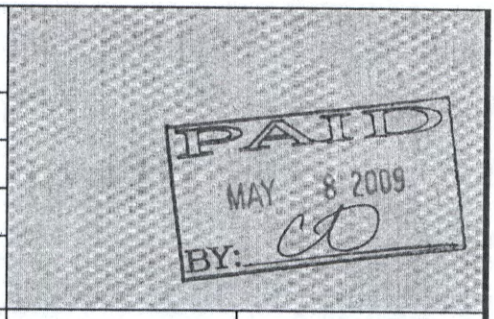
28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

2009 1000 DDD01 68

To:	Elizabeth Marsters	**Date:**	05/07/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	MarstersREL A

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card	$247.85		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV			
TOTAL - lines 1-4	$247.85	TOTAL -lines 2,3 & 4	$0.00

5. En route mileage>Nineteen cents per mile		
6. En route meals		
7. House hunting expenses	**********	**********
7A. House hunting expenses / Centrally billed	**********	
8. House hunting transportation paid by GTR / Government credit card	**********	
9. Temporary quarters	**********	**********
9A. Temporary quarters / Centrally Billed	**********	
10. Real estate	**********	**********
11. Miscellaneous expense	**********	**********
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$0.00	$0.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$0.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT, ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO. A

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Marsters, Elizabeth
b. SOCIAL SECURITY NO.
c. MAILING ADDRESS (Include ZIP Code): [redacted]
d. OFFICE TELEPHONE NO.
e.
f. RESIDENCE (City and State): Washington, DC

6. PERIOD OF TRAVEL
a. FROM: 04-21-2009
b. TO: 04-21-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): MarstersREL
b. DATE(S): 04-14-2009

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: 5.7.09

11. PAID BY: TVD

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
See attached e-ticket	219.60	FR	Economy	04-16-2009	Denver, CO	Washington, DC
Ticket agent fee	28.25					

24785

Relocation (PCS). Travel time was less than 12 hours. No per diem.

Air fare purchased with corporate card.

4.21.09

Received DOI National Business Center 09 MAY -7 AM 8:55

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 ▶ Lizzie Marsters DATE 4.29.09 AMOUNT CLAIMED ▶ $ 00.00

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 ▶ Renee Stone DATE 4/30/09

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 ▶

PAID MAY 8 2009 DATE BY:

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	WTA Taxes + / −	$ NA 0
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials: 5709)		$ 0
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		$ 0
d. NET TO TRAVELER ▶		$ 00.00

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Elizabeth Marsters

Voucher Identification: PCS Voucher Number:		MarstersREL A	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$0.00	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$0.00	$0.00	$0.00	$0.00

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
Enroute travel.

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 05/07/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Elizabeth Marsters	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$247.85		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$247.85		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	May 7, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

To:	Elizabeth S. Marsters	**Date:**	06/23/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	MarstersRel H

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID JUN 24 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$1,755.82		
TOTAL - lines 1-4	$1,755.82	TOTAL - lines 2-4	$1,755.82

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$1,755.82

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$1,755.82

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 1[illegible] for Instructions on Co[illegible]ting this Form.

D.O. VOU. NO. Marsters Rel

BUR. VOU. NO. H

SCHED. NO.

2009 JUN -8 AM 9:11 NBC DENVER MAIL ROOM

[illegible]TMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

DS

THE UNITED STATES, DR., TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300

128924870

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0820185

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: [X] FREIGHT [ ] PASSENGER

PAID BY

TP D

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER			AMOUNT
Tariff: GSA-01			
Shipper: ELIZABETH MARSTERS			
Rank:			
Origin: DENVER, CO			
Destin: WASHINGTON, DC			
GBL#: N0820185			
Section: 3 (GSA)			
Weight: 1440			
Miles: 1642			
TRANS Chg 1440 Lbs			2,700.00
CONT,PACK & UNPACK			623.85
A.T.C. DEST		1.40	20.16
AUX VAN ORIG	1		473.00
Sub Tot B/4 Disc =		3817.01	
54% B.L.D.			-2,061.19

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 05/26/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER [signature]

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

PAID
JUN 24 2009

Audited 5/26/09 Audit Date
Ted Showalter TD Initials
Name

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED: CORRECT FOR	1755 82
VERIFIED BY *(Signature or initials)* ▶	6.23.09
PAID BY CHECK NO. ▶	1755 82

100

TOTAL CLAIMED ▶ $1,755.82

ACCOUNTING CLASSIFICATION

NATIONAL BUSINESS CENTER

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

To:	Elizabeth Marsters	**Date:**	11/10/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	MarstersRel I

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID NOV 17 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$571.04		
TOTAL - lines 1-4	$571.04	**TOTAL - lines 2-4**	$571.04

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$31.10	$31.10
13. SUBTOTAL (B)	$31.10	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$31.10	$602.14

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$602.14

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$31.10
20. Total tax withheld this voucher: Line 16	$0.00

PCS 3-255 frm FRM 3-255

10-14-09 GB

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. MARSTERS R1

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S. DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

OS

BUR. VOU. NO. I

SCHED. NO.

THE UNITED STATES, DR., TO: *(Payee's name and address)*
ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300

1284248TD

FED ID 62-0581853

CARRIER'S BILL NUMBER
N0820185A

CARRIER'S SCAC NUMBER
ARMT

SERVICES FURNISHED *(Check one)*
[X] FREIGHT [ ] PASSENGER

PAID BY

TVD

OCT 28 2009

Do NOT bill GBL and GTR charges on the same form

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER

AMOUNT

For payment of services rendered as evidenced by attached subvouchers.

SUPPLEMENTAL INVOICE

Tariff: GSA-01
Shipper: ELIZABETH MARSTERS
Rank:
Origin: DENVER, CO
Destin: WASHINGTON, DC
GBL#: N0820185
Section: 3 (GSA)
Weight: 1440
Miles: 1642
TRANS Chg 1440 Lbs
Sub Tot B/4 Disc =
54% B.L.D.

FIRST DAY SIT		-8.70	125.28
38 Addl DAYS SIT			218.88
SIT DLY Chg 1440#			585.00
SIT Sub Total =		929.16	
40% SIT DISCOUNT			-371.66
ELEVATOR DEST	1	3.10	44.64

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 10/15/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER Auditor

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

Audited 10/15/09 — Audit Date
Ted Showalter — Name
Initials

PAID
NOV 17 2009

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED CORRECT FOR	602 14
VERIFIED BY (Signature or initials) ▶	11.10.09
PAID BY CHECK NO. ▶	602.14

TOTAL CLAIMED ▶ $602. 14

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

To:	Hilary C. Tompkins	**Date:**	07/27/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	TompkinsRel A

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card	$1,009.05		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV			
TOTAL - lines 1-4	$1,009.05	**TOTAL -lines 2,3 & 4**	$0.00

PAID
JUL 27 2009

5. En route mileage>Twenty four cents per mile		
6. En route meals		
7. House hunting expenses	**********	**********
7A. House hunting expenses / Centrally billed	**********	
8. House hunting transportation paid by GTR / Government credit card	**********	
9. Temporary quarters	**********	**********
9A. Temporary quarters / Centrally Billed	**********	
10. Real estate	**********	**********
11. Miscellaneous expense	**********	**********
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$0.00	$0.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$0.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

VEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT, ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

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

3. VOUCHER NO. TompkinsRel
4. SCHEDULE NO. A

5. TRAVELER (PAYEE)
a. Name *(Last, first, middle initial)*: Tompkins, Hilary
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS *(Include ZIP Code)*: 1849 C Street, NW, Washington, DC 20240
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE *(City and State)*: (b) (6) [redacted]

6. PERIOD OF TRAVEL
a. FROM: 05-30-2009
b. TO: 05-30-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TompkinsRelo
b. DATE(S): 05-18-2009

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: 7/7/09

10. CHECK NO.

11. PAID BY TVD

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used shown 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)
See attached e-ticket	308.10	UA	Economy	05-27-2009	Albuquerque, NM	Washington, DC
See attached e-ticket	308.10	UA	Economy	05-27-2009	Albuquerque, NM	Washington, DC
See attached e-ticket	308.10	UA	Economy	05-27-2009	Albuquerque, NM	Washington, DC
TMC fee	84.75					

PCS for employee and family. Air fare purchased with corporate card.

1009.05

5-30-09

Enroute

RECEIVED DENVER ACCOUNTING CENTER MAIL ROOM 2009 JUL 27 AM 9:28

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 ▶ Hilary Tompkins DATE 7/16/09

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 ▶ Renee Stone DATE 7-17-09

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 ▶

PAID DATE JUL 27 2009

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*: WTA + $ 0 ; Taxes − 0
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* 7/27/09 $ 0
c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $ 0
d. **NET TO TRAVELER** ▶ $ 0.00

2009 JUL 27 AM 11:21 NATIONAL BUSINESS CENTER

18. ACCOUNTING CLASSIFICATION
2009 91CSHQS01

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TompkinsRelo

TRAVELER'S LAST NAME

Tompkins

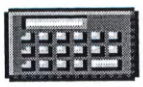
DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCEL-LANEOUS SUBSIS TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/30	9:32 am	Depart Albuquerque, NM											
	3:10 pm	Arrive Washington, DC					0.00		0.00			0.00	
										SUBTOTALS ▶		$0.00	
										TOTALS ▶		$0.00	

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 ▶ $0.00

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 Regulation (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 authorzation 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.



U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Hilary C. Tompkins
1849 C Street, NW
Washington, DC 20240

Voucher Identification: PCS Voucher Number: TompkinsRel A

Amount Claimed	WTA +	Suspended	Disallowed
$0.00	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$0.00	$0.00	$0.00	$0.00

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
Enroute travel

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 07/27/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Hilary C. Tompkins	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$1,009.05		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$1,009.05		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	July 27, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

BILLING REQUEST

Office of the Secretary

REASON FOR BILLING

COPY

( ) Credit Memo	( ) Duplicate Payment	( )	Travel Advance
(X) PCS Related	( )	Other (Explain):	

Original DCN:	TompkinsRel	Vendor No.	000-00-0000

BILLING INFORMATION

Name:	Hilary C. Tompkins
Address:	(b) (6) [redacted]

Check Number	Check Date	Invoice or Account Number

TOTAL AMOUNT DUE	$4,697.49

Comments:	Household goods excess weight transported or stored.

Organization Code	Subactivity Project	Object Class	Fiscal Year	Travel Advance No.	Amount
9100 / SL	HQS01 / XX		2009		$4,697.49

Signature of Section Chief:		Date:	07/27/09

Travel Section (303) 969-7426

COPY

To: Hilary C. Tompkins	**Date:** 07/27/09
Agency: Office of the Secretary	**New Duty Station:** Washington, DC
From: National Business Center / OS	**Voucher Number:** TompkinsRel H

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID JUL 27 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$14,234.81		
TOTAL - lines 1-4	$14,234.81	**TOTAL - lines 2-4**	$14,234.81

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$14,234.81

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$14,234.81

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. Tompkins Rel

BUR. VOU. NO. H

SCHED. NO.

DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W MANSFIELD ROOM D2730
DENVER CO 80235

DS

THE UNITED STATES, DR., TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300

128924870

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0820197

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: [X] FREIGHT [ ] PASSENGER

PAID BY: TP 0

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER

AMOUNT

FINAL INVOICE

Tariff: GSA-01
Shipper: HILARY TOMPKINS
Rank:
Origin: ALBUQUERQUE NM
Destin: KENSINGTON MD
GBL#: N0820197
Section: 3 (GSA)
Weight: 23940
Miles: 1809

TRANS Chg 23940 Lbs		27,794.00
CONT, PACK & UNPACK		7,660.30
A.T.C. DEST	1.40	335.16
Sub Tot B/4 Disc =	%35789.40	
54% B.L.D.		%-19,326.31
3RD PARTY CRATING/SE		1,880.25
3RD PARTY UNCRATING		588.90

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 07/14/2009

PAYEE ARMSTRONG RELOCATION-RMW

PER [signature]

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

Audited 7.14.09 Audit Date
Ted Showalter Name
TS Initials

PAID
JUL 27 2009

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED CORRECT FOR	18932.30
VERIFIED BY *(Signature or initials)*	7.27.09
PAID BY CHECK NO.	18932.30

TOTAL CLAIMED ▶ $18,932.30

ACCOUNTING CLASSIFICATION

2009 JUL 20 AM 9:12
NBC DENVER
MAIL ROOM

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Hilary C. Tompkins	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$14,234.81		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$14,234.81		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	July 27, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

To:	Hilary C. Tompkins	**Date:**	08/14/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	TompkinsRel I

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID AUG 14 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$1,484.73		
TOTAL - lines 1-4	$1,484.73	**TOTAL - lines 2-4**	$1,484.73

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$1,484.73

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$1,484.73

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) [illegible]-41 for Instructions on Completing this Form.

D.O. VOU. NO. TompkinsRel

BUR. VOU. NO. I

SCHED. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S. DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

THE UNITED STATES, DR., TO: *(Payee's name and address)*
ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300 128924870

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0820198

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: ☒ FREIGHT ☐ PASSENGER

PAID BY

TP D

2009 AUG -3

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
Tariff: OTO Shipper: HILARY TOMPKINS Rank: Origin: ALBUQUERQUE, NM Destin: KENSINGTON, MD GBL#: N0820198 Section: 3 (GSA) Weight: 4092 Miles: 1833 2001 NISSAN XTERRA 4092 Lbs	1,484.73

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 07/29/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER [signature]

PER AGENCY REQUEST ONE TIME RATE QUOTE FOR MOVE MANAGEMENT SERVICE

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

Audited 7/29/09 Audit Date
Ted Showalter Name [signature] Initials

PAID
AUG 14 2009

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED CORRECT FOR	148403

VERIFIED BY (Signature or initials) ▶ 8-14-09 [signature]

TOTAL CLAIMED ▶	$1,484.	73	PAID BY CHECK NO. ▶ 1484.73

2009 AUG -3 AM 9:21

NBC DENVER MAIL ROOM

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

91000096

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN U S.
November 8, 1949

New Appointee

TRAVEL AUTHORIZATION

1. No. Tompkins Relo

2. 05/18/09 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME Hilary C. Tompkins

5. OFFICIAL STATION Washington, DC

6. TITLE Solicitor General

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Albuquerque, NM , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 05/15/09

11. PER DIEM ALLOWANCE:

Enroute travel - No per diem will be allowed as travel will be less than 12 hours. Air fare for employee, spouse and 1 child is authorized, taxi to and from the airport. Shipment of household goods not to exceed 18,000 LBS by GBL, storage NTE 90 days. Shipment of 2 POV's by GBL. New appointees are not eligible for the WTA and RITA.

12. PERIOD OF TRAVEL: Beginning on or about: **May 26, 2009** Ending on or about: **May 26, 2011**

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra Fare 15. ☐ Government-owned conveyance

16. ☐ Privately owned: at a mileage rate of: cents, subject to:

(a) ☒ Administratively determined to be to the advantage of the Government
(b) ☒ A showing of advantage to the Government
(c) ☒ Not to exceed cost by common carrier, Including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90/days

18. ☒ Other (Specify)
- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☒ Shipment of POV By GBL - 2 POV's
- ☐ Real Estate Expenses
- ☐ Non GBL / Self-shipment
- ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$ 1,158.00
21.	Per Diem	$ 0.00
22.	Other	$ 25,191.93
23.	TOTAL	$ 26,349.93

24. CHARGED TO: 2009 91CSHQ501

25. C. K. [signature] (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Hilary C. Tompkins	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$1,484.73		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$1,484.73		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	August 14, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

To:	Hilary C. Tompkins	**Date:**	08/14/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	TompkinsRel J

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card			
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$1,484.73		
TOTAL - lines 1-4	$1,484.73	TOTAL - lines 2-4	$1,484.73

PAID
AUG 14 2009

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$1,484.73

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$1,484.73

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) [illegible]-41 for Instructions on C[illegible]leting this Form.

D.O. VOU. NO. Tompkins Pe 1

BUR. VOU. NO. J

SCHED. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S. DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

THE UNITED STATES, DR., TO: *(Payee's name and address)*
ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300 138924876

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0820199

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*
XX FREIGHT ☐ PASSENGER

PAID BY
TP D

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT

FINAL INVOICE

Tariff: OTO
Shipper: HILARY TOMPKINS
Rank:
Origin: ALBUQUERQUE, NM
Destin: KENSINGTON, MD
GBL#: N0820199
Section: 3 (GSA)
Weight: 3309
Miles: 1833
2003 HONDA ACCORD 3309 Lbs 1,484.73

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 07/31/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER [signature]

PER AGENCY REQUEST ONE TIME RATE
QUOTE FOR MOVE MANAGEMENT SERVICE
AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

Audited 7/31/09 Audit Date
Ted Showalter Name [signature] Initials

PAID
AUG 14 2009

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED: CORRECT FOR	1484 73
VERIFIED BY *(Signature or initials)* ▶	8-14-09
PAID BY CHECK NO. ▶	1484 B

2009 AUG 10 AM 9:34 DENVER CO

TOTAL CLAIMED ▶ $1,484.73

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Hilary C. Tompkins	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$1,484.73		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$1,484.73		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	August 14, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

TRAVEL VOUCHER

(Read Privacy Act Statement below)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. JTTACOMAWA090109 V01-0

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial): TUBBS, JOHN E.

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code):
Department of the Interior
1849 C Street, NW - MS6640
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 2022083186

e. PRESENT DUTY STATION:

f. RESIDENCE (City and State): (b) (6) [redacted]

6. PERIOD OF TRAVEL
a. FROM: 09/01/09 b. TO: 09/04/09

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0PTT4T b. DATE(S): 08/27/09

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
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 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)
See Attached Ticket 1 419.20					
ACCOUNTING CLASSIFICATION: 05182012_154820-123D0102DM^DLSED0000.000000^DS30000000^^^ - 1,019.36					220.11 NR-

COMMENTS:
Will address and participate at the Interstate Council on Water Policy's "Pacific Northwest Cooperators' Roundtable," in Tacoma, Washington.

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 ▶ DATE **AMOUNT CLAIMED** ▶ 220.11

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 phone 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): $ 0.00

d. **NET TO TRAVELER** ▶ $ 220.11

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

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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 relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — Col. thru

(d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
(g)
(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 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 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0PTT4T

TRAVELER'S LAST NAME TUBBS

DATE 20 09 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/01		D-:Duty Station											
09/01		Airfare (Non Reimbursable)											
09/01		A-:TACOMA,WA				44 25		118 00	44.25			44 25	
09/01		Rental Car											
09/01		TMC Fee											
09/01		Parking											
09/02		Subsistence				59 00		118 00	59.00			59 00	
09/03		Subsistence				59 00		118 00	59.00			59 00	
09/04		D-:TACOMA,WA											
09/04		A:RES: WASHINGTON,											
09/04		Subsistence				44 25			44.25			44 25	
09/04		TAV Fee -I											
09/04		Taxi											13 61
09/04		Gasoline											
									SUBTOTALS ▶		0 00	206 50	13 61
									TOTALS ▶		0 00	206 50	13 61

If additional space is required, continue on another 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, 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 you 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 ▶ 220.11

TRAVEL VOUCHER

(Read Privacy Act Statement below)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

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

3. VOUCHER NO. JTDENVERDENVE092709_V0

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial)
TUBBS, JOHN E.

b. SOCIAL SECURITY NO. (b) (6)

6. PERIOD OF TRAVEL
a. FROM 09/27/09 b. TO 09/28/09

c. MAILING ADDRESS (Include ZIP Code)
Department of the Interior
1849 C Street, NW - MS6640
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 2022083186

7. TRAVEL AUTHORIZATION
a. NUMBER(S) OPW1IF
b. DATE(S) 09/16/09

e. PRESENT DUTY STATION

f. RESIDENCE (City and State) (b) (6)

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
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 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)
S321BGK 439.20			09/24/09		
ACCOUNTING CLASSIFICATION: 09 3000.DDR20 BR0089.68-2009^^DR^3000^^DDR20^BR0089^68^ - 590.59					73.50 NR-

COMMENTS:
Will deliver a keynote address at the Watershed, Water and Land Use Planning Symposium sponsored by the Western States Water Council in Denver, Corado.

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 ▶ DATE AMOUNT CLAIMED ▶ 73.50

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 phone 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
Certifier's initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 73.50

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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 relationships 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 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 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0PW1IF

TRAVELER'S LAST NAME TUBBS

DATE 20 09 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/27 09/27		D-:Duty Station Airfare (Non Reimbursable)											
09/27 09/27		A-:DENVER (DENVER) Lodging Tax				36.75		99.00	36.75			36.75	
09/27 09/28		TMC Fee D-:DENVER (DENVER)											
09/28 09/28		A:RES: WASHINGTON, Subsistence				36.75			36.75			36.75	
09/28		TAV Fee -I											
										SUBTOTALS ▶	0.00	73.50	0.00
										TOTALS ▶	0.00	73.50	0.00

If additional space is required, continue on another 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, 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 you 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 ▶ 73.50

LANRELA

New Appointee

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP GEN U S
November 8, 1949

TRAVEL AUTHORIZATION

1. No. LaneRel

2. 03/19/09 (DATE)

3. Office of the Secretary (Bureau or Office)

D

TO

4 NAME Kenneth L. Lane

5. OFFICIAL STATION Washington, DC

6. TITLE Senior Advisor of the Secretary

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Denver, CO , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed on: 01/21/09

11. PER DIEM ALLOWANCE:

Standard Conus rates ($70.00/lodging & $39.00/M&IE) apply for en route travel No per diem will be allowed for travel under 12 hours.

12. PERIOD OF TRAVEL: Beginning on or about: **February 16, 2009** Ending on or about: **February 16, 2011**

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra Fare 15. ☐ Government-owned conveyance

16. ☐ Privately owned: at a mileage rate of: cents, subject to:

(a) ☒ Administratively determined to be to the advantage of the Government
(b) ☒ A showing of advantage to the Government
(c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

19. ☐ Shipment household goods and personal effects

18. ☒ Other (Specify)
- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☐ Shipment of POV
- ☐ Real Estate Expenses
- ☐ Non GBL / Self-shipment
- ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$ 247.85
21.	Per Diem	$ 0.00
22.	Other	$ 0.00
23.	TOTAL	$ 247.85

24. CHARGED TO: 2009 1000 DD101 68

25. [signature] 3/25/09 (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. _____ (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

To:	Kenneth L. Lane	**Date:**	04/07/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	LaneRel A

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card	$247.85		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV			
TOTAL - lines 1-4	$247.85	**TOTAL -lines 2,3 & 4**	$0.00

PAID
APR 08 2009

5. En route mileage>Twenty four cents per mile		
6. En route meals		
7. House hunting expenses		
7A. House hunting expenses / Centrally billed		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
9A. Temporary quarters / Centrally Billed		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$0.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$0.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

No Cora Available

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. Laneke1

4. SCHEDULE NO.:

5. TRAVELE PAYEE

a. NAME (Last, first middle initial): Lane, Kenneth L.

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.: 202-208-7351

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 2/16/09 b. TO 2/16/09

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TALane 02122009 b. DATE(S) 2/16

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: 4709

10. CHECK NO.

11. PAID BY: TDT- TU D

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)
F97401702505	Front. Air	Y	2/13/09	Denver	Washington, D.C.
247.85				Enroute	

Need TA

RCVD 3-25-09

2-16-09

08 FEB 25 AM 11:54 NATIONAL BUSINESS CENTER

RCVD MAR 25 2009

February 16, 2009 trip was for relocation enroute, Airfare paid on DOI Corporate Card.

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: Kenneth L. Lane DATE 7/23/09 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 $30,000 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: Deputy Chief of Staff DATE 2/21/09

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES IF ANY (Explain and show amount): WTA TAXES + $ 0

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials 4709 $ 0

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0

d. NET TO TRAVELER $ 0

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: PAID DATE APR 03 2009

18. ACCOUNTING CLASSIFICATION

2009-1000 DDD01 68

1012-114

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 (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. (i) 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 (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)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/16		Airfare paid by DOI											
		Corporate Card					247.85						
		0•00 +											
		0• C											
									SUBTOTALS		0	$0.00	$0.00
									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 10-7), 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 (25 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.

03 FEB 25 AM 11:54
NATIONAL BUSINESS CENTER
DOI

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Kenneth L. Lane
(b) (6) [redacted]

Voucher Identification: PCS Voucher Number:		LaneRel A	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$0.00	$0.00	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$0.00	$0.00	$0.00	$0.00

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
Enroute travel

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 04/07/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Kenneth L. Lane	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$247.85		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$247.85		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	April 7, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	$0.00

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

FAETH2

New Appointee

TRAVEL AUTHORIZATION

1. No. Faeth 2

2. 03/23/09 (DATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 8, 1949

3. Office of the Secretary (Bureau or Office)

4. NAME Lorraine V. Faeth

5. OFFICIAL STATION Washington, DC

6 TITLE

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8 FROM: Phoenix, AZ
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Phoenix, AZ , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 03/20/09

11. PER DIEM ALLOWANCE:

No per diem will be allowed as travel will be less than 12 hours. Taxi is authorized for travel to and from the airport.

12. PERIOD OF TRAVEL: Beginning on or about: **March 26, 2009** Ending on or about: **March 26, 2011**

MODE OF TRAVEL

13 ☐ Common carrier 14. ☐ Extra Fare 15 ☐ Government-owned conveyance

16. ☐ Privately owned at a mileage rate of cents, subject to:

(a) ☒ Administratively determined to be to the advantage of the Government
(b) ☒ A showing of advantage to the Government
(c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17 ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90/days

18. ☒ Other (Specify)
- ☐ House Hunting
- ☒ Enroute Airfare, one way travel
  0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☐ Shipment of POV
- ☐ Real Estate Expenses
- ☐ Non GBL / Self-shipment
- ☐ WTA & RITA

ESTIMATED COST

20	Transportation	$	749.00
21	Per Diem	$	0.00
22.	Other	$	14,169.34
23.	TOTAL	$	14,918.34

24. CHARGED TO: 2009 1000 DD00168

25. [signature] 3/24/09 (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. Ronnie Harris (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

To:	Faeth V. Lorraine	**Date:**	07/10/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	Faeth2 A

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card	$722.86		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation	$50.00		
4. HHG - Transport and 1st 30 days storage / Shipment of POV			
TOTAL - lines 1-4	$772.86	**TOTAL -lines 2,3 & 4**	$50.00

PAID
JUL 10 2009

5. En route mileage>Twenty four cents per mile		
6. En route meals		
7. House hunting expenses	**********	**********
7A. House hunting expenses / Centrally billed	**********	
8. House hunting transportation paid by GTR / Government credit card	**********	
9. Temporary quarters	**********	**********
9A. Temporary quarters / Centrally Billed	**********	
10. Real estate	**********	**********
11. Miscellaneous expense	**********	**********
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$0.00	$50.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$50.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

2009-05-07 14:52 FAX 2022085627 >> 3039696631 P 9/16

A

TRAVEL VOUCHER

(Read the Privacy Act)

1. DEPARTMENT, ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Faeth 910000085 — Faeth, Lorraine

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 03-28-2009 b. TO 03-29-2009

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Faeth2 b. DATE(S) 03-23-2009

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): Washington, DC

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

10. CHECK NO.

11. PAID BY: TVO

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon, if cash is used shown 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)
See attached e-ticket	694.60	US	Economy	03-26-2009	Phoenix, AZ	Washington, DC
ticket agent fee	28.25					
	722.85					

09 JUL 10 PM 2:58 BBI NATIONAL BUSINESS CENTER

Travel took less than 12 hours; no per diem.

Air fare purchased with corporate card.

Enclose

MAY 7 2009

Need original signature

3.29.09 Lorraine Faeth 6/8/09

5/3/09 Sent Email

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 ▶ Lorraine Faeth DATE 4/28/09 AMOUNT CLAIMED ▶ $ 50.00

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; Id. 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 ▶ Renee Litone DATE 5/7/09

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

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	WTA TAXES	+ / −	$ N-A 0
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifying Officer)			$ 50.00
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)			$ 0
d. NET TO TRAVELER ▶			$ 50.00

5-7-2009

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 88

1G12-116 NSN 7540-00-634-4160 STANDARD FORM 1012 (REV. 10-77)

This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

PAID

JUL 10 2009

05-07 1:53 FAX

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, tips, and daily total meal cost

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

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

(g) 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. (l) 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Faeth2

TRAVELER'S LAST NAME

Faeth

TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE	AMOUNT CLAIMED		
		MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE			
2009 (a) (Hour and entries) (b)	(Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12:20 pm 3/29	Depart Phoenix, AZ											
7:25 pm	Arrive Washington, DC											
	Baggage fee											50.00
											SUBTOTALS ▶	$50.00
											TOTALS ▶	$50.00

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 ▶ $50.00

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 Regulation (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 authorizations and to insure and maintain audit of such reimbursements to the Government. The information will be used by officials 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 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.

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Faeth V. Lorraine
1849 C Street, NW
Washington, DC 20240

Voucher Identification: PCS Voucher Number: Faeth2 A

Amount Claimed	WTA +	Suspended	Disallowed
$50.00	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$50.00	$0.00	$0.00	$50.00

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
Enroute travel

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 07/10/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Faeth V. Lorraine	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$772.86		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$772.86		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	July 10, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

To:	Lorraine Faeth	**Date:**	08/05/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	Faeth2 H

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID AUG 06 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$8,601.68		
TOTAL - lines 1-4	$8,601.68	**TOTAL - lines 2-4**	$8,601.68

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$8,601.68

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$8,601.68

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. Faeth2

BUR. VOU. NO. H

SCHED. NO.

2009 JUL 27 AM 9:27 NBC DENVER MAIL ROOM

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S. DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

OS

THE UNITED STATES, DR., TO: *(Payee's name and address)*
ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300

128924870

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0796813

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: XX ☐ FREIGHT ☐ PASSENGER

PAID BY

TP D

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT

Tariff: GSA-01
Shipper: LORRAINE FAETH
Rank:
Origin: PHOENIX, AZ
Destin: WASHINGTON, DC
GBL#: N0796813
Section: 3 (GSA)
Weight: 7660
Miles: 2237

TRANS Chg 7660 Lbs			12,190.00
CONT,PACK & UNPACK			3,469.50
A.T.C. DEST		1.40	107.24
AUX VAN DEST	15		1,666.00
LABOR ORIG.	2	56.00	112.00
Sub Tot B/4 Disc =		%17544.70	
54% B.L.D.			-9,474.16
3RD PARTY CRATING			378.50
3RD PARTY UNCRATING			152.60

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 07/22/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER [signature]

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

PAID
AUG 06 2009

Audited 7/22/09 (Audit Date)
Ted Showalter (Name) (Initials)

DIFFERENCES:	AMOUNT

AMOUNT VERIFIED CORRECT FOR 8601 68

VERIFIED BY (Signature or initials) ▶ 8-5-09

TOTAL CLAIMED ▶ $8,601.68

PAID BY CHECK NO. ▶ 8601.68

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF 1171)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Lorraine Faeth	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$8,601.68		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$8,601.68		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	August 5, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

KEMKARRELA1B

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO DI-1020
FORM APPROVED BY COMP. GEN U.S.
November 8, 1949

New Appointee

TRAVEL AUTHORIZATION

1. No. KemkarRel

2. 03/27/09 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME Nealesh Kemkar

5. OFFICIAL STATION Washington, DC

6. TITLE Special Assistant

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: New York, NY

9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from New York, NY , to Washington, DC , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 03/27/09

11. PER DIEM ALLOWANCE:

No per diem will be allowed for Enroute travel, as travel will be less than 12 hours. Taxi is authorized for travel to and from the airport. Employee is authorized Self-Shipment U-Haul and Self-Shipment POV as well as a GBL move, however the reimbursement is limited to the actual cost incurred, not to exceed what the Government would have incurred under the commuted rate system.

12. PERIOD OF TRAVEL: Beginning on or about: **April 10, 2009** Ending on or about: **April 10, 2011**

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra Fare 15. ☐ Government-owned conveyance

16. ☐ Privately owned: at a mileage rate of: cents, subject to:

(a) ☒ Administratively determined to be to the advantage of the Government

(b) ☒ A showing of advantage to the Government

(c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90/days

18. ☒ Other (Specify)
- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☒ Shipment of POV - Self-Shipment
- ☐ Real Estate Expenses
- ☒ Non GBL / Self-shipment U-Hual
- ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$	272.00
21.	Per Diem	$	0.00
22.	Other	$	19,623.12
23	TOTAL	$	19,895.12

24. CHARGED TO 2009 1000 DDD01 68

25. [signature] 3/30/09 (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

To:	Nealesh Kemkar	**Date:**	08/25/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	KemkarRel B

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card			
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$576.05		
TOTAL - lines 1-4	$576.05	**TOTAL -lines 2,3 & 4**	$576.05

PAID
AUG 25 2009

5. En route mileage>Twenty four cents per mile		
6. En route meals		
7. House hunting expenses	**********	**********
7A. House hunting expenses / Centrally billed	**********	
8. House hunting transportation paid by GTR / Government credit card	**********	
9. Temporary quarters	**********	**********
9A. Temporary quarters / Centrally Billed	**********	
10. Real estate	**********	**********
11. Miscellaneous expense	**********	**********
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$0.00	$576.05

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$576.05

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

Travel Voucher

Read the Privacy Act (Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OS

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

3. VOUCHER NO.: KemKarRel B

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): KEMKAR, NEALESH A
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.: 202-208-5379
e. PRESENT DUTY STATION: WASHINGTON, D.C.
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 2009 AUG 17 AM 9:46 b. TO

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

10. CHECK NO.:

8. TRAVEL ADVANCE: 0
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
d. Balance Outstanding

9. CASH PAYMENT RECEIPT: 0
a. DATE RECEIVED
b. AMOUNT RECEIVED
c. PAYEE'S SIGNATURE: 8.25.09

11. PAID BY: TVD

12. GOVERNMENT TRANSPORTATION REQUEST OR 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 payments procedures (FPMR 101-7)

Traveler's initials

AGENTS 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)
AUG 12 09			8.24.09		2009 AUG 17 AM 9:46 MBC DENVER MAIL ROOM HHG Self Shipment

ATM Advance Authorized		
ATM Advance Used to Date		
ATM Advance Remaining		

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: 8/7/09 AMOUNT CLAIMED: 576.05

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: [signature] DATE: 8-11-09

17. FOR FINANCIAL OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and shown amount): WTA Taxes + 0 / − 0

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: CA 8.25.09 — 576.05

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): 0

d. NET TO TRAVELER: 576.05

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: PAID AUG 25 2009

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNT 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 fo 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 form col. (j) or maximum rate.

(n) Show expenses, such as; taxi/limousine fares (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 2 OF PAGE 2

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME KEMPER

DATE (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)
6/24		Fedex belongings to DC											46 79 ✓
		"											46 79 ✓
		"											46 79 ✓
		"											46 79 ✓
		"											50 96 ✓
		"											46 79 ✓
		"											46 79 ✓
		"											38 79 ✓
		"											55 99 ✓
		"											46 79 ✓
		"											55 99 ✓
		"											46 79 ✓

46•79 +
46•79 +
46•79 +
46•79 +
50•96 +
46•79 +
46•79 +
38•79 +
55•99 +
46•79 +
55•99 +
46•79 +
576•05 *

Gina - Thanks for your help! - Neal

n during this period.

other SF 1012-A BACK, leaving the front blank

SUBTOTALS			576 05
TOTALS			576 05

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

TOTAL AMOUNT CLAIMED 576.05

information is provided: Solicitation of the 57 as implemented by the Federal Travel Regulations March 27 1962, E.O. 9397 of November 22, 1943, and 26 U.S.. 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 expensed 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 is the performance of their official duties. The information may be disclosed to appropriate criminal, or regulatory investigation 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.

STANDARD FORM 1012 BACK (10-77)

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Nealesh Kemkar
(b) (6) [redacted]

Voucher Identification: PCS Voucher Number:		KemkarRel B	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$576.05	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$576.05	$0.00	$0.00	$576.05

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
HHG Self-shipment

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 08/25/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Nealesh Kemkar	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$576.05		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$576.05		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	August 25, 2009	(303) 969-7426
Authorized by	Date	Phone Number

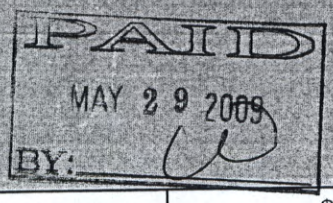
Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

To:	Nealesh Kemkar	**Date:**	05/29/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	KemkarRel A

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card	$207.25		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$928.00		
TOTAL - lines 1-4	$1,135.25	TOTAL -lines 2,3 & 4	$928.00



5. En route mileage>Twenty four cents per mile		
6. En route meals		
7. House hunting expenses	**********	**********
7A. House hunting expenses / Centrally billed	**********	
8. House hunting transportation paid by GTR / Government credit card	**********	
9. Temporary quarters	**********	**********
9A. Temporary quarters / Centrally Billed	**********	
10. Real estate	**********	**********
11. Miscellaneous expense	**********	**********
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$0.00	$928.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$928.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

Travel Voucher

Read the Privacy Act (Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT
BUREAU DIVISION OR OFFICE
DEPT OF INTERIOR
OFFICE OF THE SECRETARY

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☒ PERMANENT CHANGE

3. VOUCHER NO.
KEMKAR REL

4. SCHEDULE NO.
-

6. PERIOD OF TRAVEL
a. FROM 4/4/09 b. TO 4/4/09

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial)
KEMKAR, NEALESH A.

b. SOCIAL SECURITY NO.
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.
202-208-5379

7. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATES(S)

e. PRESENT DUTY STATION
WASHINGTON DC

f. RESIDENCE (City and State)

10. CHECK NO.

11. PAID BY
TVD

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐Check ☐Cash)
0
d. Balance Outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED
c. PAYEE'S SIGNATURE
5.21.09

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 payments procedures (FPMR 101-7)

Traveler's initials

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

AGENTS 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)
TRAIN (CENTRALY) 207.25 BILLED → already accounted for in a previous voucher.				SelfShip-PO	Enroute
				4.9.09	4.10.09

2009 MAY 21 AM 9:18
NBC DENVER MAIL ROOM

ATM Advance Authorized		
ATM Advance Used to Date		
ATM Advance Remaining		

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: Neale Kemkar DATE 5/12/09 AMOUNT CLAIMED 928.00

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: Rennie Stone DATE 5/12/09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE

17. FOR FINANCIAL OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY (Explain and shown amount)	INTA + Taxes =	NA 0
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials	52909	928.00
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)		0
d. NET TO TRAVELER		928.00

18. ACCOUNTING CLASSIFICATION
-009 1000 DDD 68

RECEIVED
MAY 29 2009
BY:

10-12-116

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

Rev. 2

SCHEDULE OF EXPENSES AND AMOUNT 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 fo 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 form col. (j) or maximum rate.

(n) Show expenses, such as, taxi/limousine fares (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 ____ OF PAGE ____

TRAVEL AUTHORIZATION NO. ____

TRAVELER'S LAST NAME ____

DATE (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/4/09		SELF-SHIPMENT POV										900.00	✓
4/10/09		TAXI TO PENN STATION NYC										$18.00	✓
		TAXI FROM UNION STATION										$10.00	✓
									SUBTOTALS				
									TOTALS				

I Certify that no Annual or Sick time was taken during this period. ____

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 928.00

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.. 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.. 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 expensed 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 is the performance of their official duties. The information may be disclosed to appropriate criminal, or regulatory investigation 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.

Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Nealesh Kemkar
(b) (6) [redacted]

Voucher Identification: PCS Voucher Number:		KemkarRel A	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$928.00	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$928.00	$0.00	$0.00	$928.00

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
Enroute travel and self-shipment of POV

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 05/29/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Nealesh Kemkar	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$1,135.25		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$1,135.25		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

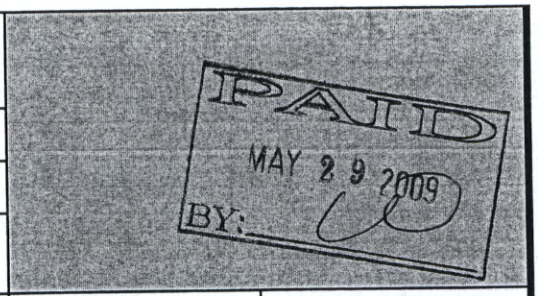
	May 29, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

To:	Nealesh Kemkar	**Date:**	05/29/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	KemkarRel H

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card			
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$2,929.82		
TOTAL - lines 1-4	$2,929.82	**TOTAL - lines 2-4**	$2,929.82

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$2,929.82

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$2,929.82

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. KemKarRel 14

BUR. VOU. NO.

SCHED. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S. DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W MANSFIELD ROOM D2730
DENVER CO 80235

OS
128924870

2009 MAY 19 AM 9:38
NBC DENVER MAIL ROOM

PAID BY

TPD

THE UNITED STATES, DR., TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0796814

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: [X] FREIGHT [ ] PASSENGER

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER			AMOUNT

FINAL INVOICE

Tariff: GSA-01
Shipper: NEALESH KEMKAR
Rank:
Origin: NEW YORK NY
Destin: WASHINGTON DC
GBL#: N0796814
Section: 3 (GSA)
Weight: 2440
Miles: 230

TRANS Chg 2440 Lbs			2,383.00
CONT,PACK & UNPACK			1,603.25
A.T.C. ORIG		4.90	119.56
A.T.C. DEST		1.40	34.16
ELEVATOR ORIG	1	3.50	85.40
Sub Tot B/4 Disc =		4225.37	
54% B.L.D.			-2,281.70
3RD PARTY CRATING			725.25
3RD PARTY UNCRATING			260.90

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 05/11/2009

PAYEE ARMSTRONG RELOCATION-RMW

PER Dsams

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

Audited 5.11.09 Audit Date
Ted Showalter Name
+5 Initials

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED CORRECT FOR	2929.82

VERIFIED BY *(Signature or initials)* ▶ 5.29.09

PAID BY CHECK NO. ▶ 2929.82

PAID
MAY 29 2009
BY:

TOTAL CLAIMED ▶ $2,929.82

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Nealesh Kemkar	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$2,929.82		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$2,929.82		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	May 29, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

91000024

TRAVEL VOUCHER

(Read Privacy Act Statement below)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. RSSHEPHERDSTO091109_V0

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial)
SUH, RHEA S.

b. SOCIAL SECURITY NO. (b) (6) [redacted]

6. PERIOD OF TRAVEL
a. FROM 09/10/09 b. TO 09/12/09

c. MAILING ADDRESS (Include ZIP Code)
DOI, PMB
1849 C STREET, NW MS 5100
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 202-208-1927

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0PSOFN b. DATE(S) 08/18/09

e. PRESENT DUTY STATION

f. RESIDENCE (City and State) ,

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
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 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)
ACCOUNTING CLASSIFICATION: 09 6000.DDD01 .68-2009^^DM^6000^^DDD01^^68^ - 5.50				110.50	NR- 25
COMMENTS: Political's Retreat Meeting					

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 ▶ DATE

AMOUNT CLAIMED ▶ 110.50

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 phone 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): $ 0.00

d. NET TO TRAVELER ▶ $ 110.50

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

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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 relationships 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 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 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0PSOFN

TRAVELER'S LAST NAME SUH

DATE 20 09 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (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: 0.550 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/10		D-:Duty Station											
09/10		A-:SHEPHERDSTOWN,W				12 00		121 00	12.00			12 00	
09/11		POV-No Gvt Vhc Avl/Airport								75.00	41 25		
09/11		Subsistence				3 00		121 00	3.00			3 00	
09/12		POV-No Gvt Vhc Avl/Airport								75.00	41 25		
09/12		D-:SHEPHERDSTOWN,W											
09/12		A:Residence											
09/12		Subsistence				13 00			13.00			13 00	
09/12		TAV Fee -I											
		SUBTOTALS ▶									82 50	28 00	0 00
		TOTALS ▶									82 50	28 00	0 00

If additional space is required, continue on another 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, 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 you 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 ▶ 110.50

STANDARD FORM 1012 BACK (10-77)

JOHNSONPCSA

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
November 8, 1949

New Appointee

TRAVEL AUTHORIZATION

1. No. JOHNSONPCS1

2. 02/25/09 (DATE)

3. Office of the Secretary (Bureau or Office)

TD

4. NAME Teresa L. Johnson

5. OFFICIAL STATION Washington, DC

6. TITLE Special Assistant

7. ACCOUNTING OFFICE NBC - Denver

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO

9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

The purpose of this authorization is to transfer you to your first official duty station. You are hereby directed to proceed from Denver, CO , to Washington, , the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed 02/23/09

11. PER DIEM ALLOWANCE:

Standard Conus rates ($70.00/lodging & $39.00/M&IE) apply for en route travel. No per diem will be allowed for travel under 12 hours. Rates are decreased to 75% the first and last day of travel. Mileage reimbursement is by the most direct route from the old duty station to the new duty station. En route per diem is based on total distance and computed travel time to new duty station at a minimum average driving distance of 350 miles per calendar day. Temporary quarters subsistence expense must be reduced by the number of days utilized for house hunting.

12. PERIOD OF TRAVEL: Beginning on or about: **February 26, 2009** Ending on or about: **February 26, 2011**

MODE OF TRAVEL

13. [X] Common carrier 14. [ ] Extra Fare 15. [ ] Government-owned conveyance

16. [ ] Privately owned: at a mileage rate of: cents, subject to:

(a) [X] Administratively determined to be to the advantage of the Government

(b) [X] A showing of advantage to the Government

(c) [X] Not to exceed cost by common carrier, Including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family

19. [X] Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90/days

18. [X] Other (Specify)

- [ ] House Hunting
- [X] Enroute
- [ ] Miscellaneous
- [ ] Temporary Quarters
- [X] Shipment of POV — Self Ship NTE Cost by GBL
- [ ] Real Estate Expenses
- [ ] Non GBL / Self-shipment
- [ ] WTA & RITA

ESTIMATED COST

20.	Transportation	$	220.00
21.	Per Diem	$	0.00
22.	Other	$	7,750.00
23.	TOTAL	$	7,970.00

24. CHARGED TO: 2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Special Assistant (TITLE)

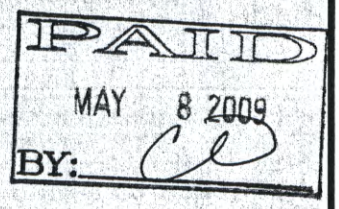
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

To:	Teresa L. Johnson	**Date:**	05/07/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	JOHNSONPCS1 A

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card	$247.85		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$775.00		
TOTAL - lines 1-4	$1,022.85	TOTAL -lines 2,3 & 4	$775.00



5. En route mileage>Twenty four cents per mile		
6. En route meals		
7. House hunting expenses	**********	**********
7A. House hunting expenses / Centrally billed	**********	
8. House hunting transportation paid by GTR / Government credit card	**********	
9. Temporary quarters	**********	**********
9A. Temporary quarters / Centrally Billed	**********	
10. Real estate	**********	**********
11. Miscellaneous expense	**********	**********
12. HHG storage over 30 days		
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$0.00	$775.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$775.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT, ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. A

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): Johnson, Teresa L.
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240
d. OFFICE TELEPHONE NO.: 202 208-7351
e. PRESENT DUTY STATION:
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL
a. FROM: 03-01-2009
b. TO: 03-01-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): JOHNSONPCS1
b. DATE(S): 02-25-2009

10. CHECK NO.

11. PAID BY: TVD

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 shown 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)
219.60	FFR	Economy	02-25-2009	Denver, CO	Enroute
28.25				Service fee	
247.85					Washington, DC

F9740172515
XD81406948

New appointee relocation. Air faire purchased with corporate card.

No per diem since travel took less than 12 hours.

2-27-09

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 ▶ Teresa D Johnson DATE 4/15/09

AMOUNT CLAIMED ▶ $ 775.00

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 ▶ Penny Hamm DATE 4/19/09

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 ▶

PAID MAY 8 2009 DATE BY:

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	WTA	+	$ 0
	Taxes	-	0
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials) CD 5-7-09			$ 775.00
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			$ 0
d. NET TO TRAVELER ▶			$ 775.00

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

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) (h) Show amount incurred for each meal, including tax, tips, and daily total meal cost.
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 2 PAGES

TRAVEL AUTHORIZATION NO.

JOHNSONPCS1

TRAVELER'S LAST NAME

Johnson

DATE 2009 (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)	LUNCH (e)	DINNER (f)	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)
2/2		POV Shipment down payment											150.00
2/10		POV Shipment											625.00
3/1	7:35 am	Depart Denver											
	1:00 p.m.	Arrive Washington, DC											
												3800	MILEAGE
												12	MEALS
												150	LODGING
												5	MISC
										SUBTOTALS ▶			$775.00
										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 ▶ 775.00

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 Regulation (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 authorzation 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.

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

PCS Advance Balance	
Beg. Balance	$0.00
Applied	$0.00
Ending Balance	$0.00

Teresa L. Johnson
1849 C Street, NW
Washington, DC 20240

Voucher Identification: PCS Voucher Number:		JOHNSONPCS1 A	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$775.00	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$775.00	$0.00	$0.00	$775.00

EXPLANATION: The withholding tax allowance (WTA) and taxes calculated by the National Business Center on taxable moving expenses are estimates. The taxes withheld are adjusted by FPPS and this adjustment will likely result in a reduction of the employee's salary check within the next 1-4 pay periods.

Paid as Claimed
Self-shipment of POV and enroute travel.

Please keep the attached Form 3-255 for your current year income tax records.

Note: If you have additional supporting facts, you may submit a supplemental claim. If you do, please refer to the voucher number shown above.

SIGNATURE:	Authorized Certifying Officer	DATE: 05/07/09 GB

12-31-08 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Teresa L. Johnson	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$1,022.85		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$1,022.85		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	May 7, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

To:	Teresa L. Johnson	**Date:**	07/17/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	JohnsonPCS1 I

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID JUL 20 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$1,564.49		
TOTAL - lines 1-4	$1,564.49	**TOTAL - lines 2-4**	$1,564.49

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$34.32	$34.32
13. SUBTOTAL (B)	$34.32	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$34.32	$1,598.81

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$1,598.81

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$34.32
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. JohnsonPCS1

BUR. VOU. NO. I

SCHED. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S. DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

05

THE UNITED STATES, DR., TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300 128924870

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0796804A

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: [XX] FREIGHT [ ] PASSENGER

PAID BY

TP D

Do NOT bill GBL and GTR charges on the same form

For payment of services rendered as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER		AMOUNT

FINAL INVOICE

Tariff: GSA-01
Shipper: TERESA JOHNSON
Rank:
Origin: DENVER, CO
Destin: WASHINGTON, DC
GBL#: N0796804
Section: 3 (GSA)
Weight: 2860
Miles: 1638

TRANS Chg 2860 Lbs		
CONT, PACK & UNPACK		426.90
AUX VAN DEST 25		732.00
Sub Tot B/4 Disc =	1158.90	
54% B.L.D.		-625.81
FIRST DAY SIT	6.50	185.90
34 Addl DAYS SIT		388.96
SIT DLY Chg 2860#		993.00
SIT Sub Total =	1567.86	
40% SIT DISCOUNT		-627.14
3RD PARTY UNCRATING		125.00

PAID
JUL 20 2009

Audited 6/30/09 Audit Date
Ted Showalter JD
Name Initials

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 06/30/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER [signature]

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED: CORRECT FOR	1598.81
VERIFIED BY *(Signature or initials)* ▶	7-17-09
PAID BY CHECK NO. ▶	15988

TOTAL CLAIMED ▶ $1,598.81

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Teresa L. Johnson	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$1,564.49		
H.C.33B (Taxable Income)	$34.32		
H.C.66A (Payment Outside Pay/Pers System)	$1,598.81		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	July 17, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

To:	Teresa L. Johnson	**Date:**	04/07/09
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	JohnsonPCS1 H

Subject: Permanent Change of Station Summary of Expenses Reimbursed

	(A) NON-TAXABLE	(B) TAXABLE	(C) REIMBURSABLE
1. En route transportation paid by GTR / Government credit card		PAID APR 07 2009	
2. En route lodging			
3. En route transportation			
4. HHG - Transport and 1st 30 days storage / Shipment of POV	$3,360.20		
TOTAL - lines 1-4	$3,360.20	**TOTAL - lines 2-4**	$3,360.20

En route mileage>Eighteen cents per mile		
6 En route meals		
7. House hunting expenses		
8. House hunting transportation paid by GTR / Government credit card		
9. Temporary quarters		
10. Real estate		
11. Miscellaneous expense		
12. HHG storage over 30 days	$0.00	$0.00
13. SUBTOTAL (B)	$0.00	
14. Withholding tax allowance (WTA-33.3333333%)	$0.00	$0.00
15. TOTAL (B) & (C)	$0.00	$3,360.20

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$3,360.20

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. Johnson PCS1

BUR. VOU. NO.

SCHED. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S.
DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W MANSFIELD RM D2730
DENVER, CO 80235

THE UNITED STATES, DR., TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(901) 680-8300

FED ID 62-0581853

Audited

CARRIER'S BILL NUMBER
N0796804

CARRIER'S SCAC NUMBER
ARMT

SERVICES FURNISHED *(Check one)*
☒ FREIGHT ☐ PASSENGER

PAID BY DOI

2009 APR -6 AM 9:24

NATIONAL BUSINESS CENTER DENVER

Do NOT bill GBL and GTR charges on the same form

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER			AMOUNT
Tariff: GSA-01			
Shipper: TERESA JOHNSON			
Rank:			
Origin: DENVER, CO			
Destin: WASHINGTON, DC			
GBL#: N0796804			
Section: 3 (GSA)			
Weight: 2860			
Miles: 1647			
TRANS Chg 2860 Lbs			4,570.00
CONT,PACK & UNPACK			1,560.00
A.T.C. DEST		1.40	40.04
AUX VAN ORIG	10		732.00
LABOR ORIG.	1	56.00	56.00
Sub Tot B/4 Disc =		6958.04	
54% B.L.D.			-3,757.34
THIRD PARTY SVC-CRAT			159.50

For payment of services rendered as evidenced by attached subvouchers.

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 03/30/09

PAYEE* ARMSTRONG RELOCATION-RMW

PER

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

NBC DENVER MAIL ROOM 2009 APR 6 AM 7:23

Audited 3/30/09
Ted Showalter Audit Date
Name Initials

PAID APR 07 2009

DIFFERENCES:	AMOUNT
AMOUNT VERIFIED: CORRECT FOR	3360.20
VERIFIED BY *(Signature or initials)* ▶	4-7-09
PAID BY CHECK NO. ▶	33600.20

TOTAL CLAIMED ▶	$3,360.	20	

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____

(Please check appropriate income being reported)

Employee Name:	Teresa L. Johnson	**SSN:**	000-00-0000

Department:	IN	Bureau:	15	**Subbureau:**	0	Block	

Taxable Income to Be Reported in Tax Year: 2009

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$3,360.20		
H.C.33B (Taxable Income)	$0.00		
H.C.66A (Payment Outside Pay/Pers System)	$3,360.20		
ETW (Estimated Taxes Withheld by BAO)	$0.00		

	April 7, 2009	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	*****GBL*****

	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

12-31-08 GB

910000189

TRAVEL VOUCHER

(Read Privacy Act Statement below)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE

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

3. VOUCHER NO. TJSHEPHERDSTO091009_V0

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) JOHNSON, TERESA L.

b. SOCIAL SECURITY NO. (b) (6)

6. PERIOD OF TRAVEL
a. FROM 09/10/09 b. TO 09/12/09

c. MAILING ADDRESS (Include ZIP Code)
1849 C ST NW, ROOM 6154
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 2022086087

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0PUZNV
b. DATE(S) 09/08/09

e. PRESENT DUTY STATION

f. RESIDENCE (City and State) (b) (6)

10. CHECK NO.

11. PAID BY

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
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 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)
ACCOUNTING CLASSIFICATION: 09 1000.DDR13 NP0104.68-2009^^DR^1000^^DDR13^NP0104^68^ - 255.50					118.20 NR-
COMMENTS: Staff Retreat at NCTC					

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 ▶ DATE

AMOUNT CLAIMED ▶ 118.20

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 phone 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): $ 0.00

d. NET TO TRAVELER ▶ $ 118.20

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

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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 relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. thru
- (d) (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 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 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0PUZNV

TRAVELER'S LAST NAME JOHNSON

DATE 20 09 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (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: 0.550 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/10		D-:DUTY STATION											
09/10		A-:SHEPHERDSTOWN,W				12 00		121 00	12.00			12 00	
09/10		POV-No Gvt Vhc Avl/Airport								82.00	45 10		
09/11		Subsistence				3 00		121 00	3.00			3 00	
09/12		D-:SHEPHERDSTOWN,W											
09/12		POV-No Gvt Vhc Avl/Airport								82.00	45 10		
09/12		A:RES: WASHINGTON,											
09/12		Subsistence				13 00			13.00			13 00	
09/12		TAV Fee -I											
		SUBTOTALS ▶									90 20	28 00	0 00
		TOTALS ▶									90 20	28 00	0 00

If additional space is required, continue on another 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, 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 you 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 ▶ 118.20

FY09

Transaction Number	Fiscal Year	Dollar Amount	Vendor Name	Comments
910000077	2009	$ 305.00	ABBEY ROBERT V	Sent 7/27/12
910000077	2009	$ 30.31	ABBEY ROBERT V	Sent 7/27/12
910000219	2009	$ 215.37	ABBEY ROBERT V	Sent 7/27/12
910000219	2009	$ 2,092.00	ABBEY ROBERT V	Sent 7/27/12
910000193	2009	$ 65.89	ADELL AMOS	Sent 7/27/12
910000193	2009	$ 339.25	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 203.25	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 42.61	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 38.00	ADELL AMOS	Sent 7/27/12
910000192	2009	$ 102.78	ADELL AMOS	Sent 7/27/12
910000222	2009	$ 261.00	ALLGOOD, TARA L.	Sent 7/27/12
910000222	2009	$ 23.93	ALLGOOD, TARA L.	Sent 7/27/12
910000222	2009	$ 29.00	ALLGOOD, TARA L.	Sent 7/27/12
910000222	2009	$ 48.00	ALLGOOD, TARA L.	Sent 7/27/12
910000052	2009	$ 31.35	ANNE CASTLE	Sent 8/20/12
910000052	2009	$ 39.00	ANNE CASTLE	Sent 8/20/12
910000052	2009	$ 305.00	ANNE CASTLE	Sent 8/20/12
910000052	2009	$ 709.20	ANNE CASTLE	Sent 8/20/12
910000087	2009	$ 1,124.00	ANNE CASTLE	Sent 8/20/12
910000087	2009	$ 121.24	ANNE CASTLE	Sent 8/20/12
910000130	2009	$ 1,670.00	ANNE CASTLE	Sent 8/20/12
910000130	2009	$ 265.86	ANNE CASTLE	Sent 8/20/12
910000130	2009	$ 148.50	ANNE CASTLE	Sent 8/20/12
910000213	2009	$ 76.25	ANTHONY MARION BABAUTA	Sent 7/27/12
910000213	2009	$ 1.50	ANTHONY MARION BABAUTA	Sent 7/27/12
910000131	2009	$ 206.50	BELIN, ALLETTA D'ANDELOT	Sent 8/20/12
910000131	2009	$ 76.00	BELIN, ALLETTA D'ANDELOT	Sent 8/20/12
910000131	2009	$ 31.04	BELIN, ALLETTA D'ANDELOT	Sent 8/20/12
910000005	2009	$ 47.00	BOGERT, MICHAEL LAURENCE	Sent 7/27/12
BOGERT1W	2009	$ 140.62	BOGERT, MICHAEL LAURENCE	Sent 8/10/12
910000094	2009	$ 305.00	BRANDT, ALFRED	Sent 7/27/12
910000094	2009	$ 48.31	BRANDT, ALFRED	Sent 7/27/12
910000094	2009	$ 18.75	BRANDT, ALFRED	Sent 7/27/12

910000143	2009	$	578.00	BROWN, MARY KAY	Sent 7/27/12
910000143	2009	$	51.50	BROWN, MARY KAY	Sent 7/27/12
910000143	2009	$	60.62	BROWN, MARY KAY	Sent 7/27/12
910000127	2009	$	305.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000127	2009	$	30.31	BURKE, MARCILYNN A.	Sent 7/27/12
910000127	2009	$	50.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000183	2009	$	44.50	BURKE, MARCILYNN A.	Sent 7/27/12
910000183	2009	$	261.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000183	2009	$	53.93	BURKE, MARCILYNN A.	Sent 7/27/12
910000183R2	2009	$	261.00	BURKE, MARCILYNN A.	Sent 7/27/12
910000183R2	2009	$	53.93	BURKE, MARCILYNN A.	Sent 7/27/12
910000183R2	2009	$	44.50	BURKE, MARCILYNN A.	Sent 7/27/12
910000165	2009	$	30.31	CARD, JOAN	Sent 7/27/12
910000165	2009	$	305.00	CARD, JOAN	Sent 7/27/12
910000165	2009	$	18.04	CARD, JOAN	Sent 7/27/12
910000225	2009	$	270.00	CHRISTOPHER MICHAEL MORLANDT	Sent 7/27/12
910000225	2009	$	111.65	CHRISTOPHER MICHAEL MORLANDT	Sent 7/27/12
910000024	2009	$	220.33	CLIFFORD ROSENBERGER	Sent 7/27/12
910000015	2009	$	41.56	CONNALLY, PATRICIA	Sent 8/20/12
910000118	2009	$	48.00	CRAIG E FRANCIS	Sent 7/27/12
910000118	2009	$	45.10	CRAIG E FRANCIS	Sent 7/27/12
910000118	2009	$	52.00	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	261.00	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	67.93	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	29.00	CRAIG E FRANCIS	Sent 7/27/12
910000220	2009	$	45.10	CRAIG E FRANCIS	Sent 7/27/12
910000144	2009	$	48.00	DALE T. WHITE	Sent 7/27/12
910000144	2009	$	50.00	DALE T. WHITE	Sent 7/27/12
910000210	2009	$	182.60	DALE T. WHITE	Sent 7/27/12
910000210	2009	$	29.10	DALE T. WHITE	Sent 7/27/12
910000210	2009	$	119.00	DALE T. WHITE	Sent 7/27/12
910000084	2009	$	851.00	DEANNA ARCHULETTA	Sent 7/27/12
910000084	2009	$	90.93	DEANNA ARCHULETTA	Sent 7/27/12
910000116	2009	$	305.00	DEBORAH B JENSEN	Sent 7/27/12

910000116	2009	$	66.16	DEBORAH B JENSEN	Sent 7/27/12
910000116	2009	$	27.00	DEBORAH B JENSEN	Sent 7/27/12
9120308A01	2009	$	88.50	DIXON VICTORIA SANDS	Sent 7/27/12
9120308A01	2009	$	33.50	DIXON VICTORIA SANDS	Sent 7/27/12
910000103	2009	$	96.00	DRAPEAUX SR, BRIAN	Sent 7/27/12
MARSTERSRE1	2009	$	-	ELIZABETH MARSTERS	Sent 8/10/12
910000148	2009	$	146.00	ELIZABETH MARSTERS	Sent 7/27/12
910000148	2009	$	79.20	ELIZABETH MARSTERS	Sent 7/27/12
910000218	2009	$	270.00	ELIZABETH MARSTERS	Sent 7/27/12
910000169	2009	$	305.00	EZEKIEL J WILLIAMS	Sent 7/27/12
910000169	2009	$	30.31	EZEKIEL J WILLIAMS	Sent 7/27/12
910000169	2009	$	131.75	EZEKIEL J WILLIAMS	Sent 7/27/12
910000221	2009	$	490.00	FEARN, MILTON L.	Sent 7/27/12
910000221	2009	$	47.86	FEARN, MILTON L.	Sent 7/27/12
910000221	2009	$	75.75	FEARN, MILTON L.	Sent 7/27/12
910000191	2009	$	490.00	GARY E MARCHLIS	Sent 7/27/12
910000191	2009	$	47.86	GARY E MARCHLIS	Sent 7/27/12
910000191	2009	$	14.00	GARY E MARCHLIS	Sent 7/27/12
910000117	2009	$	305.00	GERALD L DANFORTH SR	Sent 7/27/12
910000117	2009	$	30.31	GERALD L DANFORTH SR	Sent 7/27/12
910000117	2009	$	40.00	GERALD L DANFORTH SR	Sent 7/27/12
910000215	2009	$	578.00	GERALD L DANFORTH SR	Sent 7/27/12
910000215	2009	$	33.00	GERALD L DANFORTH SR	Sent 7/27/12
910000215	2009	$	120.62	GERALD L DANFORTH SR	Sent 7/27/12
910000040	2009	$	25.89	GRILES, STEVEN J	Sent 7/27/12
910000041	2009	$	626.50	GRILES, STEVEN J	Sent 7/27/12
910000041	2009	$	351.22	GRILES, STEVEN J	Sent 7/27/12
910000041	2009	$	35.00	GRILES, STEVEN J	Sent 7/27/12
910000047	2009	$	209.00	HENDERSON, CHRISTOPHER	Sent 7/27/12
910000047	2009	$	30.31	HENDERSON, CHRISTOPHER	Sent 7/27/12
910000043	2009	$	60.23	HILARY TOMPKINS	Sent 7/27/12
910000043	2009	$	305.00	HILARY TOMPKINS	Sent 7/27/12
910000044	2009	$	285.70	HILARY TOMPKINS	Sent 7/27/12
910000097	2009	$	851.00	HILARY TOMPKINS	Sent 7/27/12

910000097	2009	$	90.93	HILARY TOMPKINS	Sent 7/27/12
910000096	2009	$	851.00	HILARY TOMPKINS	Sent 8/10/12
910000096	2009	$	90.93	HILARY TOMPKINS	Sent 8/10/12
910000099	2009	$	235.00	HOFFMAN, BARRY A.L.	Sent 7/27/12
910000099	2009	$	20.16	HOFFMAN, BARRY A.L.	Sent 7/27/12
910000099	2009	$	37.82	HOFFMAN, BARRY A.L.	Sent 7/27/12
910000088	2009	$	305.00	ISEMAN, TOM	Sent 7/27/12
910000088	2009	$	28.00	ISEMAN, TOM	Sent 7/27/12
910000088	2009	$	30.31	ISEMAN, TOM	Sent 7/27/12
910000164	2009	$	305.00	JAMES W SHAW	Sent 7/27/12
910000164	2009	$	30.31	JAMES W SHAW	Sent 7/27/12
910000059	2009	$	305.00	JANEA SCOTT	Sent 7/27/12
910000059	2009	$	30.31	JANEA SCOTT	Sent 7/27/12
910000059	2009	$	138.20	JANEA SCOTT	Sent 7/27/12
910000082	2009	$	-	JANEA SCOTT	Sent 7/27/12
910000142	2009	$	137.00	JANEA SCOTT	Sent 8/20/12
910000142	2009	$	90.20	JANEA SCOTT	Sent 8/20/12
910000060	2009	$	18.00	JOE CHILDERS	Sent 7/27/12
910000064	2009	$	305.00	JOE CHILDERS	Sent 8/20/12
910000064	2009	$	20.70	JOE CHILDERS	Sent 8/20/12
910000064	2009	$	30.31	JOE CHILDERS	Sent 8/20/12
910000147	2009	$	514.00	JOHN E. TUBBS	Sent 8/10/12
910000147	2009	$	60.62	JOHN E. TUBBS	Sent 8/10/12
910000156	2009	$	630.00	JOHN E. TUBBS	Sent 8/10/12
910000156	2009	$	68.16	JOHN E. TUBBS	Sent 8/10/12
910000170	2009	$	61.20	JOHN J REYNOLDS	Sent 7/27/12
910000167	2009	$	305.00	JOSEPH ANDREW JACKSON	Sent 8/20/12
910000167	2009	$	30.31	JOSEPH ANDREW JACKSON	Sent 8/20/12
910000167	2009	$	23.50	JOSEPH ANDREW JACKSON	Sent 8/20/12
910000179	2009	$	305.00	JOSEPH ANDREW JACKSON	Sent 8/20/12
910000179	2009	$	33.41	JOSEPH ANDREW JACKSON	Sent 8/20/12
910000179	2009	$	61.00	JOSEPH ANDREW JACKSON	Sent 8/20/12
910000136	2009	$	191.28	JOSEPH G PIZARCHIK	Sent 7/27/12
910000182	2009	$	719.00	JOSEPH G PIZARCHIK	Sent 7/27/12

910000182	2009	$	191.79	JOSEPH G PIZARCHIK	Sent 7/27/12
910000182	2009	$	151.25	JOSEPH G PIZARCHIK	Sent 7/27/12
910000197	2009	$	190.89	JOSEPH G PIZARCHIK	Sent 7/27/12
910000197	2009	$	151.25	JOSEPH G PIZARCHIK	Sent 7/27/12
910000197	2009	$	719.00	JOSEPH G PIZARCHIK	Sent 7/27/12
910000209	2009	$	96.00	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000209	2009	$	157.25	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000223	2009	$	270.00	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000223	2009	$	95.11	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000223	2009	$	47.40	JULIE CHAVEZ RODRIGUEZ	Sent 7/27/12
910000128	2009	$	57.00	KATHERINE JACOBS	Sent 7/27/12
910000128	2009	$	96.00	KATHERINE JACOBS	Sent 7/27/12
910000128	2009	$	10.00	KATHERINE JACOBS	Sent 7/27/12
910000104	2009	$	90.50	KATHERINE MARGARET BATTEN	Sent 8/20/12
910000105	2009	$	45.18	KATHERINE MARGARET BATTEN	Sent 8/20/12
910000140	2009	$	89.10	KATHERINE MARGARET BATTEN	Sent 8/20/12
910000101	2009	$	160.00	KIEVE, LOREN	Sent 7/27/12
910000101	2009	$	156.53	KIEVE, LOREN	Sent 7/27/12
910000046	2009	$	220.00	LANE, KENNETH L	Sent 8/20/12
910000046	2009	$	645.20	LANE, KENNETH L	Sent 8/20/12
910000046	2009	$	345.50	LANE, KENNETH L	Sent 8/20/12
LANRELA	2009	$	-	LANE, KENNETH L	Sent 8/10/12
910000074	2009	$	229.25	LANE, KENNETH L	Sent 8/20/12
910000074	2009	$	12.00	LANE, KENNETH L	Sent 8/20/12
910000072	2009	$	81.00	LANE, KENNETH L	Sent 8/20/12
910000072	2009	$	24.00	LANE, KENNETH L	Sent 8/20/12
910000073	2009	$	130.00	LANE, KENNETH L	Sent 8/20/12
910000078	2009	$	42.00	LARRY J ECHO HAWK	Sent 8/20/12
910000078	2009	$	578.00	LARRY J ECHO HAWK	Sent 8/20/12
910000078	2009	$	62.00	LARRY J ECHO HAWK	Sent 8/20/12
910000078	2009	$	60.62	LARRY J ECHO HAWK	Sent 8/20/12
910000125	2009	$	1,580.00	LARRY J ECHO HAWK	Sent 8/20/12
910000125	2009	$	261.86	LARRY J ECHO HAWK	Sent 8/20/12
910000125	2009	$	46.20	LARRY J ECHO HAWK	Sent 8/20/12

910000125	2009	$	122.00	LARRY J ECHO HAWK	Sent 8/20/12
910000166	2009	$	45.10	LARRY J ECHO HAWK	Sent 8/20/12
910000166	2009	$	305.00	LARRY J ECHO HAWK	Sent 8/20/12
910000166	2009	$	30.00	LARRY J ECHO HAWK	Sent 8/20/12
910000212	2009	$	96.00	LEONORE BLITZ	Sent 7/27/12
910000212	2009	$	68.00	LEONORE BLITZ	Sent 7/27/12
910000208	2009	$	137.20	LEWIS, COURTENAY C.	Sent 7/27/12
910000129	2009	$	171.50	LINDSEY DUBIN	Sent 7/27/12
910000181	2009	$	160.00	LORI L CARAMANIAN	Sent 7/27/12
910000181	2009	$	105.00	LORI L CARAMANIAN	Sent 7/27/12
910000181	2009	$	16.00	LORI L CARAMANIAN	Sent 7/27/12
910000055	2009	$	96.00	LORRAINE V. FAETH	Sent 8/20/12
910000055	2009	$	58.00	LORRAINE V. FAETH	Sent 8/20/12
910000115	2009	$	112.00	LORRAINE V. FAETH	Sent 8/20/12
FAETH2	2009	$	50.00	LORRAINE V. FAETH	Sent 8/10/12
910000163	2009	$	61.00	LORRAINE V. FAETH	Sent 8/20/12
910000157	2009	$	40.00	MARCIA MCNUTT	Sent 7/27/12
910000158	2009	$	305.00	MARCIA MCNUTT	Sent 7/27/12
910000158	2009	$	50.31	MARCIA MCNUTT	Sent 7/27/12
910000158	2009	$	30.25	MARCIA MCNUTT	Sent 7/27/12
910000157	2009	$	305.00	MARCIA MCNUTT	Sent 7/27/12
910000157	2009	$	50.31	MARCIA MCNUTT	Sent 7/27/12
910000086	2009	$	305.00	MAXINE VELASQUEZ	Sent 7/27/12
910000086	2009	$	30.31	MAXINE VELASQUEZ	Sent 7/27/12
910000086	2009	$	7.00	MAXINE VELASQUEZ	Sent 7/27/12
910000194	2009	$	213.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000194	2009	$	155.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000195	2009	$	305.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000195	2009	$	82.00	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000195	2009	$	30.31	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000194	2009	$	53.77	MOHL, VALERIE RED-HORSE	Sent 7/27/12
910000093	2009	$	67.50	MONTOYA, JORDAN	Sent 7/27/12
910000095	2009	$	42.73	MULHALL, MARJORIE	Sent 7/27/12
910000079	2009	$	-	NEAL KEMKAR	Sent 7/27/12

KEMKARRELA	2009	$	928.00	NEAL KEMKAR	Sent 8/10/12
910000184	2009	$	28.00	NEAL KEMKAR	Sent 7/27/12
910000184	2009	$	85.80	NEAL KEMKAR	Sent 7/27/12
KEMKARRELB	2009	$	576.05	NEAL KEMKAR	Sent 8/10/12
910000153	2009	$	146.00	PADILLA, JOAN V.	Sent 8/20/12
910000121	2009	$	46.20	PETERSON, SARAH	Sent 8/20/12
910000152	2009	$	110.00	PETERSON, SARAH	Sent 8/20/12
910000070	2009	$	382.75	PRUKOP,JOANNA	Sent 7/27/12
910000070	2009	$	206.10	PRUKOP,JOANNA	Sent 7/27/12
910000070	2009	$	43.66	PRUKOP,JOANNA	Sent 7/27/12
910000070	2009	$	93.00	PRUKOP,JOANNA	Sent 7/27/12
910000211	2009	$	48.00	RAMON J CRUZ	Sent 7/27/12
910000211	2009	$	92.84	RAMON J CRUZ	Sent 7/27/12
910000089	2009	$	106.00	RAYMOND RIVERA	Sent 8/20/12
910000149	2009	$	2.00	RAYMOND RIVERA	Sent 8/20/12
910000149	2009	$	85.50	RAYMOND RIVERA	Sent 8/20/12
910000090	2009	$	305.00	REBECCA Q. CEDILLO	Sent 7/27/12
910000090	2009	$	30.31	REBECCA Q. CEDILLO	Sent 7/27/12
910000090	2009	$	49.75	REBECCA Q. CEDILLO	Sent 7/27/12
910000124	2009	$	1,943.00	RHEA S SUH	Sent 8/10/12
910000124	2009	$	296.70	RHEA S SUH	Sent 8/10/12
910000124	2009	$	212.17	RHEA S SUH	Sent 8/10/12
LV882296	2009	$	19.00	RICHARD D. SCHULTZ	Sent 8/20/12
LV882293	2009	$	26.00	RICHARD D. SCHULTZ	Sent 8/20/12
LV882407	2009	$	59.00	RICHARD D. SCHULTZ	Sent 8/20/12
LV882545	2009	$	23.00	RICHARD D. SCHULTZ	Sent 8/20/12
910000081	2009	$	305.00	RICK RUDY	Sent 7/27/12
910000081	2009	$	21.42	RICK RUDY	Sent 7/27/12
910000081	2009	$	80.00	RICK RUDY	Sent 7/27/12
910000081	2009	$	71.50	RICK RUDY	Sent 7/27/12
910400145	2009	$	207.00	RYAN LEHMAN	Sent 7/27/12
910400145	2009	$	96.00	RYAN LEHMAN	Sent 7/27/12
910000062	2009	$	226.60	STEPHEN Y EKEMA-AGBAW	Sent 7/27/12
910000062	2009	$	96.00	STEPHEN Y EKEMA-AGBAW	Sent 7/27/12

910000071	2009	$	44.00	STEVE BLACK	Sent 7/27/12
910000045	2009	$	54.40	STONE, RENEE	Sent 7/27/12
910000045	2009	$	13.20	STONE, RENEE	Sent 7/27/12
910000045	2009	$	60.91	STONE, RENEE	Sent 7/27/12
910000045	2009	$	153.50	STONE, RENEE	Sent 7/27/12
910000224	2009	$	28.00	STONE, RENEE	Sent 7/27/12
910000051	2009	$	78.50	STRICKLAND, THOMAS	Sent 8/20/12
910000051	2009	$	308.61	STRICKLAND, THOMAS	Sent 8/20/12
910000051	2009	$	325.50	STRICKLAND, THOMAS	Sent 8/20/12
910000051	2009	$	84.00	STRICKLAND, THOMAS	Sent 8/20/12
910000076	2009	$	305.00	SYLVIA V BACA	Sent 7/27/12
910000076	2009	$	182.00	SYLVIA V BACA	Sent 7/27/12
910000076	2009	$	45.31	SYLVIA V BACA	Sent 7/27/12
910000076	2009	$	40.00	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	305.00	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	60.31	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	84.60	SYLVIA V BACA	Sent 7/27/12
910000075	2009	$	182.00	SYLVIA V BACA	Sent 7/27/12
JOHNSONPCSA	2009	$	775.00	TERESA L JOHNSON	Sent 8/10/12
910000189	2009	$	32.00	TERESA L JOHNSON	Sent 8/10/12
910000189	2009	$	89.10	TERESA L JOHNSON	Sent 8/10/12
910000168	2009	$	578.00	TODD TRUE	Sent 7/27/12
910000168	2009	$	60.62	TODD TRUE	Sent 7/27/12
910000168	2009	$	125.00	TODD TRUE	Sent 7/27/12
910000123	2009	$	60.62	TRACIE STEVENS	Sent 8/20/12
910000123	2009	$	17.00	TRACIE STEVENS	Sent 8/20/12
910000123	2009	$	578.00	TRACIE STEVENS	Sent 8/20/12
910000180	2009	$	85.70	TRACIE STEVENS	Sent 8/20/12
910000180	2009	$	62.00	TRACIE STEVENS	Sent 8/20/12
910000180	2009	$	578.00	TRACIE STEVENS	Sent 8/20/12
910000122	2009	$	30.31	TRAHUNT, MARK N.	Sent 7/27/12
910000122	2009	$	55.00	TRAHUNT, MARK N.	Sent 7/27/12
910000122	2009	$	305.00	TRAHUNT, MARK N.	Sent 7/27/12
910000050	2009	$	305.00	UDOAKU CAMILLA IHENETU	Sent 7/27/12

910000050	2009	$	30.31	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000050	2009	$	42.95	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000058	2009	$	305.00	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000058	2009	$	30.31	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000058	2009	$	7.00	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000080	2009	$	-	UDOAKU CAMILLA IHENETU	Sent 7/27/12
910000146	2009	$	160.00	VINCENT J. WARD	Sent 7/27/12
910000146	2009	$	160.00	VINCENT J. WARD	Sent 7/27/12
910000126	2009	$	305.00	VOGEL, KENNETH	Sent 7/27/12
910000126	2009	$	85.05	VOGEL, KENNETH	Sent 7/27/12
910000126	2009	$	30.31	VOGEL, KENNETH	Sent 7/27/12
9100000038	2009	$	77.40	WAIDMANN, BRIAN	Sent 7/27/12
910000196	2009	$	305.00	WATCHMAN, DERRICK	Sent 7/27/12
910000196	2009	$	306.90	WATCHMAN, DERRICK	Sent 7/27/12
910000196	2009	$	80.31	WATCHMAN, DERRICK	Sent 7/27/12
910000100	2009	$	67.01	WIGINTON, ROBERT	Sent 7/27/12
910000100	2009	$	345.00	WIGINTON, ROBERT	Sent 7/27/12
910000067	2009	$	257.00	WINKLEMAN, MARK	Sent 7/27/12
910000067	2009	$	30.31	WINKLEMAN, MARK	Sent 7/27/12
910000067	2009	$	31.00	WINKLEMAN, MARK	Sent 7/27/12
910000069	2009	$	30.31	WYNN, PATRICK	Sent 7/27/12
910000069	2009	$	305.00	WYNN, PATRICK	Sent 7/27/12
910000069	2009	$	63.00	WYNN, PATRICK	Sent 7/27/12

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S Department of the Interior Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 910000052

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 910000052 Anne Castle

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 02-09-2009 b. TO 02-10-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Castle-1 b. DATE(S) 03-04-2009

e. PRESENT DUTY STATION:

f. RESIDENCE (City and State): Golden, CO

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 4/10/09 - updated in FFS

10. CHECK NO.

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 shown 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)	TO (f)

Invitational travel. Traveler made her own airline and hotel reservations. This voucher reimburses her for hotel, air fare, taxis and per diem. ~~Actual lodging expenses, not to exceed $___ per diem approved.~~

APR - 6 2009

Approval to purchese airline ticket (value over $100) with personal credit card:

211D - 305.00
C - 709.20
I - 31.35
T - 39.00

ACH to vendor updates.

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 ▶ Anne Castle DATE 3/11/09 AMOUNT CLAIMED ▶ $ 1095.24

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; id. 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 ▶ Ramona Stone DATE

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) adjust lodging tax. $ <10.69>

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: RB 4/13/09 $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 1084.55

d. NET TO TRAVELER ▶ $ ~~1095.24~~

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD 01

2009-04-07 15:20 FAX 2022085627 →→ 3037090631 P 3/15

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, 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.

(o) 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Castle-1

TRAVELER'S LAST NAME

Castle

MILEAGE RATE: ¢

2009	TIME (Hour and zone) (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)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
(a)													
3/9	4:47 pm	Depart Denver AIRFARE											709.20 -C
	9:59 pm	Arrive Washington, DC					46.00	209.00 @ 209/64	252.00			251.00	31.35 -I 42.04
		Hotel 12X3S											16.00 -T
		Taxi/airport to hotel											
3/10	6:00 pm	Depart Washington, DC										48.00	
	8:10 pm	Arrive Denver					46.00		48.00				21.00 -T
		Taxi to airport											
												305.00	768.55

0 • *

0 • *

0 • *

305 • 00 +
709 • 20 +
31 • 35 +
39 • 00 +
1,084 • 55 * +

1,095 • 24 +
10 • 69 −
1,084 • 55 * +

0 • *

If additional space is req ... *wing the front blank.*

SUBTOTALS ▶ 305.00 $780.24

TOTALS ▶ 305.00 $780.24

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

In compliance with the Privacy Act o... Solicitation of the information on thi... requested by the Federal Travel R... 22, 1971, FPI 11012 of March 27, 1... U.S.C. 5011(b) and 6109. This infor... determine payment or reimbursem... and/or relocation expenses incurred ... and to record and maintain costs o... The information will be used by offic... information in the performance of t... disclosed to appropriate Federal, St...

...prosecutions, or when pursuant to a requirement by this agency ... the hiring or firing of an employee, the issuance of a security ... investigations of the performance of official duty while in ... rce. Your Socia. Security Account Number (SSN) is solicited ... by of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109, ... lovember 22, 1942, for use as a tax payer and/or employee ... ber disclosure is MANDATORY on vouchers claiming travel ... allowance expense reimbursement which is, or may be, taxable ... of your SSN and other requested information is voluntary, ... however, failure to provide the information (other than SSN) ... the claim may result in delay or loss of reimbursem...

TOTAL AMOUNT CLAIMED ▶ 1095.24

...produced by Ellis Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1952
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1945

TRAVEL AUTHORIZATION

1. No. Castle-1
2. 3/4/2009 (DATE)

3. Office of the Secretary/SIO (BUREAU OR OFFICE)

4. NAME Anne Castle
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational Travel
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Traveler was asked by DOI officials to fly to Washington, DC for an interview for a possible position with the Department.

Due to transition-related staffing and scheduling issues, the travel authorization is being prepared after the travel occurred.

11. PER DIEM ALLOWANCE:

In accordance with Federal Travel Regulations. Maximum lodging not to exceed 300% per diem.

12. PERIOD OF TRAVEL: Beginning on or about 2/9/2009 Ending on or about 2/10/2009

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. X Privately owned
    - (a) X Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
    Taxi fares, excess luggage, public transportation
19. Shipment household goods and personal effects

ESTIMATED COST	
20. Transportation	$ 708.20
21. Per Diem	460.00
22. Other	100.00
23. TOTAL	$ 1,268.20

24. CHARGED TO:
2009 1000 DDD 01 68

25. (FISCAL CITATION & APPROPRIATION)

26. Anne Castle
27. (TITLE)
28. Pamela Haze (APPROVING OFFICIAL'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

2009-04-07 15:23 FAX 2022085627 >> 3039696631 P 7/15

EMBASSY SUITES HOTELS

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

CASTLE, ANNE
(b) (6)

Suite 633/KEXN
Arrival Date 2/9/2009 10:17:00PM
Departure Date 2/10/2009 9:39:00AM

Adult/Child 1/0
Suite Rate 289.95

RATE PLAN L-CON
HH#
AL:
CAR:

Folio

CONFIRMATION NUMBER : 85705122

15%

2/10/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
~~2/9/2009~~	~~4143007~~	~~RM SVC - DINNER~~	~~$21.67~~
2/9/2009	4143158	GUEST ROOM	$289.95
2/9/2009	4143158	SUITE TAX	$42.04
2/10/2009	4143401	VS (b) (6)	($353.66)
		** BALANCE **	$0.00

adjust tax
(10.697

TRAV. not app for excess lodging
claimed full tax.

ACCOUNT NO.
VS (b) (6)

CARD MEMBER NAME
CASTLE, ANNE

ESTABLISHMENT NO. & LOCATION

CARD MEMBER'S SIGNATURE
X

DATE OF CHARGE	FOLIO NO./CHECK NO.
02/10/09 09:38:00	494470 A
AUTHORIZATION	INITIAL
04444D	
PURCHASES & SERVICES	
TAXES	
TIPS & MISC	
TOTAL AMOUNT	-353.66

The Hilton Family
Hilton
Conrad
DoubleTree
Embassy Suites Hotels
Hampton
Hilton Garden Inn
Hilton Grand Vacations Club
Homewood Suites by Hilton
USA
Official Sponsor

Carlson Wagonlit Travel

For: ANNE CASTLE 10-A

To: HOLLAND AND HART
(b) (6)
[redacted]

Sales Person: EW
Locator: LWWSZS
Customer Number: (b) (6) [redacted]

Monday February 9, 2009

Frontier Airlines
Class of Service:Coach Class U
Depart: Denver, CO
Arrive: Ronald Reagan Natl, DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed

Flight Number: 720

4:47 Pm February 9, 2009
9:59 Pm February 9, 2009
3 Hours 12 Minutes Non-Stop

Confirmation Number: JSGGEA

ARRIVES DCA TERMINAL C
F9 CONFIRMATION IS JSGGEA

Monday February 9, 2009

Washington, DC
Embassy Suites EMBASSY STES WASHINGTON DC DTWN
1250 22ND STREET NORTHWEST
WASHINGTON US DC 20037
Phone Number: 1-202-857-3388
Fax Number: 1-202-293-3173
Number of Rooms: 1
Rate: 289.95 USD Per Night
Check In: Feb 09, 2009
Check Out: Feb 10, 2009
Confirmation Number: 85705122 *
Room Reserved For: ANNE CASTLE

TAXICAB RECEIPT

Time: 10:32p
Date: 2/9/09

Origin of trip: DCA

Destination: Embassy Suites

Fare: 18.00 Sign:

TAXICAB RECEIPT

Date: 02-10-2009
Time:

Company: Columbia - 12
Origin of Trip: 1100 F St NW
Destination: Reagan Airport
Fare: $21.00 Sign:

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

Tuesday February 10, 2009

Frontier Airlines
Class of Service:Coach Class U
Depart: Ronald Reagan Natl, DC
Arrive: Denver, CO
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed

Flight Number: 725

6:00 Pm February 10, 2009
8:10 Pm February 10, 2009
4 Hours 10 Minutes Non-Stop

Confirmation Number: JSGGEA

DEPARTS DCA TERMINAL C
F9 CONFIRMATION IS JSGGEA

Sunday May 10, 2009

Tour Information
May 10, 2009 - May 10, 2009
Departure City: UNDEFINED
THIS LINE IS FOR CARLSON WAGONLIT ACCOUNTING**

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
CASTLE/ANNE	9300517/4227528849512					709.20

FOP (b) (6) [redacted]

Total Amount: 709.20

CARLSON WAGONLIT AFTER HOURS SERVICE 800-374-5103
REFERENCE CODE ZN9

WE MUST BE NOTIFIED OF ANY DISCREPANCIES IN YOUR
ITINERARY WITHIN 24HRS OF BOOKING YOUR RESERVATION
YOU CAN VIEW YOUR RESERVATION AT WWW.VIEWTRIP.COM
USE YOUR LOCATOR AS YOUR CONFIRMATION NUMBER.
PLEASE NOTE - EACH TRAVELER LISTED IN THIS ITINERARY
AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF
THIS TRANSACTION AS SET FORTH IN THE AGENCY'S WEBSITE AT
WWW.CARLSONWAGONLIT.COM/EN/COUNTRIES/US/TERMS/INDEX.HTML
FOR THE MOST CURRENT INFORMATION ON AIRPORT
SECURITY PLEASE CHECK WWW.TSA.GOV
THIS TICKET MAY BE SUBJECT TO PENALTIES.
CHANGES/CANCELLATIONS MAY BE SUBJECT
TO A PENALTY FEE AND POSSIBLE FARE INCREASE.

FINANCIAL MANAGEMENT DIRECTORATE FAX# 202-208-5627

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C Street, NW, Rm. 7420
Washington, DC 20240

FAX

To: Barbara Smith **Fax:** 303-969-6631

From: Barbara Martin **Date:** 4/7/2009

Re: Enclosed are travel vouchers for Anne Castle, Kendra Barkoff and Christopher Mansour **Pages:**

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

Thanks ☺

2009-05-07 15:17 FAX 2022085627 >> 3039696631 P 3/23

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91D000087

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Castle, Anne

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 04-13-2009 b. TO 04-17-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TACastle040109 b. DATE(S) 04-02-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. PRESENT DUTY STATION: Golden, CO

f. RESIDENCE (City and State): Golden, CO

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

10. CHECK NO.

11. PAID BY

TOD

Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
0187401702614 743.20	UA	Economy	04-08-2009	Denver, CO	Washington, DC and return
ticket agent fee 28.25					
ticket agent fee 28.25					
ticket agent fee 28.25					

MAY 7 2009

21101124 00
211I 121.24

Invitational travel. Air fare purchased with corporate card. Traveler was conducting a series of official meetings and preparing for confirmation hearing.

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: Anne J. Castle DATE 4/30/09 AMOUNT CLAIMED $ 1,245.24

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; id. 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: Renee Stone DATE 5/6/09

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 $ 1,245.24

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

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

5/13/09

1012-116

This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

2009-05-07 15:18 FAX 2022085627 >> 3037696634 P 10/25

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) (through (g)) Show amount incurred for each meal, including tax, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TACastle040109

TRAVELER'S LAST NAME

Castle

TIME 2009 (a)	(Hour and amount) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	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)
	6:00 am	Depart Denver, CO											
4/13	11:14 am	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel tax											30.31
		Official Business at DOI					64.00	209.00	273.00			273.00	
4/14		Hotel Tax											30.31
		Official Business at DOI					64.00	209.00	273.00			273.00	
4/15		Hotel Tax											30.31
		Official Business at DOI					64.00	209.00	273.00			273.00	
4/16		Hotel tax											30.31
	5:35 pm	Depart Washington, DC											
4/17	7:25 pm	Arrive Denver, CO					48.00		48.00			48.00	
												$1,124.00	$121.24
												$1,124.00	$121.24

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ **$1,245.24**

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 Regulation (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 authorizations to record and maintain costs of such reimbursements to the Government. The information will be used by officials 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.

STANDARD FORM 1012 BACK (10-77)

This form was electronically produced by Elite Federal Forms, Inc.

DOUBLETREE GUEST SUITES
WASHINGTON, DC

801 New Hampshire Ave. NW • Washington, DC 20037
Phone (202) 785-2000 • Fax (202) 785-9485
Reservations
www.doubletree.com

Name & Address

CASTLE, ANNE

Room 404/NK1K
Arrival Date 4/13/2009 9:23:09PM
Departure Date 4/17/2009

Adult/Child 1/0
Room Rate $209.00

RATE PLAN L-SGV
HH#
AL
BONUS AL CAR

Confirmation: 86125294

4/17/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/13/2009	1356599	HIGH SPEED INTERNET	$9.95
4/13/2009	1356672	GUEST ROOM	$209.00
4/13/2009	1356672	SUITE TAX	$30.31
4/14/2009	1356951	GUEST ROOM	$209.00
4/14/2009	1356951	SUITE TAX	$30.31
4/15/2009	1357257	GUEST ROOM	$209.00
4/15/2009	1357257	SUITE TAX	$30.31
4/16/2009	1357368	HIGH SPEED INTERNET	$9.95
4/16/2009	1357512	GUEST ROOM	$209.00
4/16/2009	1357512	SUITE TAX	$30.31
		WILL BE SETTLED TO VS (b) (6)	$977.14
		EFFECTIVE BALANCE $	$0.00

ESTIMATED CURRENCY TOTAL

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  + pay at the time of purchase.
  + charge purchases to your account, then stop by the Front Desk for an updated statement.
  + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION 198393	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

THANK YOU

DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. LACastle040100
2. 04-02-2009 (DATE)
3. OS (BUREAU OR OFFICE)
4. NAME Anne Castle, SS (b) (6)
5. OFFICIAL STATION Washington, D.C.
6. TITLE Partner with Holland & Hart
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, Colorado
9. TO: Washington, D.C. and return to Denver, Colorado

10. PURPOSE AND REMARKS:
Official business as may be required. Candidate for interview with the Secretary's office.

11. PER DIEM ALLOWANCE:
Actial lodging and per diem NTE 300% as authorized in accordiance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Subject to the Availability of Funds ---
Airfare Only

12. PERIOD OF TRAVEL: Beginning on or about 04-13-2009 Ending on or about 04-17-2009

MODE OF TRAVEL

13. [X] Common carrier
14. [ ] Extra fare at a mileage rate of
15. [ ] Government-owned conveyance cents, subject to:
16. [X] Privately owned
(a) [X] Administratively determined to be the advantage of the Government
(b) [ ] A showing of advantage to the Government
(c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
18. [ ] Other *(specify)*
19. [ ] Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,047.20
21. Per Diem		1210.00
22. Other		125.00
23. TOTAL	$	2,382.20

24. CHARGED TO:
2009-1000-DDD01-09

25. (FISCAL OFFICER'S SIGNATURE)

26. Anne J. Castle (REQUESTER'S SIGNATURE)
27. Partner with Holland and Hart LLP (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

April 9, 2009

Carlson Wagonlit Travel SatdTravel.

For: ANNE CASTLE GDOIDS

To: NGMSDOI

Sales Person: 77
Locator: DMZVXQ
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday April 13, 2009

United Airlines
Class of Service:Coach Class Y
Depart: DENVER, CO
Arrive: WASHINGTON/DULLES
Total Flight Time:
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: CASTLE/ANNE 30F
STAR ALLIANCE

Flight Number: 154

6:00 Am April 13, 2009
11:14 Am April 13, 2009
3 Hours 14 Minutes Non-Stop

Confirmation Number: K9JNB5

Monday April 13, 2009

WASHINGTON/NATL,DC
DOUBLETREE HOTELS DTREE GUEST STES WASHINGTON DC
801 NEW HAMPSHIRE AVE NW
WASHINGTON DC 20037
Phone Number: 1-202-785-2000
Fax Number: 1-202-785-9485
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Apr 13, 2009
Check Out: Apr 17, 2009
Confirmation Number: 86125294
Cancellation Policy: Cancel by 4PM

Friday April 17, 2009

United Airlines
Class of Service:Coach Class V
Depart: WASHINGTON/DULLES
Arrive: DENVER, CO
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: CASTLE/ANNE 13E
STAR ALLIANCE

Flight Number: 903

4:18 Pm April 17, 2009
6:16 Pm April 17, 2009
3 Hours 58 Minutes Non-Stop

Confirmation Number: K9JNB6

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
CASTLE ANNE	4406/0167401702614	671.63USD	50.37US	7.20ZP	14.00XT	743.20
CASTLE ANNE	4406/6908144762790	28.25				28.25
					Total Amount:	771.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-696-2554
CAR DECLINED/A//02APR

Copy

OMB No. 1510-0056

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: U.S. Department of the Interior

AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:
DOI	14-01-0001	☒ CCD+ ☐ CTX

ADDRESS: 1849 C Street, NW, Washington, DC 20240

CONTACT PERSON NAME:	TELEPHONE NUMBER:
Accounts Payable	(202) 208-5123

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Anne Castle

SSN NO. OR TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

Anne Castle

Verify SS# From W-2 voucher

NAME: Wells Fargo

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

NINE-DIGIT ROUTING/TRANSIT NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE: Anne Castle and Frank Daviess

DEPOSITOR ACCOUNT NUMBER: (b) (6) [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT: ☒ CHECKING ☐ SAVINGS ☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 7/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

2009-06-19 11:40 FAX 2022085627 22 303 969 7201 P 2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.
91000130

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
Castle, Anne

b. SOCIAL SECURITY NO.
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION
Denver, CO

f. RESIDENCE (City and State)
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 05-05-2009
b. TO 05-09-2009

7. TRAVEL AUTHORIZATION
a. NUMBER (S)
Castle
b. DATE (S)
05-22-2009

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

10. CHECK NO.

11. PAID BY

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, BE PURCHASED WITH CASH
(List by number below and attach passenger coupon; if cash is used shown 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)

	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)	TO (f)
See attached e-ticket	523.60	UA	Economy	05-27-2009	Denver, CO	Washington DC
See attached e-ticket	219.60	UA	Economy	06-02-2009	Washington, DC	Denver, CO
Ticket agent fee	28.25					

Invitational travel. Air fare purchased with corporate card.

Preparing for Confirmation hrng.

2110 1670 00
2111 2865.86
2117 148.50

No car yet

JUN 17 2009

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 ▶ Anne J. Castle DATE 6/11/09 AMOUNT CLAIMED ▶ $ 2,084.35

NOTE: Falsification of an item in an expense account works a forfeiture of claim (18 U.S.C. 3514) 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; Id. 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 involved, 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 ▶ Rebecca Shea DATE 6/16/09

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 ▶ $ 2,084.35

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

6/23/09

1012-116 NSN 7540-00-634-4160 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

the amts for Tax. are too pressed cannot read clearly.

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 the 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, tips, and daily total meal cost.

(f) Shows expenses, such as: laundry, cleaning and pressing of clothing, tips to bellboys, porters, etc. (do not claim for meals).

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

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

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

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

TRAVEL AUTHORIZATION NO.

Castke

TRAVELER'S LAST NAME

Castle

TIME 2009		DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
(a)	(hour and airport) (b)	(Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
05/27	6:00 am	Depart Denver, CO											
	11:14 am	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Lodging tax											30.31
		Taxi IAD/Lodging											82.00
		Taxi Lodging/DOI											7.50
		Taxi DOI/Lodging											8.50
05/28		Washington, DC					64.00	209.00	273.00			273.00	
		Lodging tax											30.31
		Taxi Lodging/DOI											7.50
05/29		Washington, DC					64.00	209.00	273.00			273.00	
		Lodging tax											30.31
		Taxi Lodging/DOI											8.00
									SUBTOTALS ▶			1203.00	$114.63
									TOTALS ▶				

If additional space is required, continue on another SF 1012-A BACK, leaving in 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 Regulation (FTMR 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. 301(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 request by the 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 the 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 identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance or expense reimbursement which are 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 claim may result in delay in issue of reimbursement.

2110 1670.00.

211T - 154.50.

211J 265.86.

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, 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.

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

(l) Show expenses, such as transportation rates, air fare (if purchased with cash), local or long distance telephone calls for Government business, commercial, railroad or other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Castke

TRAVELER'S LAST NAME

Castle

TIME 2009 (a)	(Hour and minute) (b)	DESCRIPTION (Departures, arrivals, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: # NO. OF MILES (m)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		Taxi DCI/Lodging											0.00
05/30		Washington, DC					64.00	209.00	273.00			273.00	
		Lodging tax											31.31
05/31		Washington, DC					64.00	209.00	273.00			273.00	
		Lodging tax											30.31
06/01		Washington, DC					64.00	209.00	273.00			273.00	
		Lodging Tax											30.31
08/02		Taxi DCI/IAD											53.00
		Luggage fee											16.00
	9:55 pm	Depart Washington, DC											
	11:41 pm	Arrive Denver, CO					48.00		48.00			48.00	
		Airport Parking											62.00
									SUBTOTALS ▶			$867.00	$329.93
									TOTALS ▶			$1,870.00	$444.36

1254.00

416

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), back or front, in Item 19 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $2,084.36

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. Chps. 57 as implemented by the Federal Travel Regulation (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 for persons 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Castle
2. 05-22-2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE) Denver, Colorado

4. NAME Anne Castle 5. OFFICIAL STATION

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, Colorado
9. TO: and return to Denver, Colorado

10. **PURPOSE AND REMARKS:**
Invitational Travel
Preparing for confirmation hearing.

11. **PER DIEM ALLOWANCE:**
Per Diem in accordance with the Federal Travel Regulations issued by GSA and published in the Federal Register

12. **PERIOD OF TRAVEL: Beginning on or about** 05-27-2009 **Ending on or about** 06-02-2009

MODE OF TRAVEL

13. ☑ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance at a mileage rate of cents, subject to:
16. ☑ Privately owned.
   - *(a)* ☐ Administratively determined to be the advantage of the Government
   - *(b)* ☐ A showing of advantage to the Government
   - *(c)* ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,001.25	
21. Per Diem		288.00	
22. Other		150.00	
23. TOTAL	$	1,439.25	

24. CHARGED TO:

25. 2009-1000-DDD01-68 (FISCAL OFFICER'S SIGNATURE)

26. Invitational Travel (REQUESTER'S SIGNATURE)

27. (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

your travel details planned right

sabre virtuallythere

English

12 hrs display

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Print

eTicket Receipt

Prepared For
CASTLE/ANNE [GDOICS]

SABRE RESERVATION CODE	FONWYN
TICKET ISSUE DATE	26May09
TICKET NUMBER	0167423918810
INVOICE NUMBER	0004676
ISSUING AIRLINE	UNITED AIRLINES
ISSUING AGENT	N3KB/A77
ISSUING AGENT LOCATION	WASHINGTON DC
IATA NUMBER	09581283
CUSTOMER NUMBER	(b) (6) [redacted]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
27May	UNITED AIRLINES UA 154	DENVER, CO Time 6:00am	WASHINGTON DULLES, DC Time 11:14am	Class ECONOMY Seat Number CHECK IN REQUIRED Booking Status CONFIRMED Fare Basis YCAIAD Not Valid After 27MAY

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD (b) (6) [redacted]

Endorsement / Restrictions	NONE
Fare Calculation Line	DEN UA WAS Q56.81 421.40YCAIAD USD477.21END ZPDEN XT2.50AY 4.50XFD
Fare	USD 477.21
Taxes/Fees/Charges	USD 36.79 US (US TRANSPORTATION TAX)
	USD 3.60 ZP (US SEGMENT TAX)
	USD 7.00 XT (COMBINED TAXES)
Total Fare	USD 523.60

Positive identification required for airport check-in

Notice:

Carriage and other service provided by the carrier are subject to conditions of carriage, which are here by reference. These conditions may be obtained from the issuing carrier.

Important Legal Notices

Print

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sabre virtuallythere

eTicket Receipt

Prepared For
CASTLE/ANNE [GDOIOS]

SABRE RESERVATION CODE	FONWYN
TICKET ISSUE DATE	02Jun09
TICKET NUMBER	0167423918636
INVOICE NUMBER	0004702
ISSUING AIRLINE	UNITED AIRLINES
ISSUING AGENT	N3KB/A77
ISSUING AGENT LOCATION	WASHINGTON DC
IATA NUMBER	09581283
CUSTOMER NUMBER	(b) (6) [redacted]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
02Jun	UNITED AIRLINES UA 933	WASHINGTON DULLES, DC Time 9:55pm	DENVER, CO Time 11:41pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Booking Status CONFIRMED Fare Basis WDG Not Valid After 30SEP

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : (b) (6) [redacted]
Endorsement / Restrictions	NONE
Fare Calculation Line	WAS UA DEN194.42WDG USD194.42END ZP AD XT2.50AY 4.50XFIAD4.5
Fare	USD 194.42

Taxes/Fees/Charges	USD 14.50 US (US TRANSPORTATION TAX)
	USD 3.80 ZP (US SEGMENT TAX)
	USD 7.00 XT (COMBINED TAX(ES)
Total Fare	USD 219.60

Positive identification required for airport check in

Notice:

Carriage and other service provided by the carrier are subject to conditions of carriage , which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Important Legal Notices

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1301
www.hotelpalomar-dc.com

PALOMAR

CASTLE, ANNE

Room Number: 1022
Daily Rate: 209.00
Room Type: QQDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
05/27/09	06/02/09	(b) (6)	SAT	ICNS	11420245497

DATE	POSTING DESCRIPTION	REFERENCE	AMOUNT
05/26/09	1022	ROOM UPGRADE	ROOM UPGRADE TO QQDX	$ 20.00
05/26/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$17.40
05/27/09	1022	ROOM CHARGE	#1022 CASTLE, ANNE	$209.00
05/27/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31
05/27/09	1022	IN-ROOM ENTERTAINMENT	1022/1/05/28/18:24:44/TV Services	$15.99
05/28/09	1022	SALES TAX	SALES TAX	$6.92
05/28/09	1022	DC GROSS RECEIPTS TAX	DC GROSS RECEIPTS TAX	$1.92
05/28/09	1022	ROOM CHARGE	#1022 CASTLE, ANNE	$209.00
05/28/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31
05/28/09	1022	OVERNIGHT PARKING	OVERNIGHT PARKING	$34.00
05/28/09	1022	PARKING TAX 12%	PARKING TAX 12%	$4.08
05/29/09	1022	ROOM CHARGE	#1022 CASTLE, ANNE	$209.00
05/29/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31
05/30/09	1022	OVERNIGHT PARKING	OVERNIGHT PARKING	$34.00
05/30/09	1022	PARKING TAX 12%	PARKING TAX 12%	$4.08
05/30/09	1022	ROOM CHARGE	#1022 CASTLE, ANNE	$209.00
05/30/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31
05/31/09	1022	HONOR BAR BEVERAGE	HONOR BAR BEVERAGE	$14.00
05/31/09	1022	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	$1.40
05/31/09	1022	OVERNIGHT PARKING	OVERNIGHT PARKING	$34.00
05/31/09	1022	PARKING TAX 12%	PARKING TAX 12%	$4.08
05/31/09	1022	ROOM CHARGE	#1022 CASTLE, ANNE	$209.00
05/31/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31
06/01/09	1022	LOCAL CALL	1022/11/06/2[illegible]	$9.00
06/01/09	1022	LOCAL CALL	1022/11/06/[illegible]329[illegible]	$1.00
06/01/09	1022	LOCAL CALL	1022/11/06/3/8669638	$1.00
06/01/09	1022	LOCAL CALL	1022/11/51/8/8669638	$1.00
06/01/09	1022	ROOM CHARGE	#1022 CASTLE, ANNE	$209.00
06/01/09	1022	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.31

TOTAL DUE: $1,715.73

KIMPTON every hotel tells a story
RARE | COMFORT | STYLE | FLAVOR | FUN

TAXICAB RECEIPT

Time: 5/27/09

Date:

Origin of trip: Palomar

Destination: Interior

Fare: 7.50 Sign:

TAXICAB RECEIPT

Time:

Date: 5/27/09

Origin of trip: Interior

Destination: Palomar

Fare: $8.50 Sign:

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date: 5/27/09

Name:

$: 62.00

From: Dulles

To: 2121 P St. NW

Driver:

TAXICAB #

TAXI FARE RECEIPT

DIAMOND CAB
1100 O ST., N.W.
WASHINGTON, DC 20009

202-387-6200
24 HOUR RADIO DISPATCH

CAB NO. I.D. NO. TAG NO.

SIGNED DATE 5/28 TIME

TRIP ORIGIN Palomar

DESTINATION Interior

FARE 7.50 TIP TOTAL

Taxi Cab Receipts

DATE: 5/29/09 TIME: 6:00p

TRIP ORIGIN: Interior

DESTINATION: Palomar

FARE: $ 8.00 SIGNATURE

TAXICAB RECEIPT

Time: 9:30a
Date: 5/24/09

Origin of trip: Palomar

Destination: Interior

Fare: 18.00 Sign: _____

DENVER
INTERNATIONAL AIRPORT
Card Account # : (b) (6)
Card Expiration Date : XX/XX
Card Type : VISA
Authorization Code : 000234
Bank Sequence Number : 000003234

Entrance: 04:56 05/27/09 Lane # 06
Exit : 00:43 05/30/09 Lane # 52
Length of stay: 5 d. 19 h. 47 m.
License Plate : CO 186RYK
Cashier: 0032 Shift: 0031 SEQ# 3276

Transaction Amount: $ 60.00

Parking

TAXICAB RECEIPT

Time: _____
Date: 6/2/09

Origin of trip: Interior

Destination: Dulles

Fare: 53.00 Sign: _____

DENVER
INTERNATIONAL AIRPORT
PARKING RECEIPT
*** Thank You ***

Entrance: 04:38 05/27/09 Lane # 06
Exit : 00:43 05/30/09 Lane # 52
Length of stay: 5 d. 19 h. 47 m.
License plate : CO 186RYK
Cashier: 0032 Shift: 0031 SEQ# 3276

Amount paid $ 60.00 Card

UNITED

BAGGAGE PAYMENT
CUSTOMER RECEIPT

016 4513285563

AGENT ID: KIRILL20
CUSTOMER: CASTLE/ANNE
TKT NBR: 016 7423918636 CPN: 1 ORIGIN: IAD DESTINATION: DEN
ITEMS:
15.00 BAG1 FEE

FORM OF PAYMENT: (b) (6)
ADDITIONAL REMARKS:

Do not expose to excessive heat or direct sunlight.
STAPLE HERE
INSERT

CARD DOCUMENT NUMBER CK
016 4513285563

TOTAL USD15.00

9100000130

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1829
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1969

TRAVEL AUTHORIZATION

1. No. Castle-2
2. 04/30/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Anne Castle
5. OFFICIAL STATION Denver, CO
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, CO
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational. Traveler will conduct a series of official meetings and personnel interviews at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 05/05/09 Ending on or about 05/08/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
   - (a) [X] Administratively determined to be the advantage of the Government
   - (b) [ ] A showing of advantage to the Government
   - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify) Taxi Fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1100.00
21. Per Diem		2118.00
22. Other		250.00
23. TOTAL	$	3468.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Invitational (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

2009-06-19 11:47 FAX 202208627 >> 303 969 7281 P.03/12

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. PERIOD OF TRAVEL: a. FROM 05-25-2009 b. TO 05-28-2009

6. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 91000013 Bellin, D. Alletta
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): Direct Deposit — 6/22/09
d. OFFICE TELEPHONE NO.: 202-208-6291
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): (b) (6)

7. TRAVEL AUTHORIZATION: a. NUMBER(S) BELLIN TA01 b. DATE(S) 05-11-2009

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

10. CHECK NO.

11. PAID BY

TOT-I
Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
4646/016742391 8583	827.20	UA	05-21-2009	Wash/Dulles Sacramento, CA	Sacramento, CA Wash/Dulles
Carlson Service Fee	28.25				

6/20/09
JUN 17 2009

2110206500 21LT 7600 2114 3104

Note: Actual subsistence is requested for lodging in lieu of lodging per diem not to exceed 150% of the prescribed rate in accordance with Federal Travel Regulations. The Government rate at the Sacramento Hyatt was $5/night over the Federal Government per diem rate.

Cannot Read

APPROVED:

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: Alletta Bellin DATE: 6-5-09 AMOUNT CLAIMED $ 313.54

NOTE: Falsification of an item in an expense account works a forfeiture of claim (18 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, Id. 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 indicated, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680b).)

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 6/11/09

17. FOR FINANCE OFFICE USE ONLY
CORRECTION
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 $ 313.54

18. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: [signature] DATE: 6/12/09

16. ACCOUNTING CLASSIFICATION
2009 1000 DD D01 83

6/23/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

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. (a) 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 other expenses travel

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

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

(i) Complete for per diem and actual expense travel

(j) Show total accumulative expense incurred for certain 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

BELIN TAC 1

TRAVELER'S LAST NAME

BELIN

1/4/59

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE 20¢ per mile

2009 (a)	TIME (b)	DESCRIPTION (c)	MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)
5/25		POV from residence to Dulles LV 6AD via UA #291				44.25		119.00 GOV:CC		32
		AR Sacramento, CA Taxi to hotel						114		
		TDY Sacramento, CA				59.00		119.00 GOV:CC		
5/26		hotel taxes GOV:CC Taxi						114		
		TDY Sacramento, CA				59.00		119.00		
5/27		hotel taxes GOV:CC						114		
		Taxi to airport				44.25				
5/28		LV Sacramento via UA #290								
		AR Wash/Dulles								
		Parking at Wash/Dulles charged to GOV:CC								
		POV to residence								32

AMOUNT CLAIMED		
MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
15.52	44.25	20.00 T
	59.00	10.00 T GC
	59.00	10.00 T GC
	44.25	36.00 T
15.52		
31.04	$206.50	$76.00

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), and enter on line 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $313.54

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. Chapt. 57 as implemented by the Federal Travel Regulation (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 25 U.S.C. 601-1(a) and 8106. 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 the 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.

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (9-77)

1. No. BELIN TA01

2. 5-21-09 (DATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME BELIN, ALLETTA D. (SSN: 011-36-5464) 5. OFFICIAL STATION Washington, DC

6. TITLE Counselor to the Deputy Secretary 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Sacramento, CA and return

10. PURPOSE AND REMARKS:

"Listening" trip to California; meetings with Bureau of Reclamation/FWS; State Officials; environmental and water district representatives; and staff members from Senator Feinstein's office to hear more on the San Luis Drainage proposal.

11. PER DIEM ALLOWANCE:

Per diem or actual subsistence expenses within a high cost area are authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 05-25-2009 **Ending on or about** 05-28-2009

MODE OF TRAVEL

13. ☐ Common carrier
14. ☑ Extra fare
15. ☒ Government-owned conveyance
16. ☒ Privately owned

at a mileage rate of .485 cents, subject to:

(a) ☑ Administratively determined to be the advantage of the Government
(b) ☐ A showing of advantage to the Government
(c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
19. ☐ Shipment household goods and personal effects
18. ☒ Other *(specify)*
Registration/ATM fees; excess baggage; taxi/shuttle/metro fares; rental cars & fuel; conference rooms; telephone calls/faxes etc., in accordance to FPMR 101.7 et seq.

ESTIMATED COST

20. Transportation	$ 827.28
21. Per Diem	534.00
22. Other	200.00
23. TOTAL	$ 1,561.28

24. CHARGED TO:
2009 1000 DD DO1 68

25. _____ (PERSON OF ICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Counselor to the Deputy Secretary (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

HYATT REGENCY SACRAMENTO AT CAPITOL PARK

Hyatt Regency Sacramento
at Capitol Park
1209 L Street
Sacramento, CA 95814
916 443 1234

INVOICE

Payee Alletta Belin
(b) (6) [redacted]

Room No.	1054
Arrival	05-25-09
Departure	05-28-09
Page No.	1 of 2
Folio	63753

Membership
Bonus Code
Confirmation No. 2631480801
Group Name

Date	Description	Charges	Credits
05-25-09	Guest Room	119.00	
05-25-09	Occupancy Tax	14.28	
05-25-09	STBID Assessment	1.50	
05-25-09	CA Tourism Assessment	0.15	
05-26-09	Guest Room	119.00	
05-26-09	Occupancy Tax	14.28	
05-26-09	STBID Assessment	1.50	
05-26-09	CA Tourism Assessment	0.15	
05-27-09	Guest Room	119.00	
05-27-09	Occupancy Tax	14.28	
05-27-09	STBID Assessment	1.50	
05-27-09	CA Tourism Assessment	0.15	
05-28-09	Master Card (b) (6) [redacted]		404.79

HYATT REGENCY SACRAMENTO AT CAPITOL PARK

Hyatt Regency Sacramento
at Capitol Park
1209 L Street
Sacramento, CA 95814
916 443 1234

INVOICE

Payee Alletta Belin
(b) (6) [redacted]

Room No.	1054
Arrival	05-25-09
Departure	05-26-09
Page No.	2 of 2
Folio	63753

Membership
Bonus Code
Confirmation No. 2631480801
Group Name

Date	Description	Charges	Credits
	Total	404.79	404.79

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

Balance **0.00**

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Thank you for choosing Hyatt Regency Sacramento. We hope that you enjoyed your stay with us. Our goal is to exceed our guests' expectations. If you have any comments regarding your stay please share them with us.

EMAIL CONSUMER AFFAIRS:
Michael Steinwender 916-321-3832 or michael.steinwender@hyatt.com
LOST & FOUND V-MAIL: 916-443-1234 ext:4572
BILLING INQUIRIES: 916-321-3509

PASSENGER'S RECEIPT, TAXI CAB FARE

Members of the Sacramento Independent Taxi Owner's Association apreciate your business. We wish to continue to serve you in a timely, professional manner. If you have any suggestions, comments or complaints Please call: (916) 457-4862

Look for this symbol on all front doors of our cabs as your Assurance of Quality Services.

Driver's Name.
RAJA
Taxi Name & No.
AIRPORT EXPRESS #39
Business Phone.
(916) 334-5555 Thank You

Date: 5/25/09
Fare.
Other 20.00
Total.

UP TO FOUR PEOPLE CAN SHARE THE RIDE TO DOWNTOWN AREA

FROM: Sacto Airport TO: Hyatt

PM-916-982-5163

PASSENGER TAXI FARE RECEIPT

Date 5/26
From ____ To ____
Amount of Fare $ ____
Other Charges $ 10.00
Total $ [illegible]
Driver's Name Sam
Cab # 975

PASSENGER TAXI FARE RECEIPT

Date 5/27-09
From HYATT To 400 Capitol
Amount of Fare $ [illegible]
Other Charges $ [illegible]
Total $ [illegible]
Driver's Name [illegible]
Cab # 283

PASSENGER TAXI FARE RECEIPT

Date 5/28
From Hyatt To airport
Amount of Fare $ ____
Other Charges $ ____
Total $ 30.00
Driver's Name ____
Cab # ____

80

Washington Dulles Int'l Airport

44910 Saarinen Circle
Dulles, VA 20166
Customer Service Number:
(703) 572-4550

Shift/Seq. #: 102/8827
Entry lane 11: 05/25/09 04:16 pm
Payment lane 25: 05/28/09 04:16 pm

PURCHASE

Amount: $51.00

Card: $51.00 Approved
Master Card (b) (6)
Expiration: **/**
Authorization: 016742
LPR: 14081
Sequence: E

Exit Before 05/28/05 04:46 pm
Or Additional Charges May Apply

Thank You And Have A Nice Day

May 21, 2009

Carlson Wagonlit Travel Satotravel

For: ALLETTA D BELIN GDOCS

To: NGMSDOI
ALLETTA BELIN
1648 C ST NW
WASHINGTON DC 20240
ETICT 21MAY.

Sales Person: 77
Locator: MEGOKD
Customer Number: (b) (6) [redacted]

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday May 25, 2009

United Airlines — Flight Number: 291
Class of Service:Coach Class Y
Depart: WASHINGTON/DULLES — 7:05 Pm May 25, 2009
Arrive: SACRAMENTO, CA — 9:49 Pm May 25, 2009
Total Flight Time: — 5 Hours 44 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: N20UGH
ARR-TERMINAL B
STAR ALLIANCE

Thursday May 28, 2009

United Airlines — Flight Number: 390
Class of Service:Coach Class Y
Depart: SACRAMENTO, CA — 7:35 Am May 28, 2009
Arrive: WASHINGTON/DULLES — 3:28 Pm May 28, 2009
Total Flight Time: — 4 Hours 53 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: NC54GH
DEP-TERMINAL B
STAR ALLIANCE

Friday May 29, 2009

Other Service
May 29, 2009 - May 29, 2009
Departure City: WASHINGTON/ANY APPT
SEATS NOT AVAIL FOR PRE ASSIGN PLEASE CHECK IN AT THE AIRPO
RT.

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BELIN ALLETTA D	4646901674239185083	749.76USD	56.24US	7.202P	14.03XT	827.20
BELIN ALLETTA D	4646899081457749051	28.25				28.25
					Total Amount:	856.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-897-9016
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//20MAY
LODGING DECLINED//20MAY

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI-SIO 91000015

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): Connally, Patricia

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C St., NW, MS 7229 Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: 202 208-7773

5. PAID BY

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show appropriate code in col. (b): A - Local travel; B - Telephone or telegraph, or C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	GARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
12/8/07		Bolling Commissary	Food Purch for Idaho Delegation					41.56

DEC 10 2007

211B-4156

If additional space is required continue on the back. SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 41.56

TOTALS 41.56

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Pat Connally DATE 11/24/08

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) | b. DATE RECEIVED | c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2005 1000 DD0168

Bolling Commissary

BOLLING AFB COMMISSARY DC
(202) 767-4044
SUN 10-5 MON, TUES, WED, FRI 9:30-7
THUR 9:30-8 SAT 8-5
Store:2506

Cashier: Jeannette Diggs

12/18/07 13:09:12

BREAD NINE GRAIN	2.65 SF
TARRAGON	1.79 SF
PIE CHOC CREME W	1.84 SF
DRESSING ITALIAN	1.09 SF
ORANGES MANDARIN	.65 SF
2.84 lb @ .59 / lb	
POTATOES RED	1.68 SF
SALAD RIVIERA	1.95 SF
BLACKBERRIES	2.69 SF
OIL CANOLA PURE	1.69 SF
RICE LONG AND WI	.99 SF
RICE LONG AND WI	.99 SF
CHICKEN BRST BNL	5.99 SF
DAIRY CRM COFE U	.65 SF
CHEESE SWIS DELI	1.69 SF
JUICE ORANGE COU	.99 SF
CHEESE NAT SHRD	1.69 SF
LNCHNT PAN HONEY	1.88 SF
1.19 lb @ .69 / lb	
ONIONS YELL/BRWN	.81 SF
0.56 lb @ .79 / lb	
ONIONS RED	.44 SF
MARGARINE QUARTE	.49 SF
MACARONI RIDGED	.76 SF
COFFEE REGULAR	4.99 SF
PRODUCE	1.18 SF
SUBTOTAL	39.58
TOTAL SCB	1.98
TOTAL	41.56
CASH TENDER	45.00
CASH CHANGE	3.44
NUMBER OF ITEMS	23

Trx:286 Term:1 Store:2506

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
91000042
Scott, Janea

b. SOCIAL SECURITY NO. (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NO.
202-208-2977

6. PERIOD OF TRAVEL
a. FROM 06-17-2009
b. TO 06-18-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) ScottWV
b. DATE(S) 06-26-2009

8. PRESENT DUTY STATION
Washington, DC

9. RESIDENCE (City and State)

10. CHECK NO.

11. PAID BY
TOTO

Traveler's Initials

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 shown 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)

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)

JUL - 2 2009

211.0.137 00
211.0 90.20

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 Janea A. Scott DATE

AMOUNT CLAIMED $ 227.20

NOTE: Conversion 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; id. 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 [signature] DATE 6-29-09

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 $ 227.20

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 6-30-09
RENEE STONE, DEPUTY CHIEF OF STAFF

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

7/7/09

2009-07-06 13:23 FAX 2023085617 >> 303 969 7281 P.8/18

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

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

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

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

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

(k) Show expenses, such as: taxi/limousine fares, airline (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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO

ScottWV

TRAVELER'S LAST NAME

Scott

2009 TIME (Hour and)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
	••0••											
	••0••					3.00	121.00	124.00	82	45.10	124.00	
	3•00 +					13.00		13.00	82	45.10	13.00	
	13•00 +											
	121•00 +											
	137•00 *											
	••0••											
	82•00 +											
	82•00 +											
	164• ×											
	0•85 =											
	139•40 +											
	••0••											
	••0••								SUBTOTALS ▶	$90.20	$137.00	
	another SF 1012-A BACK, leaving the front blank.								TOTALS ▶	$90.20	$137.00	
	62• ×											
	0•55 =											
	34•10 +											
	••0••											
	82•00 +											
	82•00 +											
	164• ×											
	0•55 =											
	90•20 +											
	137•00 +											
	391•20 *											
	••0••											

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

TOTAL AMOUNT CLAIMED ▶ $227.20

2/9/09

This is provided: I.C. Chap. 57 as D. 11609 of July 22, 1943, and 25 Information is to allowable travel ve authorization e Government, ent incurred for the reason may be when relevant.

investigations, 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.

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

THE NATIONAL CONSERVATION TRAINING CENTER

Janea Scott
US

Room No.	7867
Arrival	06-17-09
Departure	06-18-09
Folio No.	4955
Cashier No.	1001
Page No.	1 of 1

Group Code	0906CLIMATE
Group	Climate Change
Rate Code	MNFGOV

Date	Description			Charges	Credits
06-17-09	Lodging and Meals			121.00	
06-18-09	Mastercard	(b) (6) [redacted]	XX/XX		121.00
			Total Charges	**121.00**	
			Total Credits		**121.00**
			Balance		**0.00 USD**

80/44

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Thursday June 18 2009 10:25 AM

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1965

TRAVEL AUTHORIZATION

1. No. ScottWV
2. 06/26/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Janea Scott
5. OFFICIAL STATION Washington, DC

6. TITLE Special Assistant to the Counselor
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Arlington, VA
9. TO: Shepherdstown, WV

10. PURPOSE AND REMARKS:

Attend the climate change and adaptation meeting.
The Counselor to the Secretary asked the traveler to attend the meeting, but no travel authorization was prepared.
This TA is retroactive and approves the travel to Shepherdstown, WV on June 17-18, 2009.

Traveler does not hold a government charge card. NCTC charges therefore not centrally billed.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 06/17/09 Ending on or about 06/18/09

MODE OF TRAVEL

13. Common carrier
14. Extra fare
15. Government-owned conveyance
16. X Privately owned at a mileage rate of cents, subject to:
    - (a) X Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	170.00
21. Per Diem		175.00
22. Other		
23. TOTAL	$	345.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (TRAVEL OFFICER'S SIGNATURE)

26. Janea A. Scott (RECIPIENT'S SIGNATURE)
27. Special Assistant to the Counselor (TITLE)
28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)
29. Counselor to the Secretary (TITLE)

RENEE STONE, DEPUTY CHIEF OF STAFF

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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): 91000064 Neal Kemkar
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: New York, NY
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 03-19-2009
b. TO: 03-20-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Kemkar Invitational
b. DATE(S): 03-17-2009

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: TJW.

10. CHECK NO.

11. PAID BY

TOT-D

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
			APR 22 2009		
Amtrak Train Tkt 206.00			03-18-2009	New York, NY	Washington, DC and return
Tkt agent fee 28.25					

Invitational Travel. Traveler remained in Washington, DC on personal business until 3/21/09 at no extra cost to the government. Corporate card used to purchase train tickets.

2110 305 00
211T 2070
211I 3031

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 4/20/09

AMOUNT CLAIMED $ 356.01

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; id. 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: [signature] DATE 4-21-09

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 $ 356.01

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

4/24/09

B

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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, tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothing, 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

209/64

Complete this information if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Kemkar Invitational

TRAVELER'S LAST NAME

Kemkar

2009 (a)	TIME (Hour and zone) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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)
3/19	8:00 a.m.	Depart residence Taxi to train station											8.70
	9:35 a.m.	Depart New York Penn station											
	12:59 p.m.	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel Tax											30.31
		Taxi Union Station/Lodging											12.00
3/20		Official Busines at DOI					48.00		48.00			48.00	
3/21	9:25 a.m.	Depart Washington, DC					96.00						
	12:43 p.m.	Arrive New York, NY						209					
								-305					
										SUBTOTALS ▶		$305.00	$51.01
										TOTALS ▶		$305.00	$51.01

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

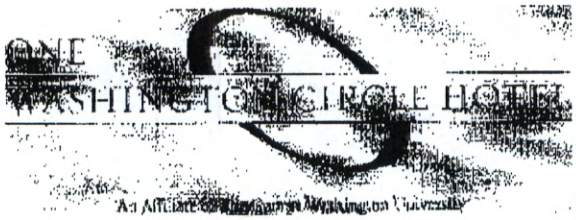
Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form

TOTAL AMOUNT CLAIMED ▶ $356.01

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 Regulation (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 applicable administrative authorization and to record and maintain copies 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.

[redacted]

.00 .00 64.x 75.% 48.00+ .00 48.00+ 48.00+ 96.00* 96.00+ 209.00+ 305.00* 8.70+ 12.00+ .00 0.00* .00 305.00+ 20.70+ 30.31+ 356.01*



One Washington Circle, N.W.
Washington, D.C. 20037
Telephone: (202) 8721680
Fax: (202) 887-4989
Member Potomac Hotel Group

Neal Kemkar

US

Room No.	:	817	
Arrival	:	03-19-09	
Departure	:	03-20-09	
Page No.	:	1 of 1	
A/R Number	:	Invoice No.	:
Group Code	:	Conf. No.	: 442239
Company Name	: Utell	Crs. No.	: 118029047

Date	Text	Charges USD	Credits USD
03-19-09	Room Charge	209.00	
03-19-09	Room Tax (14.5%)	30.31	
	Total	**239.31**	**0.00**
	Balance	**239.31 USD**	

REMARKS:
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 for any or the full mount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.
SIGNATURE

I ♡ NEW YORK

HACK #	0529-4077
MED #	1L37
TRIP #	15787
DATE:	03/19/2009
START TIME	09:03
END TIME	09:17
RATE No.	1
STAND. CITY	RATE
MILES R1	0.56
FARE1 $	7.70
Tip/Other	1.00
GR.TOT.	8.70

Contact TLC Dial
1

DC TRIP / CAPPED
SILVER CAB CO.
CAB # 273
03/19/09 TR 2831
START END MILES
12:14 12:38 3.1
FARE FOR EA RATE
RATE 1: $ 10.00
EXTRA: $ 0.50
TOTAL: $ 10.50
THANKS + 1.50
DC TAXICAB COMM TIP
TEL 202 645-6018 =
$12.00

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Kemkar Invitational
2. 3/17/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Neal Kemkar 5. OFFICIAL STATION New York, NY

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** New York, NY
9. **TO:** Washington, DC and return

10. **PURPOSE AND REMARKS:**

Invitational Travel. Traveler will interview for a possible position at the Department of the Interior.

11. **PER DIEM ALLOWANCE:**

In accordance with Federal Travel Regulations as published in the Federal Register. Lodging not to exceed 300% per diem. Traveler will remain in Washington, DC, on personal business until March 21, 2009. Per diem and lodging allowances only cover dates when official business is conducted: March 19 and 20, 2009.

12. **PERIOD OF TRAVEL: Beginning on or about** 03/19/2009 **Ending on or about** 03/212009

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	250.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	700.00

24. **CHARGED TO:**
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Ruma Strang (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Electronic Invoice

Salesperson: 77 Invoice number: 0004326 Date: 17MAR2009
For: KEMKAR/NEAL Ref: GDCIOS Record locator: MMBQVW Customer number: S321BGK

NGMSDOI

Notes: THE TOTAL COST OF YOUR AMTRAK TICKET ON 18MAR IS [redacted]
THE TOTAL COST OF YOUR AMTRAK TICKET ON 17MAR IS 206.00

Thu, Mar 19

Rail AMTRAK SERVICE Confirmation : 2V061292
From : NEW YORK PENN NY OUR AMTRA 935A
19MAR09
To : WASHINGTON DC OUR AMTRA 1259P
Train : TRAIN 141
AMTRAK 004YB COACH
2V 7401702535 KEMKAR NEAL
Billed to (b) (6) [redacted] *206.00

Thu, Mar 19

Hotel WASHINGTON REAGAN, DC Out - 20MAR
UTELL 1 Night(s)
ONE WASHINGTON CIRC 1 Room(s) - EXECUTIVE SUITES JR. SUITE-KITCHEN-SITTING AREA
ONE WASHINGTON CIRCLE NW Rate - 209.00USD Per Night
WASHINGTON DC 20037
Phone 202-872-1680
Guaranteed Late Arrival
Confirmation: 118029047
REQ NONSMOKING RM

Thu, Mar 19

Other WASHINGTON REAGAN
HOTEL GUARANTEED CANCEL 24HOURS PRIOR TO AVOID BILLING

Sat, Mar 21

Rail AMTRAK SERVICE Confirmation : 2V061292
From : WASHINGTON DC EL 24HOUR 925A
21MAR09
To : NEW YORK PENN NY EL 24HOUR 1243P
Train : TRAIN 164

AMTRAK 005YB COACH
2V 7401702535 KEMKAR NEAL
Billed to CA (b) (6) *206.00

Service Fee XD8140616967
Billed to CA (b) (6) *28.25

Subtotal	234.25
Net credit card billing	*234.25
Total amount due	0.00

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/16MAR
X/227
U15-C4
U8----
U7-0.00-28.25-0.00

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MB

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

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): Jackson, Joseph A — 91000067

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.: 415-373-6661

e. PRESENT DUTY STATION: Invitational Travel

f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 6/1/09 b. TO 6/2/09

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

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: TOI

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 (e)	ISSUING CARRIER (name) (d)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
197.20	AA/DA	coach	6/1/09	San Francisco, CA	Washington, DC San Francisco, CA

4700006742391883 4
4699001742391863 3 is 190.20
4700890050019200 is ticket agent fee for 28.25

No card Issued

Invitational Travel Advance only was charged to Corporate Card.

JUL 21 2009

2110.30500
211I 3031
211T 2350

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: AMOUNT CLAIMED $ 358.25

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, id. 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: [signature] Deputy Chief of Staff DATE: 7-24-09

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 $ 358.25

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:

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD01-09

8/3/09

1012-114

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

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48.00+
48.00+
209.00+
305.00 *
..0..
7.00+
16.00+
30.31+
305.00+
358.31 *
..0..
7.50+
16.00+
30.31+
305.00+
358.81 *
358.81
* * * * * * * * * * * * * * * *

(Unlisted items are self-explanatory)

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. (i) 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Jackson

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: C

MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	NO. OF MILES (k)	**AMOUNT CLAIMED**		
BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)					MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
						48.00			48.00	
					209.00	209.00			209.00	30.31
209/64										7.50
				96.00						16.00
					209				48.00	
					=					
					305.00					
						SUBTOTALS		0	$305.00	$53.81
						TOTALS				

other SF-1012-A BACK, leaving the front blank.

wing information is pre-authorized by 5 U.S.C. gulations (FPMR 101-7), 27, 1952, E.O. 9397 of 109. The primary purpose nt or reimbursement to ation expenses incurred to record and maintain The information will be for the information in the m may be disclosed to ies, 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	358.81

STANDARD FORM 1012 BACK (10-77)

TAXI RECEIPT

Time: 12:35 ☒pm ☐ am Date: 6/2

Origin of Trip: Fairmont

Destination: DOI

Fare: $7.50 Sign:

dcgoodsamaritan.org e-lost and Found

If lost on earth, can be found in cyberspace

TAXICAB RECEIPT

Time: 3:45pm

Date: 6/2

Origin of trip: DOI

Destination: DCA

Fare: 4.16 Sign:

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0720
Folio # : 256803
Cashier # : 41
Page # : 1 of 1

SATO
Joseph A Jackson

US

Arrival : 06-01-09
Departure : 06-02-09

Date	Description	Additional Information	Charges	Credits
06-01-09	Room Charge		209.00	
06-01-09	Room Tax		30.31	
06-02-09	American Express	(b) (6) [redacted]		239.31
	Total		**239.31**	**239.31**
	Balance Due		**0.00**	

Guest signature X

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-44 1-1414

Legal action my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a service of 1 ½ rate of 1.5% per month, (18.56% per annum). All accounts become delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a $.50 (Mon - Sat) and $2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

June 1, 2009

Carlson Wagonlit Travel Satotravel.

For: JOSEPH A JACKSON GDOIOS

To: NGMSDOI

Sales Person: 77
Locator: LPLGMX
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday June 1, 2009

American Airlines
Class of Service:Coach Class W
Depart: SAN FRANCISCO/SFO
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: JACKSON/JOSEPH A 22F
Frequent Flyer Number:
DEP-TERMINAL 3
ONEWORLD

Flight Number: 1306

7:30 Am June 1, 2009
1:05 Pm June 1, 2009
3 Hours 35 Minutes Non-Stop

Confirmation Number: LPLXNR

(b) (6) JACKSON/JOSEPH A

Monday June 1, 2009

American Airlines
Class of Service:Coach Class W
Depart: DALLAS/F.WORTH,TX
Arrive: WASHINGTON/NATL.DC
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: JACKSON/JOSEPH A 21F
Frequent Flyer Number:
ARR-TERMINAL B
ONEWORLD

Flight Number: 1512

2:35 Pm June 1, 2009
6:30 Pm June 1, 2009
2 Hours 55 Minutes Non-Stop

Confirmation Number: LPLXMZ

(b) (6) JACKSON/JOSEPH A

Monday June 1, 2009

WASHINGTON/NATL,DC
FAIRMONT HOTELS FAIRMONT WASHINGTON
2401 M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-429-2400
Fax Number: 1-202-457-5089
Number of Rooms: 1
Rate: 209.00 USD Per Night

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: ☑ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): 91000017 Jackson, Joseph A.

b. SOCIAL SECURITY NO.: (b) (6)

6. PERIOD OF TRAVEL: a. FROM 06-25-2009 b. TO 06-26-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S) JAJACKSON2-AMEND b. DATE(S) 06-24-2009

e. PRESENT DUTY STATION: San Francisco, C

f. RESIDENCE (City and State): (b) (6)

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 $
PAYEE'S SIGNATURE

No card

RECEIVED AUG 19 2009

10. CHECK NO.

11. PAID BY

TPT-0

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon). If cash is used shown 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)

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)
See attached eticket	VA	Economy	08-24-2009	San Francisco, CA	Washington, DC and return
349.20					
TMC fee 28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card.

21103050
211I3341
211T6100

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 ▶ DATE 7/30/09 AMOUNT CLAIMED ▶ $ 399.41

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; id. 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 ▶ Rennie Stone DATE 8-3-09

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

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 ▶ $ 399.41

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

8/24/09

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, tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellhops, 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, motorcar 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

JAJACKSON2-AMEND

TRAVELER'S LAST NAME

Jackson

TIME 2009 (Hour and a/p/m) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
06/25 8:25 am	Depart San Francisco, CA											
8:35 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
	Lodging tax											30.31
	Taxi											10.00
	Metro Rail											3.10
	Taxi DOMAD											51.00
06/26						48.00		48.00			48.00	
												-6.00

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1021I
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1946

TRAVEL AUTHORIZATION

1. No. JAJACKSON2-AMEND
2. 06/24/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joseph A. Jackson 5. OFFICIAL STATION San Francisco, CA

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: San Francisco, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowance according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 08/25/09 Ending on or about 06/26/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) A showing of advantage to the Government
    - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare, baggage
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 400.00
21. Per Diem	100.00
22. Other	350.00
23. TOTAL	$ 850.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Capital Hilton

1001 16th Street • Washington, DC 20036
Phone (202) 393-1000 • Fax (202) 639-5784
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

JACKSON, JOSEPH A

Room 1146/K1T
Arrival Date 6/25/2009 5:57:00PM
Departure Date 6/26/2009

Adult/Child 1/0
Room Rate 209.00

RATE PLAN L-SJ

HH#
AL:
BONUS AL. CAR:

Folio

CONFIRMATION NUMBER : 3352932040

6/26/2009 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
6/25/2009	GUEST ROOM	NYOA	4292116	$209.00		
6/25/2009	ROOM TAX	NYOA	4292116	$30.31		
6/26/2009	AX(b) (6)	NCOR	4292902		$239.31	
	BALANCE					$0.00

ACCOUNT NO.
AX(b) (6)

DATE OF CHARGE 6/25/2009
FOLIO NO./CHECK NO. 682020 A

CARD MEMBER NAME
JACKSON, JOSEPH A

AUTHORIZATION 573430
INITIAL

ESTABLISHMENT NO. & LOCATION

PURCHASES & SERVICES

THANK YOU FOR STAYING WITH US AT THE CAPITAL HILTON

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

The Hilton Family
Hilton
Conrad
DoubleTree
Embassy Suites
Hampton
Hilton Garden Inn
Hilton Grand Vacations Club
Homewood Suites
USA Official Sponsor

THANKS FOR RIDING

WASHINGTON FLYER
(703) 685-1400

QTY	ITEM	AMOUNT
1	TAD-SFC RFG	10.00

SUBTOTAL	10.00
TOTAL	10.00
CASH TENDERED	20.00
CHANGE	10.00

12:30 06/25/09 18.3/0283 1165

NOT VALID FOR

TRANSPORTATION

NO CASH REFUNDS

06/25/09 18:15:39

METRORAIL
FALLS CHURCH VA.
FOR CUSTOMER SERVICE
CALL 202-962-5719

7040 HAYCOCK RD.

MEZZANINE 101
MACHINE 35

AN: (b) (6)

VENDOR: 101-35-30213
REF NO: 302134816117
AUTH NO: 104668

CREDIT PURCHASE

QUANTITY SELECTED: 1

COST IS $3.10 PER

FARECARD

S/N: 30213061 4816131

TOTAL AMOUNT: $3.10

THANK YOU
FOR RIDING METRORAIL

THE FUTURE IS
RIDING ON METRO

TAXICAB RECEIPT

Time: 7:30 pm

Date: 6/26

Origin of trip: 1619 C St

Destination: IAD

Fare: $51 Sign:

Carlson Wagonlit Travel SatoTravel

June 24, 2009

For: JOSEPH A JACKSON GDOIOS

To: NGMSDOI
ETKT 24JUN.

Sales Person: 77
Locator: LPYCXH
Customer Number: (b) (6)

YOUR VIRGIN AMERICA CONFIRMATION NUMBER IS I23EJI
TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday June 25, 2009

Virgin America — Flight Number: 78
Class of Service: Coach Class E
Depart: SAN FRANCISCO/SFO — 9:25 Am June 25, 2009
Arrive: WASHINGTON/DULLES — 5:35 Pm June 25, 2009
Total Flight Time: — 5 Hours 10 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed
DEP-INTERNATIONAL TERMINAL

Thursday June 25, 2009

WASHINGTON/WATL,DC
HILTON/CONRAD HOTELS HILTON CAPITAL
1001 16TH ST NW
WASHINGTON DC 20036
Phone Number: 1-202-393-1000
Fax Number: 1-202-639-5784
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 25, 2009
Check Out: Jun 26, 2009
Confirmation Number: 3352932040
Cancellation Policy: Cancel by 4PM

Friday June 26, 2009

Virgin America — Flight Number: 77
Class of Service: Coach Class Y
Depart: WASHINGTON/DULLES — 8:55 Pm June 26, 2009
Arrive: SAN FRANCISCO/SFO — 11:40 Pm June 26, 2009
Total Flight Time: — 5 Hours 45 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed
Reserved Seat: JACKSON/JOSEPH A 21C

ARR-INTERNATIONAL TERMINAL

Tuesday June 30, 2009

Other Service
Jun 30, 2009 - Jun 30, 2009
Departure City: WASHINGTON/DULLES
THANK YOU FOR CHOOSING CWT SATOTRAVEL-A

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
JOSEPH A JACKSON	4795/8499978163041	305.12USD	22.88US	7.20ZP	14.00XT	349.20
JACKSON JOSEPH A	4795/8900500556513	28.25				28.25
					Total Amount:	377.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//24JUN

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Office of the Secretary, Deputy Secretary's Office 91000104

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): (BATTEN, KATHARINE M) Batten, Kit

b. SOCIAL SECURITY NO. (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): Department of the the Interior, 1849 C Street, NW, Room 6118, Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: (202)208-6707

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 2009 (a)	CODE (b)	(c) FROM		MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
04/28	A	DOI - 1849 C Street, NW	10•50 +			10.50		
			9•00 +					
			11•00 +					
04/30	A	DOI- 1849 C Street, NW	10•00 +			9.00		
			7•50 +					
04/30	A	1200 U Street, Conference	9•00 +			11.00		
			7•00 +					
05/04	C	Parking for the Martin Appl Conference	6•50 +			10.00		
			8•00 +	2 1 2009				
05/04	A	DOI - 1849 C Street, NW	11•00 +			7.50		1.00
			89•50 *					
05/04	A	Cannon HOB				9.00		
05/08	A	NPS Meeting - AGU				7.00		
05/15	A	Bill Brown Meeting - 209 NW	89•50 +			8.50		
			1•00 +					
05/18	A	DOI - 1849 C Street, NW	90•50 *			8.00		
05/18	A	NRDC - 1155 14th Stree				11.00		
			••••					

Code: A-Local travel; B-Telephone or telegraph, or C-Other Expenses (Itemized). (Explain in (c) FROM)

If additional space is required continue on the back. BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 90.50	TOTALS		89.50		1.00

8. This claim is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 5/27/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 5/19/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DDDO1 68

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1164 (Rev. 11/75) Prescribed by GSA, FPMR (41 CFR) 101-7

2009-05-22 15:01 962681 FAX 2022085627 >> 3039696671 P.1

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Office of the Secretary, Deputy Secretary's Office, 910000105
2. VOUCHER NUMBER
3. SCHEDULE NUMBER
5. PAID BY

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT
a. NAME (last, first, middle initial): (BATTEN, KATHARINE M) Batten, Kit
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): Department of the the interior, 1849 C Street, NW, Room 8118, Washington, DC 20240
d. OFFICE TELEPHONE NUMBER: (202)208-6707

6. EXPENDITU... (If more than one person, show in col. (h) the number of additional persons which accompanied the

DATE (a)	(specific detail) (d) TO	MILEAGE RATE 55.0 ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD'L PER-SONS (h)	MISCELLANEOUS (i)
2009						
04/14	GS - Reston, VA and return to	44		21 34		
05/19	GS - Reston, VA and return to	44		21 34		
	lls			2 50		
	aimed	48 40				
	SB					
	1 2009					
	SUBTOTALS CARRIED FORWARD FROM THE BACK					
	TOTALS	88		45 18		

0.00 + 21.34 ÷ 44 = 0.49 + 0.00 + 0.44 + 0.44 + 0.88 × 0.55 = 0.48 + 0.00 + 44.00 + 44.00 + 88 × 0.55 = 48.40 + 136.40 *

If additional sp...

7. AMOUNT CLA...

8. This claim is a... as necessary ... are included, ... the head of the ...

...ified ...calls ...t by ...

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.
Sign Original Only
CLAIMANT SIGN HERE: [signature] DATE 5/19/09

APPROVING OFFICIAL SIGN HERE: [signature] DATE 5/20/09

9. This claim is certified correct and proper for payment.
Sign Original Only
AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE

11. CASH PAYMENT RECEIPT
a. PAYEE (Signature) b. DATE RECEIVED
c. AMOUNT $
12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 (Rev. ...)
Prescribed by GSA, FPMR (41 CFR ...)

4 5.18
5/27/09

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Office of the Deputy Secretary

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): BATTEN, KIT

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, N.W Washington, DC 20240

91000140

d. OFFICE TELEPHONE NUMBER: (202)208-6291

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show appropriate code in col. (b): A-Local travel; B-Telephone or telegraph, or C-Other Expenses (itemized)

Explain expenditures in specific detail

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE $ (e) NO. OF MILES	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TAXI AND MISCELLANEOUS (i)
06/22		Washington, DC	Shenadoah National Park	81				
06/22		Shenadoah National Park	Washington, DC	81				
								0.00
								0.00
			JUL - 2 2009					81.00 +
								81.00 +
								0.00
			7/1/09					81.00 +
								81.00 +
								162. x
								0.55 =
			SUBTOTALS CARRIED FORWARD FROM THE BACK					89.10 +
			TOTALS					251.10 *

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 89.10

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Penina Hone DATE 6-24-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE 6/23/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DD001 68

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1164 (Rev. 1-77) Prescribed by GSA, FPMR (CFR 41) 101-7

8000012696 / 910000046 Need ACH

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Department of the Interior

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

PAYEE'S TRAVEL

5. a. NAME (Last, first, middle initial): Lane, Kenneth L.

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

6. PERIOD OF TRAVEL: a. FROM 2/26 b. TO 3/5

c. MAILING ADDRESS (Include ZIP Code): Department of the Interior, 1849 "C" Street, NW, Washington, D.C. 20240

d. OFFICE TELEPHONE NO.: 202-208-7351

7. TRAVEL AUTHORIZATION: a. NUMBER(S): TALane 2/26 b. DATE(S): 2/26-3/5/09

e. PRESENT DUTY STATION: Washington, D.C.

f. RESIDENCE (City and State): (b) (6) [redacted]

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 (name) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
990.20	FA	Y	2/19/09	Washington DCA	Denver, Colorado

422162403278 & 422162326644

MAR 12 2009 MAR 11 2009 MAR 21 2009

Traveler flew to Denver on personal business on 2/26/09. While in Denver, the Secretary asked the traveler to remain in Denver on official business and return to DC on 3/5/09. No lodging requested, traveler stayed at residence.

Approval to purchase airline ticket (value over $100) with personal credit card approved: [signature]

220-04520 345.50

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 the voucher.

TRAVELER SIGN HERE: Kenneth L. Lane [signature] DATE: 3/9/09 AMOUNT CLAIMED: $ $1,210.70

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, 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: [signature] Deputy Chief of Staff DATE: 3/10/09

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 (Certifier's Initials) $

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

d. NET TO TRAVELER $ 1210 70

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: DATE:

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD01 68

3/17/9

1012-114

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 (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. (f) 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 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA Lane 2/26

TRAVELER'S LAST NAME Lane

DATE 19 (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)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/26	6:00 pm	Depart DCA											
		Airfare											845.20
	8:00 p.m.	Arrive Denver					36.75					36.75	
2/27		Annual leave											64520
2/28 - 3/1		Personal time											
3/2		Official business					49.00					49.00	
3/3		Official business					49.00					49.00	
3/4		Official business					49.00					49.00	
3/5	7:30 am	Depart Denver											
3/5	12:45 pm	Arrive DCA					36.75					36.75	
3/5		Change ticket fee											150.00
3/5		Fare difference for changed ticket											195.00
													345.00
		SUBTOTALS									0	$220.50	$990.20
		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	1210.70

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1945

TRAVEL AUTHORIZATION

1. No. TA_lane030209
2. 03-02-2009 (DATE)
3. OS (BUREAU OR OFFICE)

4. NAME Kenneth Lane, SS# (b) (6) [redacted]
5. OFFICIAL STATION Washington, D.C.
6. TITLE Senior Advisor to the Secretary
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, D.C.
9. TO: Denver, Colorado and such places in the contiguous US, AK, HI, PR and US territories as may be necessary and return. Accomplish & mission of the trip were for Official business.

10. PURPOSE AND REMARKS:
Official business as may be required. I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.
Traveller was on personal travel from February 27 - March 1, 2009. Traveller was requested by the Secretary to start official travel from 3/2/09 - 3/5/09. Traveler did not have his government credit card. Traveller is requesting to be reimburse for the difference in the airfare cost per change of flight itinerary and per diem.

11. PER DIEM ALLOWANCE:
Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 03-02-2009 Ending on or about 03-05-2009

MODE OF TRAVEL

13. ☐ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☐ Privately owned at a mileage rate of cents, subject to:
(a) ☐ Administratively determined to be the advantage of the Government
(b) ☐ A showing of advantage to the Government
(c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
19. ☐ Shipment household goods and personal effects
18. ☐ Other (specify)
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.

ESTIMATED COST

20. Transportation	$	500.00
21. Per Diem		792.00
22. Other		
23. TOTAL	$	1,292.00

24. CHARGED TO:
2009-7000-DDD01-08

26. Kenneth L. Lane (REQUESTER'S SIGNATURE)
27. Senior Adisor to the Secretary (TITLE)
28. [signature] (APPROVING OFFICIAL'S SIGNATURE)
Deputy Chief of Staff (TITLE)
25. (FISCAL OFFICER'S SIGNATURE)
29. (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

Kenneth Lane to: Dianne Calhoun 03/02/2009 12:09 AM

History: This message has been replied to.

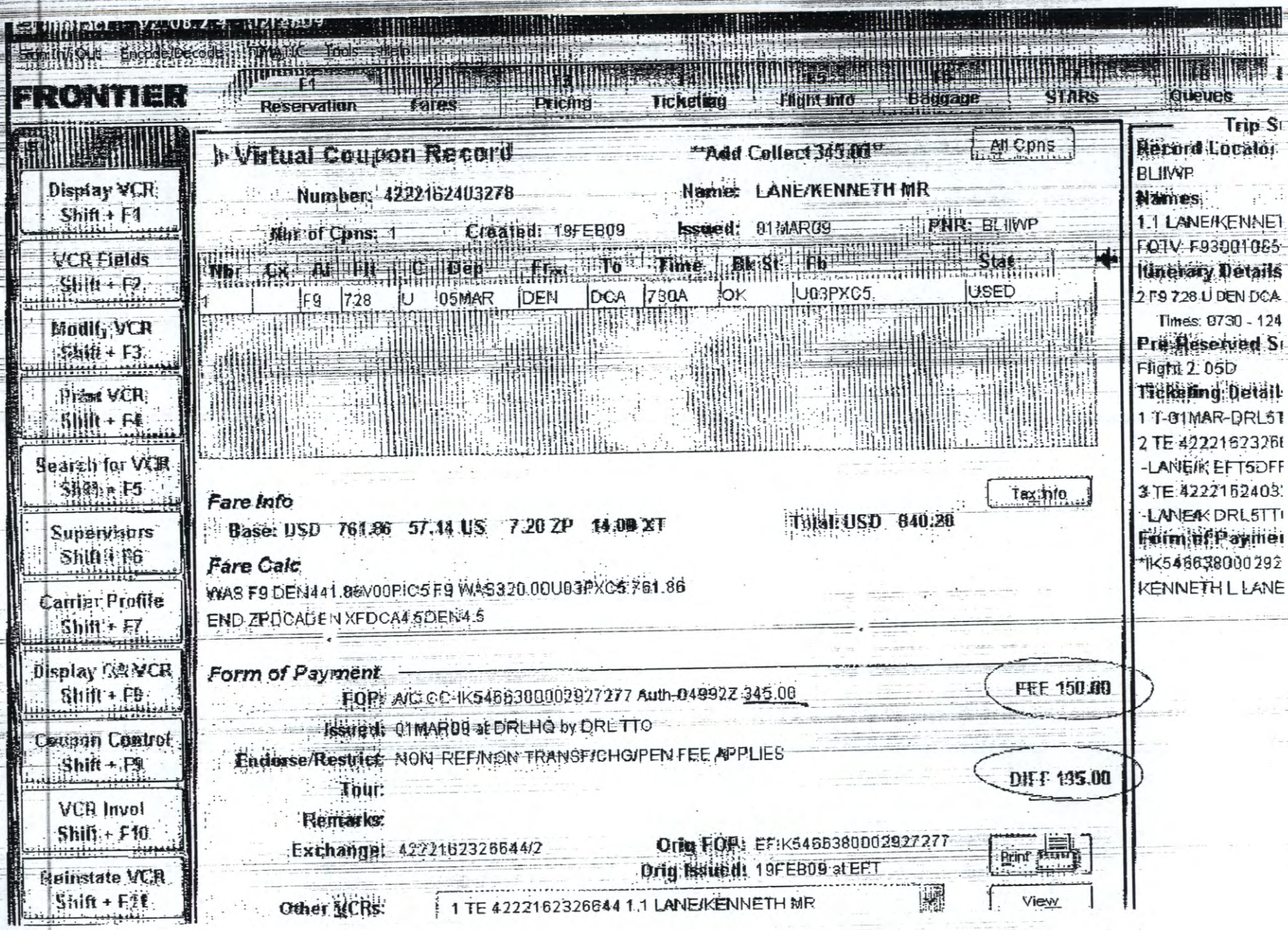
Hi dianne, secretary has tasked me to stay in denver thru wed to work a DOI matter, so of course my schedule goes out the window. The tribes and Pueblo city council know I can't meet.
This means I had to change my return flight which was of course originally scheduled as personal travel. I was charged a 150 fee to change plus another 195 for difference in air fare. How do I now get reimbursed for those add on fees? I won't have any other expenses, except now per diem for Mon-thu? I am on the 735 a.m. Flight thu back to dc

at&t

[Print] [Close]

From: "Anderson, Susan" <SAnderson@flyfrontier.com>
To: <kenlane@att.net>
Subject: copy of the charges with Frontier airlines
Date: Friday, March 6, 2009 1:06:23 PM

Ken here is a copy of your charges you will see 150.00 as a fee and 195.00 as a fare difference total 345. I hope this works for you. Susan help desk age Airlines.



2009-03-11 15:18 FAX 2022085627 >> 3039696631 P 7/10

Changed itinerary

FRONTIER AIRLINES

eTicket Receipt

Print this page | Close window | Help

Frontier Airlines Reservation Code: BLIIWP
Ticket number: 4222162403276
Issuing airline: FRONTIER AIRLINES
Date issued: 01MAR09

Passenger: LANE/KENNETH MR Frequent flyer number: F930010650703

05MAR	FRONTIER AIRLINES	F9 728
From:	DENVER, CO	Departs:730A
To:	WASHINGTON REAGAN, DC	Arrives:1245P
	Economy	Confirmed
	Seat: 05D	
	Not valid before: 05MAR	Fare basis: U03PXC5
	Not valid after: 05MAR	

Form of payment: Credit Card - Mastercard: (b) (6) [redacted]

Endorsement / restrictions: NON REF/NON TRANSF/CHG/PEN FEE APPLIES

Fare calculation line:
WAS F9 DEN441.86V00PIC5 F9 WAS320.00U03PXC5 761.86END ZPDCADEN XFDCA4.5DEN4.5

Exchanged Ticket: 4222162326644

Fare:	USD	761.86		
Taxes/fees/charges				
Taxes/fees/charges:	USD	57.14	US	US Transportation Tax
Taxes/fees/charges:	USD	7.20	ZP	US Segment Tax
Taxes/fees/charges:	USD	14.00	XT	Combined Taxes
Total Additional Collection:	USD	345.00		
Total:	USD	840.20		

Positive identification required for airport check in

Notice:
Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing

Original itinerary

eTicket Receipt

Print this page | Close window | Help

Frontier Airlines Reservation Code: BLIIWP
Ticket number: 4222162326644
Issuing airline: FRONTIER AIRLINES
Date issued: 19FEB09

Passenger: LANE/KENNETH MR **Frequent flyer number: F930010550703**

26FEB	**FRONTIER AIRLINES**	**F9 725**
From:	WASHINGTON REAGAN, DC	Departs:600P
To:	DENVER, CO	Arrives: 810P
	Economy	Confirmed
	Seat: Check-In Required	
	Not valid before: 26FEB	Fare basis: V00P1C5
	Not valid after: 26FEB	

01MAR	**FRONTIER AIRLINES**	**F9 728**
From:	DENVER, CO	Departs:735A
To:	WASHINGTON REAGAN, DC	Arrives: 100P
	Economy	Confirmed
	Seat: Check-In Required	
	Not valid before: 01MAR	Fare basis: T10PBXP5
	Not valid after: 01MAR	

Form of payment: Credit Card - Mastercard: (b) (6) [redacted]

Endorsement / restrictions: NON-REF/NON-TRANSFERABL/CHG/PEN FEE APPLIES

Fare calculation line:
WAS F9 DEN Q9.30 441.66V00P1C5 F9 WAS129.30T10PBXP5 580.46END ZPDCADEN XT5.00AY9.00XFDCA4.5DEN4.5

Fare:	**USD**	**580.46**		
Taxes/fees/charges				
Taxes/fees/charges:	**USD**	**43.54**	**US**	**US Transportation Tax**
Taxes/fees/charges:	**USD**	**7.20**	**ZP**	**US Segment Tax**

Taxes/fees/charges:	**USD**	**14.00 XT**	**Combined Taxes**
Total:	**USD**	**645.20**	

Positive identification required for airport check in

Notice:
Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Important legal notices

Copyright and Trademark Notices

Expedia virtually there

P.01

TRANSACTION REPORT

MAR-11-2009 WED 12:22 PM

FOR: DOI-OS-DENVER

3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
MAR-11	12:19 PM	FAX	2'28"	10	FAX RX	OK		

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
91000 0074
Department of the Interior

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)
80000 012696
Lane, Kenneth L.

b. SOCIAL SECURITY NO. (b) (6) [redacted]

6. PERIOD OF TRAVEL
a. FROM 04-13-2009
b. TO 04-18-2009

c. MAILING ADDRESS (Include ZIP Code)
Department of the Interior
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NO.
202 208-7351

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TALane3/17/09
b. DATE(S)

e. PRESENT DUTY STATION
Washington, DC

f. RESIDENCE (City and State)
(b) (6) [redacted]

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

10. CHECK NO.

11. PAID BY

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

I hereby assign to the United States any rights 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)
Teleticket	488.20	UA	Coach	04-10-2009	Denver, CO	Anchorage, AK and to San Francisco, CA to Denver, CO and return to
TMC Fee: $56.50	423.50				

RECEIVED APR 29 2009 APR 29 2009

Washington, DC

Traveler was on personal travel in Denver, Colorado on 4/12/09. Traveler left Denver on TDY on 4/13/09. Traveler was on official business in California. From CA to Denver, he began personal travel. Airline tickets were purchased by DOI at the cost of 423.60 for trip from CA to BWI. Ken was on personal travel from 4/17-4/19 in Denver, CO. The cost of the ticket from Denver to BWI was $488.20. The difference in the amount of the airline ticket is $64.60. Traveler owes $64.60. Traveler has enclosed a check for that amount.

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 ▶ Kenneth L Lane DATE 4/22/09 AMOUNT CLAIMED ▶ $ 241.25

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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE ▶ Bernie Stone DATE 4/28/09

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

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 ▶ $ 241.25

18. ACCOUNTING CLASSIFICATION
2009-1000-DD001-68

4/29/09

1012-110
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4150

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, 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, residential relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF ____ PAGES

TRAVEL AUTHORIZATION NO.: TALane3/17/09

TRAVELER'S LAST NAME: Lane

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: c NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/13		Depart Denver, Co to Anchorage, AK					71	6675					
4/13		Arrive in Anchorage, Ak - Official Business					53.25	99.00	152.25			53.25	
4/14		Depart Anchorage and arrive in San Francisco - Lodging		99/84			64.00	164.00	228.00			64.00	
4/14		Lodging Taxes - $25.56					164/64						
4/15		Official Business					64.00	164.00	228.00			64.00	
4/15		Lodging Taxes - $25.55											
4/16		Depart San Francisco and arrive in Denver, CO					48.00		48.00			48.00	
		From 4/17/09 through 4/19/09 Traveler is on personal time											
4/19		Taxi Fare to Residence from Union Station, DC											12.00

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

SUBTOTALS ▶ | $229.25 | $12.00

TOTALS ▶

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 Regulation (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 ▶ 241.25

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

They used wrong amt for First Day. only used 71.00 Shld be 6675

The hotel Captain Cook
939 W. 5th Ave Anchorage AK 99501
Phone: (907) 276-6000
Fax: (907) 343-2298
www.captaincook.com
reservations@captaincook.com

Reservation Number 23826

Send to **Kenneth L Lane**
Need Address

Phone

Guest Name Kenneth L Lane

Arrival Date 4/13/2009

Departure Date 4/14/2009

Group Secretary Of The Interior Vist

Room Information 1877 - Deluxe King

Bill To Lane, Kenneth L
Need Address

Phone

Folio Number 42501

Trans Date	Description			Voucher	Amount
Charges					
Apr 13/09	Government Room Charge	Lane, Kenneth L	1877	cch-1877	99.00
Apr 13/09	MOA Room Tax	Lane, Kenneth L	1877	cch-1877	11.88
Apr 14/09	MOA Room Tax	Lane, Kenneth L	1877	tx xmt	-11.88
			Lane, Kenneth L Subtotal:		$99.00
	Total **Charges**				$99.00
Payments					
Apr 14/09	MasterCard	Lane, Kenneth L		000001773	-99.00
			Lane, Kenneth L Subtotal:		-$99.00
	Total **Payments**				-$99.00
				Balance Due:	0.00

I have received the goods and / or services in the amount shown hereon. 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 for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: _____

THANK YOU FOR STAYING AT THE HOTEL CAPTAIN COOK!

Preferred HOTELS & RESORTS

COURTYARD Marriott

Courtyard by Marriott
San Francisco Downtown

299 2nd Street
San Francisco Ca 94105
T 415.947.0700

K Lane

Room: 312
Room Type: GEVR
Number of Guests: 1
Rate: $164.00 Clerk:

Arrival: 14Apr09 Time: 21:18:41 Depart: 16Apr09 Folio Window: 1

Date	Description	Charges	Credits
14Apr09	Room Charge	164.00	
14Apr09	City Tax	22.96	
14Apr09	Local Bid Fee	2.46	
14Apr09	Calif/Local Tourism Fee	0.13	
15Apr09	Room Charge	164.00	
15Apr09	City Tax	22.96	
15Apr09	Local Bid Fee	2.46	
15Apr09	Calif/Local Tourism Fee	0.13	
16Apr09	Master Card		379.10
	Card #: (b) (6) [redacted]		
	Amount: 379.10 Auth: 041437 Signature on File		
	This card was electronically swiped on 14Apr09		
	Balance:	0.00	

As a Marriott Rewards member, you could have earned points towards your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk, MarriottRewards.com, or 801-468-4000.

Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

April 10, 2009

Carlson Wagonlit Travel SatoTravel

For: KENNETH L LANE GDOIOS

To: NGMSDOI
KENNETH LANE
1849 C STS NW
WASHINGTON DC 20240
RM 6142

Sales Person: 77
Locator: LLRSPU
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday April 13, 2009

Alaska Airlines
Class of Service: Coach Class Y
Depart: DENVER, CO
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: None
Status: Confirmed
Reserved Seat: LANE/KENNETH L 10D

Flight Number: 677

7:15 Am April 13, 2009
9:11 Am April 13, 2009
2 Hours 56 Minutes Non-Stop

Confirmation Number: MJYUNF

Monday April 13, 2009

Alaska Airlines
Class of Service: Coach Class Y
Depart: SEATTLE/TACOMA,WA
Arrive: ANCHORAGE, AK
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: LANE/KENNETH L 10A
ARR-SOUTH TERMINAL DOMESTIC

Flight Number: 87

10:00 Am April 13, 2009
12:34 Pm April 13, 2009
3 Hours 34 Minutes Non-Stop

Confirmation Number: MJYUNF

Monday April 13, 2009

ANCHORAGE, AK
PREFERRED HOTELS THE HOTEL CAPTAIN COOK
939 W 5TH STREET
ANCHORAGE AK 99501
Phone Number: 1-907-2766000
Fax Number: 1-907-3432298
Number of Rooms: 1
Rate: 99.00 USD Per Night
Check In: Apr 13, 2009
Check Out: Apr 14, 2009
Confirmation Number: 1082170111
Cancellation Policy: Cancel 24 hours prior

fx Anchorage

Tuesday April 14, 2009

Alaska Airlines
Class of Service:Coach Class Y
Depart: ANCHORAGE, AK
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: LANE/KENNETH L 26C
DEP-SOUTH TERMINAL DOMESTIC

Flight Number: 96

3:00 Pm April 14, 2009
7:20 Pm April 14, 2009
3 Hours 20 Minutes Non-Stop

Confirmation Number: MJYUNF

Tuesday April 14, 2009

Alaska Airlines
Class of Service:Coach Class Y
Depart: SEATTLE/TACOMA,WA
Arrive: SACRAMENTO, CA
Total Flight Time:
Equipment: 73G
Meal Service: None
Status: Confirmed
Reserved Seat: LANE/KENNETH L 9C
ARR-TERMINAL B

Flight Number: 374

8:00 Pm April 14, 2009
9:43 Pm April 14, 2009
1 Hour 43 Minutes Non-Stop

Confirmation Number: MJYUNF

Tuesday April 14, 2009

SACRAMENTO, CA
HYATT HOTELS HYATT REGENCY SACRAMENTO
1209 L ST
SACRAMENTO CA 95814
Phone Number: 1-916-4431234
Fax Number: 1-916-321 3099
Number of Rooms: 1
Rate: 114.00 USD Per Night
Check In: Apr 14, 2009
Check Out: Apr 15, 2009
Confirmation Number: HY0024565363
Cancellation Policy: Cancel by 4PM

Trip cancelled
Cancelled to Another
Flight from
Anchorage to
San Francisco
From San Francisco to
Denver, Denver
to Baltimore on
next
Step
Receipt

Wednesday April 15, 2009

SAN FRANCISCO/SFO
COURTYARD BY MARRIOTT COURTYARD SFO DOWNTOWN
299 2ND STREET
SAN FRANCISCO CA 94105
Phone Number: 415-947-0700
Fax Number: 415-947-0800
Number of Rooms: 1
Rate: 164.00 USD Per Night
Check In: Apr 15, 2009
Check Out: Apr 16, 2009
Confirmation Number: 82707602
Cancellation Policy: Cancel by 6PM

Thursday April 16, 2009

United Airlines
Class of Service:Coach Class Y
Depart: SAN FRANCISCO/SFO
Arrive: BALTIMORE, MD
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase

Flight Number: 294

3:15 Pm April 16, 2009
11:26 Pm April 16, 2009
5 Hours 11 Minutes Non-Stop

Status: Confirmed
Confirmation Number: VB676A
Reserved Seat: LANE/KENNETH L 24D
DEP-TERMINAL 3
STAR ALLIANCE

Monday October 12, 2009

Other Service
Oct 12, 2009 - Oct 12, 2009
INFORMATION/THANK YOU FOR USING CWTSATOTRAVEL

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
LANE KENNETH L	4435/0167401702644	384.18USD	28.87US	3.60ZP	7.00XT	423.60
LANE KENNETH L	4434/0277401702643	860.78	76.62			937.40
LANE KENNETH L	4434/8908144782808	28.25				28.25
					Total Amount:	1,389.25

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8918
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//18MAR

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. TALane031709
2. 03-26-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Kenneth Lane, (b) (6) [redacted] 5. OFFICIAL STATION Washington, D.C.

6. TITLE Senior Advisor to the Secretary 7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Denver, Colorado
9. TO: Anchorage, Alaska, San Francisco and return. Accomplish and mission of the trip is for official business.

10. PURPOSE AND REMARKS:

Official business as may be required. I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions. Payment from a non-Federal souce for travel-related expenses is authorized under 31 U.S.C 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 04-13-2009 **Ending on or about** 04-18-2009

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra fare 15. ☐ Government-owned conveyance
16. ☒ Privately owned at a mileage rate of cents, subject to:
- (a) ☒ Administratively determined to be the advantage of the Government
- (b) ☐ A showing of advantage to the Government
- (c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family 19. ☐ Shipment household goods and personal effects
18. ☐ Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc, supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.

ESTIMATED COST

20. Transportation $ 1,447.00
21. Per Diem ~~$ 1345.00~~
22. Other 600.00
23. TOTAL $ ~~3,492.00~~ 3,192.00
24. CHARGED TO: 2009-1000-DDD01-08

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. Kenneth L. Lane (REQUESTER'S SIGNATURE)
27. Senior Adisor to the Secretary (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

TAXICAB RECEIPT

Time: 7pm

Date: 4/19/09

Origin of trip: Union Station - DC

Destination: Home

Fare: $12 Sign:

(Amendment No 1)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-[illegible]
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. TALane04-16-09
2. 04-16-2009 (DATE)
3. OS (BUREAU OR OFFICE)
4. NAME Kenneth L. Lane, SS (b) (6)
5. OFFICIAL STATION Washington, D.C.
6. TITLE
7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. **FROM:** San Francisco, CA
9. **TO:** Denver, Colorado to Washington, D.C.

10. **PURPOSE AND REMARKS:**

OCS briefing in California. Travelleris on official business in San Francisco. Traveller will be on personal travel and will paid the differnce from from San Francisco to Denver and from Denver to Washington, DC.

11. **PER DIEM ALLOWANCE:**

Actial lodging and per diem NTE 300% as authorized in accordiance with the Federal Travel Regulations as issued by GSA and published in the Federal travel regulations.

Airfare ticket only

12. **PERIOD OF TRAVEL: Beginning on or about** 04-16-2009 **Ending on or about** 04-19-2009

MODE OF TRAVEL

13. [X] **Common carrier**
14. [ ] **Extra fare**
15. [ ] **Government-owned conveyance**
16. [ ] **Privately owned** at a mileage rate of cents, subject to:
    - *(a)* [X] **Administratively determined to be the advantage of the Government**
    - *(b)* [ ] **A showing of advantage to the Government**
    - *(c)* [X] **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. [ ] **Transportation immediate family**
18. [ ] **Other** *(specify)*
19. [ ] **Shipment household goods and personal effects**

ESTIMATED COST

20. **Transportation** $ 488.20
21. **Per Diem**
22. **Other**
23. **TOTAL** $ 488.20
24. **CHARGED TO:** 2009-1000-DDD01-09
25. (FISCAL OFFICER'S SIGNATURE)
26. (REQUESTER'S SIGNATURE)
27. (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE) Pamela Stone
29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

April 16, 2009

Carlson Wagonlit Travel SatoTravel.

For: KENNETH L LANE GDOIOS

To: NGMSDOI
KENNETH LANE
1849 C STS NW
WASHINGTON DC 20240
RM 6142

Sales Person: 77
Locator: LLRSPU
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL

Thursday April 16, 2009

United Airlines
Class of Service:Coach Class Y
Depart: SAN FRANCISCO/SFO
Arrive: DENVER, CO
Total Flight Time:
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL 3
STAR ALLIANCE

Flight Number: 318
3:43 Pm April 16, 2009
7:11 Pm April 16, 2009
2 Hours 28 Minutes Non-Stop
Confirmation Number: VB676A

Sunday April 19, 2009

United Airlines
Class of Service:Coach Class Y
Depart: DENVER, CO
Arrive: BALTIMORE, MD
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
STAR ALLIANCE

Flight Number: 144
1:00 Pm April 19, 2009
6:24 Pm April 19, 2009
3 Hours 24 Minutes NON-Stop
Confirmation Number: VB676A

Monday October 12, 2009

Other Service
Oct 12, 2009 - Oct 12, 2009
INFORMATION/THANK YOU FOR USING CWTSATOTRAVEL

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
LANE KENNETH L	4476/0167401702882	434.41USD	32.50US	7.20ZP	14.00XT	488.20
LANE KENNETH L	4476/8908144782837	28.25				28.25
LANE KENNETH L	4435/0167401702844	384.18	39.42			423.60
LANE KENNETH L	4434/0277401702643	860.78	76.62			937.40
LANE KENNETH L	4434/8908144782808	28.25				28.25
					Total Amount:	1,905.70

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//18MAR

CENTRALLY BILLED ITEMS
CHECKED WITH CARD TABLE

AGENT FEE 28.85 ~~+~~ _____ 28.25 _____ _____

AIR FARE 937.46 423.60 + 488.20 + _____ < 423.607

Baggage fee 15.00 + _____ _____ _____

LODGING 94 + 379.10 + _____ _____

RENTAL CAR _____ _____ _____ _____

GAS _____ _____ _____ _____

PARKING _____ _____ _____

TAXI/SHUTTLE _____ _____ _____ _____

VXRF _____ _____ _____ _____ _____

TADV _____ _____ _____ _____

ADDITIONAL LODGING CHARGES

_____ _____ _____ _____ INT/DATE_____

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
91000 0072
Department of the Interior

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

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
800000126926 Lane, Kenneth L.

c. MAILING ADDRESS (Include ZIP Code)
Department of the Interior
1849 C Street, NW
Washington, DC 20240

h. [redacted] (b) (6)

d. OFFICE TELEPHONE NO.
202 208-7351

6. PERIOD OF TRAVEL
a. FROM 04-05-2009
b. TO 04-06-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TALane3/17/09
b. DATE(S)

e. PRESENT DUTY STATION
Washington, DC

f. RESIDENCE (City and State)
[redacted] (b) (6)

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

10. CHECK NO.

11. PAID BY
TDT

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)
Teleticket	262.00	Train-Amtrak	03-16-2009		Washington, DC	Atlantic City, New Jersey and return to DCA

TMC Fee: $28.25

APR 29 2009

RECEIVED APR 29 2009

211D 81.00
211T 24.00

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 ▶ Kenneth L. Lane DATE 4/22/09 AMOUNT CLAIMED ▶ $ 105.00

NOTE: Falsification of an item on the 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 4/27/09

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

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

e. 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): $

NET TO TRAVELER ▶ $ 105.00

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD01-68

4/29/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4100

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 family 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

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

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

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

(g) 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: TEX/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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TALane3/17/09

TRAVELER'S LAST NAME

Lane

TIME 2009 (Hour and apptax) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	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)
4/5	Depart Residnet to Union Station - Taxi Fare											12.00
4/5	Arrive in Atlantic City, NJ Lodging Taxes - $1.00					40.50	105.00	145.50			40.50	
4/6	Depart Atlantic City, NJ and return to Union Station, DC					40.50		40.50			40.50	
4/6	Taxi Fare to Residence											12.00

Sheraton Atlantic City Convention Center Hotel
Two Miss America Way
Atlantic City, New Jersey 08401
609 342 3535 F 609 441 7339
sheraton.com/atlanticcity

Come back soon

GUEST

Kenneth Lane

1150 Room
105.00
1 50.00
1200407 CX-A
1 Fag:
05-APR-09 14:44
06-APR-09 24:00
VM Payment

TRAVEL AGENT/CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES/CREDIT
05-APR-09	RT1150	Room Chrg Grp Corporate	105.00
05-APR-09	RT1150	AC Privacy on Fee	1.00
06-APR-09	VM	Visa/MasterCard	106.00-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tx	Food& Bev	Tel/Fnt/Pk	Misc	Other	Total	Payment
05 APR-09	106.00	0.00	0.00	0.00	0.00	106.00	0.00
Total	106.00	0.00	0.00	0.00	0.00	106.00	0.00

I agree that I am personally liable for the payment of this account if the corporation or other individual billed is for any part or all of these charges.

Signature

As a Starwood Preferred Guest, you could have earned 210 Starpoints for this visit. Please provide your member number or enroll today.

Kenneth Lane ROOM DEPART AGENT
TOGIO 1200407 05-APR-09 1150

Member of Starwood Preferred Guest

TAXICAB RECEIPT

Time: 2:15

Date: 4/5

Origin of trip: Apartment (Residence)

Destination: Union Station

Fare: 12 Sign: _____

Taxi Cab Receipts

DATE: 4/6/09 TIME: 5 pm

TRIP ORIGIN: Union Station

DESTINATION: Apartment (Residence, DC)

FARE: $ 12 SIGNATURE _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. TALane031709
2. 03-17-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Kenneth Lane, SS# (b) (6) [redacted]

5. OFFICIAL STATION Washington, D.C.

6. TITLE Senior Advisor to the Secretary

7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, D.C.
9. TO: Atlantic City, New Jersey and return. Accomplish and mission of the trip was official business.

10. PURPOSE AND REMARKS:

Official business as may be required. I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions. Payment from a non-Federal souce for travel-related expenses is authorized under 31 U.S.C 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 04-05-2009 Ending on or about 04-06-2009

MODE OF TRAVEL

13. ☐ Common carrier
14. ☐ Extra fare
15. ☐ Government-owned conveyance
16. ☐ Privately owned at a mileage rate of cents, subject to:
   (a) ☐ Administratively determined to be the advantage of the Government
   (b) ☐ A showing of advantage to the Government
   (c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☐ Other *(specify)*
19. ☐ Shipment household goods and personal effects

Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc, supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.

ESTIMATED COST

20. Transportation	$ 262.00
21. Per Diem	400.00
22. Other	200.00
23. TOTAL	$ 862.00

24. CHARGED TO: 2009-1000-DDD01-08

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. Kenneth L Lane (REQUESTER'S SIGNATURE)

27. Senior Adisor to the Secretary (TITLE)

28. Pamela K Haze (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

* This form was electronically produced by Elite Federal Forms, Inc.

PKNSCC

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS PKNSCC

SALES PERSON: KS ITINERARY DATE: 16 MAR 09
PKNSCC PAGE: 01

TO: NGMSDOI
KENNETH LANE
1849 C STS NW
WASHINGTON DC 20240
RM 6142

FOR: LANE/KENNETH L REF: GDOIOS

THE TOTAL COST OF YOUR AMTRAK TICKET ON 16MAR IS 262.00
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLI TRAVEL.

05 APR 09 - SUNDAY

RAIL AMTRAK SERVICE CONFIRMATION 2V058873
LV WASHINGTON DC 300P
AR PHILADELPHIA 3 PA 434P
TRAIN 2256
AMTRAK 001KC BSNSS

HOTEL ATLANTIC CITY ACY OUT-06APR
SHERATON HOTELS 1 NIGHT
SHERATON ATL CITY C 1 ROOM NOT VALID FOR GOVERNMENT C
TWO MISS AMERICA WAY T PENALTY CHARGED.PARKING: 12
ATLANTIC CITY NJ 08401 RATE-105.00USD PER NIGHT
FONE 1-609-344-3535 CANCEL 02 DAYS PRIOR TO ARRIVAL
FAX 1-609-441-2999
GUARANTEED LATE ARRIVAL
CONFIRMATION C231455588
REQ NONSMOKING KING RM

OTHER ATLANTIC CITY ACY
HOTEL CANCEL POLICY IS 48HRS PRIOR TO ARRIVAL TO AVOID A
PENALTY FEE.

06 APR 09 - MONDAY

RAIL AMTRAK SERVICE CONFIRMATION 2V058873
LV PHILADELPHIA 3 PA 507P
AR WASHINGTON DC 651P
TRAIN 2165
AMTRAK 002KD BSNSS

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/KS/16MAR

Carlson Wagonlit Travel - Local Presence, Global Power

CENTRALLY BILLED ITEMS
CHECKED WITH CARD TABLE

AGENT FEE 2825 X _____ _____ _____ _____

AIR FARE 26200 L _____ _____ _____ _____

Baggage fee _____ L _____ _____ _____

LODGING 10600 L 15920 L _____ _____

RENTAL CAR _____ _____ _____ _____

GAS _____ _____ _____ _____

PARKING _____ _____ _____

TAXI/SHUTTLE _____ _____ _____ _____

VXRF _____ _____ _____ _____ _____

TADV _____ _____ _____ _____

ADDITIONAL LODGING CHARGES

_____ _____ _____ _____ INT/DATE 8-5-9

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
91000073
Department of the Interior

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
800000 12694
Lane, Kenneth L.

b. SOCIAL SECURITY NO. (b) (6)

6. PERIOD OF TRAVEL
a. FROM 04-07-2009
b. TO 04-09-2009

c. MAILING ADDRESS (Include ZIP Code)
Department of the Interior
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NO. 202-208-7351

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TALane3/17/09
b. DATE(S)

e. PRESENT DUTY STATION
Washington, DC

f. RESIDENCE (City and State) (b) (6)

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

10. CHECK NO.

11. PAID BY
TPT
Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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) ▶

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)
Teleticket	729.45	US	Coach	04-03-2009	Washington, DC and return to DCA	New Orleans, LA / Denver, CO
TMC Fee: $28.25				Traveler is not claiming relatives.	lodging on 4/8/09, stayed with 2110 130.00

APR 29 2009
RECEIVED APR 29 2009

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 ▶ Kenneth L. Lane DATE 4/22/09 AMOUNT CLAIMED ▶ $ 130.00

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 ▶ Ronna Stone DATE 9/29/09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING 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): $

NET TO TRAVELER ▶ $ 130.00

18. ACCOUNTING CLASSIFICATION
2009-1000-DDD1-68

4/29/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4150

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, 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 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TALane3/17/09

TRAVELER'S LAST NAME

Lane

TIME 2009 (a)	(hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAK-FAST (d)	LUNCH (e)	DINNER (f)	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)
4/7		Depart DCA to New Orleans, LA - Lodging					44.25	110.00	154.25			44.25	
4/7		Lodging Taxes - $15.20											
4/8		Depart New Orleans and arrive in Denver, CO on Officia					48.00 (49)		48.00			48.00	
4/9		Depart Denver, CO and return to DCA					36.75		36.75			36.75	
										SUBTOTALS ▶		$130.00	
										TOTALS ▶		$130.00	

140/59

121.00

If additional space is required, continue on another SF 1012-A BACK, leaving its 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 Regulation (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. [illegible] 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 [illegible] 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 ▶ 130.00

This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

Hilton
New Orleans/St. Charles Avenue

333 St. Charles Avenue • New Orleans, LA 70130
Phone (504) 524-8890 • Fax (504) 524-8889
Reservations
www.hiltoncharles.com or 1 800 HILTONS

Name & Address

LANE, KENNETH L

Room 1107/K1
Arrival Date 4/7/2009 4:13:00PM
Departure Date 4/8/2009
Adult/Child 1/0
Room Rate 140.00

RATE PLAN L-SJ

HH#
AL:
CAR:

Folio

CONFIRMATION NUMBER : 3337793873

1/8/2009 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
4/7/2009	GUEST ROOM	EZB	351447	$140.00		
4/7/2009	ROOM TAXES	EZB	351447	$19.20		
4/8/2009	MC (b) (6)	BMW	351593		$159.20	
	BALANCE					$0.00

EXPENSE REPORT SUMMARY

	04/07/09	STAY TOTAL
ROOM & TAX	$159.20	$159.20
DAILY TOTAL	$159.20	$159.20

ACCOUNT NO.

DATE OF CHARGE | FOLIO NO./CHECK NO.

CARD NUMBER
MC (b) (6)

AUTHORIZATION 04/07/09 4:13:00PM 95134 A | INITIAL

ESTABLISHMENT NO. & LOCATION

LANE, KENNETH L

PURCHASES & SERVICES

062110

TAXES

TIPS & MISC.

TOTAL AMOUNT

CARD MEMBER'S SIGNATURE

X

I AGREE AND AM AWARE ADVANCES FURNISHED ON THIS CARD WILL NOT BE ISSUED OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

The Hilton Family
Hilton
Conrad
DoubleTree
Embassy Suites
Homewood Suites
USA
Official Sponsor

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. TALane031709
2. 03-26-2009 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Kenneth Lane, SS# (b) (6) 5. OFFICIAL STATION Washington, D.C.

6. TITLE Senior Advisor to the Secretary 7. ACCOUNTING OFFICE Washington, D.C.

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, D.C.
9. TO: New Orleans and Denver, Colorado

10. PURPOSE AND REMARKS:

Official business as may be required. I certify that the travel herein was reviewed and determined to be essential for accomplishment of DOI programs and missions. Payment from a non-Federal souce for travel-related expenses is authorized under 31 U.S.C 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 04-07-2009 **Ending on or about** 04-13-2009

MODE OF TRAVEL

13. ☒ **Common carrier**
14. ☐ **Extra fare**
15. ☐ **Government-owned conveyance**
16. ☒ **Privately owned** — **at a mileage rate of** ____ **cents, subject to:**

- *(a)* ☒ **Administratively determined to be the advantage of the Government**
- *(b)* ☐ **A showing of advantage to the Government**
- *(c)* ☒ **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. ☐ **Transportation immediate family**
19. ☐ **Shipment household goods and personal effects**
18. ☐ **Other** *(specify)*

Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc, supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq.

ESTIMATED COST

20. Transportation	$ 1,447.00	
21. Per Diem	600.00	
22. Other	400.00	
23. TOTAL	$ 2,447.00	

24. CHARGED TO: 2009-1000-DDD01-00

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. Kenneth L. Lane (REQUESTER'S SIGNATURE)

27. Senior Adisor to the Secretary (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

Carlson Wagonlit Travel SatoTravel

April 3, 2009

For: KENNETH L LANE GDOIOS

To: NGMSDOI
KENNETH LANE
1849 C STS NW
WASHINGTON DC 20240
RM 6142

Sales Person: 77
Locator: JJZWAP
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Tuesday April 7, 2009

US Airways — Flight Number: 3237
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC — 1:55 Pm April 7, 2009
Arrive: NEW ORLEANS, LA — 3:42 Pm April 7, 2009
Total Flight Time: — 2 Hours 47 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed — Confirmation Number: CTM1VW
Reserved Seat: LANE/KENNETH L 14D
DEP-TERMINAL C
*DCA-MSY OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Tuesday April 7, 2009

NEW ORLEANS, LA
HILTON/CONRAD HOTELS HILTON NEW ORLEANS ST CHARLES
333 ST CHARLES AVENUE
NEW ORLEANS LA 70130
Phone Number: 1-504-524-8890
Fax Number: 1-504-524-8889
Number of Rooms: 1
Rate: 140.00 USD Per Night
Check In: Apr 07, 2009
Check Out: Apr 08, 2009
Confirmation Number: 3337793873
Cancellation Policy: Cancel by 4PM

Wednesday April 8, 2009

United Airlines — Flight Number: 498
Class of Service:Coach Class Y
Depart: NEW ORLEANS, LA — 2:47 Pm April 8, 2009
Arrive: DENVER, CO — 4:41 Pm April 8, 2009
Total Flight Time: — 2 Hours 54 Minutes Non-Stop
Equipment: 32S
Meal Service: Available For Purchase

Status: Confirmed
Confirmation Number: R4D6S4
Reserved Seat: LANE/KENNETH L 14B
STAR ALLIANCE

Thursday October 8, 2009

Other Service
Oct 08, 2009 - Oct 08, 2009
Departure City: WASHINGTON/ANY ARPT
THANK YOU FOR USING CWTSATO TRAVEL.

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
LANE KENNETH L	4375/0157401702581	363.72	37.88			401.60
LANE KENNETH L	4375/8908144782769	26.25				26.25
LANE KENNETH L	4374/037740170258C	268.84USD	20.16US	3.60ZP	7.00XT	299.60
					Total Amount:	729.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-898-2554
CAR DECLINED/A//17MAR

CENTRALLY BILLED ITEMS
CHECKED WITH CARD TABLE

AGENT FEE 2825 ✓ _____ _____ _____ _____

AIR FARE 401.60 ✓ 299.60 _____ _____

Baggage fee _____ _____ _____ _____

LODGING 159.20 ✓ _____ _____ _____

RENTAL CAR _____ _____ _____ _____

GAS _____ _____ _____ _____

PARKING _____ _____ _____

TAXI/SHUTTLE _____ _____ _____ _____

VXRF _____ _____ _____ _____ _____

TADV _____ _____ _____ _____

ADDITIONAL LODGING CHARGES 8-5-9

_____ _____ _____ _____ INT/DATE_____

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000078 Echohawk, Larry
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM: 03-30-2009
b. TO: 04-01-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Echohawk
b. DATE(S): 03-26-2009

e. PRESENT DUTY STATION: Orem, UT

f. RESIDENCE (City and State): (b) (6)

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

10. CHECK NO.

11. PAID BY

TOD

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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) ▶

	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)
0067401702553	309.60	UA	Economy	03-30-2009	Salt Lake City, UT	Washington, DC
0167401702552	320.20	DL	Economy	03-30-2009	Washington, DC	Salt Lake City, UT
8908140816983	28.25				ticket agent fee	

Invitational travel. Air fare purchased with corporate card.

2117 [redacted]
2110-57FJJ
2117 6200
211I 60062

MAY 4 2009

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

AMOUNT CLAIMED ▶ $ 742.62

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; id. 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. 680e).)

APPROVING OFFICIAL SIGN HERE ▶ Renna Stone DATE 4/27/09

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

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 ▶ $ 742.62

5/9/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DD001 68

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. (f), (g), (h): Show amount incurred for each meal, including tax, tips, and daily total meal cost.

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

(j): Complete for per diem and actual expense travel.

(k): 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 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Echohawk

Echohawk

2009 (a)	TIME (Hour and zone) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (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: 50.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
										42	21.00		
3/30	8:15 am	Depart Residence											
	11:37 am	Depart Salt Lake City, UT											
	6:50 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Hotel Tax											30.31
		Taxi DCA/Lodging											17.00
3/31		Washington, DC					64.00	209.00	273.00			273.00	
		Hotel tax											30.31
		Taxi Lodging/DOI					48.00		48.00			48.00	7.00
4/1		Taxi DOI/DCA											17.00
	4:59 pm	Depart Washington, DC											
	7:41 pm	Arrive Salt Lake City, UT											
		Airport Parking											21.00
									SUBTOTALS ▶		$21.00	$576.00	$122.62
									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 ▶

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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, 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Echohawk

TRAVELER'S LAST NAME

Echohawk

DATE 2009 (a)	TIME (Hour and a.m./p.m.) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k) (MILEAGE RATE: 50.0 ¢)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
	9:15 pm	Arrive residence								42	21.00		
										SUBTOTALS ▶	$21.00		
										TOTALS ▶	$42.00	$578.00	$122.62

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

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

TOTAL AMOUNT CLAIMED ▶ $742.62

This form was electronically produced by Elite Federal Forms, Inc.

..0..
17.00 +
17.00 +
7.00 +
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30.31 +
30.31 +
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21.00 +
21.00 +
742.62 *
..0..
0.00 *

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Echohawk
2. 03/26/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Larry Echohawk 5. OFFICIAL STATION Salt Lake City, UT

6. TITLE Invitational Travel 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Salt Lake City, UT
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem allowed in accordance with Federal Travel Regulations issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 03/30/09 Ending on or about 04/01/09

MODE OF TRAVEL

13. [X] Common carrier 14. Extra fare 15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
(a) [X] Administratively determined to be the advantage of the Government
(b) A showing of advantage to the Government
(c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	715.00
21. Per Diem		600.00
22. Other		150.00
23. TOTAL	$	1465.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (TRAVELER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

the westin grand, washington d.c.
2350 m street, n.w. washington, dc 20037
phone 202.429.0100 fax 202.857.0127
westin.com/washingtondc

Carlson Wagonlit Travel
1849 C St Nw
Washington, DC 20240-000

guest:
MR Larry Echohawk
[redacted]

room	801	
rate	209.00	
no. pers.	1	
folio	272821	EX-A
page	1	
arrive	30-MAR-09	18:50
depart	01-APR-09	
payment	AX	

30-MAR-09	RT801	Room Tax	30.31
30-MAR-09	1	Internet Service In Room	9.95
30-MAR-09	3177	M Street Grill/Cafe On M	42.75
31-MAR-09	RT801	Room Charge	209.00
31-MAR-09	RT801	Room Tax	30.31
31-MAR-09	5850	In Room Dining	29.16
31-MAR-09	1	Internet Service In Room	9.95
01-APR-09	AX	American Express	570.43-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
30-MAR-09	239.31	42.75	9.95	0.00	292.01	0.00
31-MAR-09	239.31	29.16	9.95	0.00	278.42	0.00
Total	478.62	71.91	19.90	0.00	570.43	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
As a Starwood Preferred Guest you have earned at least 1,020 Starpoints for this visit #50765459440

Signature _____

WESTIN HOTELS & RESORTS

Taxi Cab Receipts

DATE: 4-1-09 TIME: _____

TRIP ORIGIN: INTERIOR

DESTINATION: NATIONAL AIRPORT

FARE: $ 17.00 SIGNATURE _____

TAXICAB RECEIPT

Time: _____

Date: 4-1-09

Origin of trip: WESTIN HOTEL

Destination: INTERIOR

Fare: $7.00 Sign: _____

Intl. Airport SLC
[illegible]
PO Box 22016
Salt Lake City, Utah [illegible]
801-575-2600

[illegible] Stub [illegible]

[illegible] Pay Parking T $ 1.00
Entered: 05/30/09 09:[illegible]
Paid: 06/01/09 [illegible]
Length of stay: [illegible]

Total Amount $ 21.00

Authorized Total $ [illegible]

** Thank you for parking at **
** SLC Salt Lake International Airport **

TAXICAB RECEIPT

Time: _____

Date: 5-30-09

Origin of trip: NATIONAL AIRPORT

Destination: WESTIN GRAND HOTEL

Fare: $17 Sign: _____

March 30, 2009

Carlson Wagonlit Travel SatoTravel

For: LARRY ECHOHAWK GDOIOS

To: NGMSDOI
ETKT 30MAR

Sales Person: 77
Locator: FIGPXZ
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday March 30, 2009

United Airlines
Class of Service:Coach Class Q
Depart: SALT LAKE CITY,UT
Arrive: CHICAGO/OHARE
Total Flight Time:
Equipment: CR7
Meal Service: None
Status: Confirmed
Frequent Flyer Number:
DEP-TERMINAL UNIT 1
*SLC-ORD OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
SLC-ORD CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Flight Number: 6184

11:07 Am March 30, 2009
3:08 Pm March 30, 2009
3 Hours 1 Minutes Non-Stop

Confirmation Number: QW6Q54
(b) (6) ECHOHAWK/LARRY
ARR-TERMINAL 2

Monday March 30, 2009

United Airlines
Class of Service:Coach Class Q
Depart: CHICAGO/OHARE
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed
Reserved Seat: ECHOHAWK/LARRY 15B
Frequent Flyer Number:
DEP-TERMINAL 1
STAR ALLIANCE

Flight Number: 620

3:59 Pm March 30, 2009
6:50 Pm March 30, 2009
1 Hour 51 Minutes Non-Stop

Confirmation Number: QW6Q54
(b) (6) ECHOHAWK/LARRY
ARR-TERMINAL C

Monday March 30, 2009

WASHINGTON/NATL,DC
WESTIN HOTELS THE WESTIN GRAND
2350 M STREET NW
WASHINGTON DC 20037
Phone Number: 202 429-0100
Fax Number: 202 429-9759
Number of Rooms: 1
Rate: 209.00 USD Per Night

Check In: Mar 30, 2009
Check Out: Apr 01, 2009
Confirmation Number: C521457244
Cancellation Policy: Cancel 1 day prior

Wednesday April 1, 2009

Delta Airlines
Class of Service: Coach Class Q
Depart: WASHINGTON/NATL,DC
Arrive: SALT LAKE CITY,UT
Total Flight Time:
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: ECHOHAWK/LARRY 28E
Frequent Flyer Number:
DEP-TERMINAL B

Flight Number: 1185

4:59 Pm April 1, 2009
7:41 Pm April 1, 2009
4 Hours 42 Minutes Non-Stop

Confirmation Number: QEMKG3

(b) (6) ECHOHAWK/LARRY

ARR-TERMINAL UNIT 2

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ECHOHAWK LARRY	4344/0067401702553	278.14	31.46			309.60
ECHOHAWK LARRY	4344/8908140616983	28.25				28.25
ECHOHAWK LARRY	4343/0167401702552	278.14USD	20.86US	7.20ZP	14.00XT	320.20
					Total Amount:	658.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2654
CAR DECLINED/A//26MAR

2009-06-19 12:07 FAX 2022205627 303 969 7381 pg. 2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 91000026

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Echohawk, Larry

b. SOCIAL SECURITY NO.: (b) (6)redacted

6. PERIOD OF TRAVEL: a. FROM 05-03-2009 b. TO 05-09-2009

c. MAILING ADDRESS (Include ZIP Code): (b) (6)redacted

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Echohawk2 b. DATE(S) 04-30-2009

e. PRESENT DUTY STATION: Orem, UT

f. RESIDENCE (City and State): (b) (6)redacted

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: TOL

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
See attached e-ticket	1186.80	DL	Economy	04-30-2009	Salt Lake City, UT	Washington, DC and return
Ticket agent fee	~~28.25~~					

Invitational travel. Corpporate card used to purchase air fare.

6/26/9 JUN 16 2009

2110-1580.00
2111 261.86
2118- 46.20
211T 122.00

No Copy cannot read-

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, payment claimed is limited to the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE: [signature] DATE: June 4, 2009 AMOUNT CLAIMED: $ 2,010.06

NOTE: Falsification of any 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, id. 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: [signature] DATE: 6/18/09

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:

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: $ 2,010.06

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

6/23/09

1012-116

This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4150

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 shown on the travel authorization.) Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax, 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 (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 2 OF 4 PAGES

TRAVEL AUTHORIZATION NO

Echohawk

TRAVELER'S LAST NAME

Echohawk

2009 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/03	5:30 am	Depart residence via POVen route Salt Lake City airport								42	23.10		
	7:45 am	Depart Salt lake City, UT											
	3:58 pm	Arrive Washington, DC					48.00		48.00			48.00	
		Taxi DCA/Lodging											13.00
		Lodging and tax						209.00	209.00			209.00	30.31
06/04		Washington, DC (breakfast provided $12)					52.00	209.00	261.00			261.00	
		Hotel tax											30.31
		Tax Dupont Circle/DOI											7.00
		Taxi DOI/Lodging											10.00
06/05		Washington, DC (b-fast $12; dinner $31) both provided					21.00	209.00	230.00			230.00	
		Hotel tax											30.31
		Taxi Lodging/DOI											19.00

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

SUBTOTALS ▶ $23.10 $748.00 $139.93

TOTALS ▶

Enter on the total of columns (l), (m) and (n), below, and in Item 12 on the front of this form

TOTAL AMOUNT CLAIMED ▶

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This form was electronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

2110 ~~1650~~ 1580.00

211J 26186

P 4620

T 1220

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) If an voucher includes per diem allowances for 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.)

Claim paid only for actual expense travel

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

(h) Show expenses, such as: laundry, cleaning and pressing of clothes; use of bathrooms, 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 the rate for area.

(n) Show expenses, such as: taxi/limousine fares, airfare (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 3 OF 4 PAGES

TRAVEL AUTHORIZATION NO.

Echohawk

TRAVELER'S LAST NAME

Echohawk

2009 (a)	TIME (Hour and day(m)) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 58.0 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		Taxi DOI/Lodging											10.00
05/06		Washington, DC (breakfast provided $12)					52.00	209.00	261.00			261.00	
		Hotel tax											30.31
		Taxi Lodging/DOI											10.00
		Taxi DOI/Lodging											10.00
05/07		Washington, DC (breakfast provided $12)					52.00	209.00	261.00			261.00	
		Hotel tax											30.31
		Taxi Lodging/DOI											10.00
05/08		Washington, DC (breakfast provided $12)					52.00	209.00	261.00			261.00	
		Hotel tax											30.31
		Taxi DOI/Lodging											10.00
05/09		Taxi Lodging/DCA											18.00
									SUBTOTALS ▶			$783.00	$156.93
									TOTALS ▶				

326 + 125.00

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 ▶

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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, 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 expenses 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 fares (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 4 OF 4 PAGES

TRAVEL AUTHORIZATION NO. Echohawk2

TRAVELER'S LAST NAME Echohawk

DATE 2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 55.0 ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
	5:00 pm	Depart Washington, DC											
	7:43 pm	Arrive Salt Lake City, UT					48.00		48.00			48.00	
		Excess baggage											40.00
		Airport parking											49.00
	9:15 pm	Arrive residence via POV								42	23.10		

The traveler has since become a DOI employee.

	MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS	$23.10	$48.00	$89.00
TOTALS	$46.20	$1,579.00	$384.5[illegible]

If additional s[illegible]

In compliance with th[illegible] Solicitor on of the in[illegible] implemented by the[illegible] 22, 1971, F.C. 1101[illegible] U.S.C. 501.1(b) and[illegible] determine payment and/or relocation exp[illegible] and to record and r[illegible] The information wil[illegible] information in the p[illegible] disclosed to approp[illegible]

k. [illegible]ent to a requirement by this agency [illegible] employee, the issuance of a security [illegible] of official duty while in [illegible] Account Number (SSN) is solicited [illegible] Code (26 U.S.C. 6011(b) and 6109) [illegible] as a tax payer and/or employee [illegible] on vouchers claiming travel [illegible] reimbursement which is, or may be, taxable [illegible] requested information is voluntary in [illegible] the information (other than SSN) [illegible] delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 12 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $2,010.06

[illegible]ral Forms, Inc. STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1512
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Echohawk2
2. 04/30/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Larry Echohawk
5. OFFICIAL STATION Orem, UT
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Orem, UT
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is preparing for confirmation hearings.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 05/03/09 Ending on or about 05/09/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance conn. subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi fare, excess baggage
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation		1215.00
21. Per Diem		1720.00
22. Other		250.00
23. TOTAL	$	3185.00

24. CHARGED TO:
2009 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (AUTHORIZING OFFICIAL)
27. Invitational (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

Residence Inn Marriott

Residence Inn by Marriott
Washington, DC
Dupont Circle

2120 P Street NW
Washington DC 20037
(202) 466-6800

Larry Echohawk
(b) (6)
Interior Dept.

Room: 604
Room Type: STQT
Number of Guests: 1
Rate: $209.00 Clerk: BMP

Arrive: 03May09 Time: 05:02PM Depart: 09May09 Time: 01:28PM Folio Number: 94578

Date	Description	Charges	Credits
03May09	Rm Chg STDO T2 Transient	209.00	
03May09	City Tax	30.31	
04May09	Rm Chg STDO T2 Transient	209.00	
04May09	City Tax	30.31	
05May09	Rm Chg STDO T2 Transient	209.00	
05May09	City Tax	30.31	
06May09	Rm Chg STDO T2 Transient	209.00	
06May09	City Tax	30.31	
07May09	Rm Chg STDO T2 Transient	209.00	
07May09	City Tax	30.31	
08May09	Rm Chg STDO T2 Transient	209.00	
08May09	City Tax	30.31	
09May09	American Express		1435.86
	Card #: (b) (6)		
	Amount: 1435.86 Auth: 883805 Signature on File		
	This card was electronically swiped on 03May09		
	Balance:	0.00	

Marriott Rewards Account # XXXXX2862. Your Marriott Rewards points/miles earned on your room rate will be credited to your account. For account activity: 801-468-4000 or MarriottRewards.com.

Latest News From Marriott Rewards
Give the gift that goes places! Purchase a Marriott GiftCard over $150 and receive a $50 Hertz voucher. Valid on gifts.marriott.com only until June 30.

Choose Your News! We're customizing your newspaper delivery at Marriott, JW Marriott and Renaissance hotels. Update your profile and customize daily newspaper delivery preferences on your My Account page.

Get all your hotel bills by email by updating your Marriott Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

Taxi Cab Receipts

DATE: 5-3-09 TIME: _____

TRIP ORIGIN: Dupont Airport

DESTINATION: Rosslyn Va

FARE: $ 19.00 SIGNATURE _____

TAXICAB RECEIP

Time: _____

Date: 5-4-09

Origin of trip: Dupont

Destination: Rosslyn VA

Fare: $10 Sign: _____

Five stop cab #23

TAXICAB RECEIPT

#Two

Time: 1:02 pm

Date: 5-7-09

Origin of trip: 1850 Capitol 75

Destination: 300 N St SE

Fare: $7.50 Sign: D Morton

TAXI FARE RECEIPT

DIAMOND CAB
1109 Q ST. N.W.
WASHINGTON, DC 20009

202-387-6200
24 HOUR RADIO DISPATCH

CAB NO. 248 I.D. NO. _____ TAG NO. _____

SIGNED Charlie DATE 5-4-09 TIME _____

TRIP ORIGIN _____

DESTINATION _____

FARE _____ TIP _____ TOTAL $7.00

FOR ADVANCED RESERVATIONS TO NATIONAL, BWI AND DULLES AIRPORTS
PLEASE CALL: 202-387-2221
FOR CHARGE ACCOUNT INFORMATION PLEASE CALL: 202-387-6211
FOR A DIRECT DELIVERY, PLEASE CALL: 202-387-2247

TAXICAB RECEIPT

Time: _____

Date: 5-6-09

Origin of trip: Dupont Sq

Destination: Rosslyn Va

Fare: $10 Sign: _____

2 copies

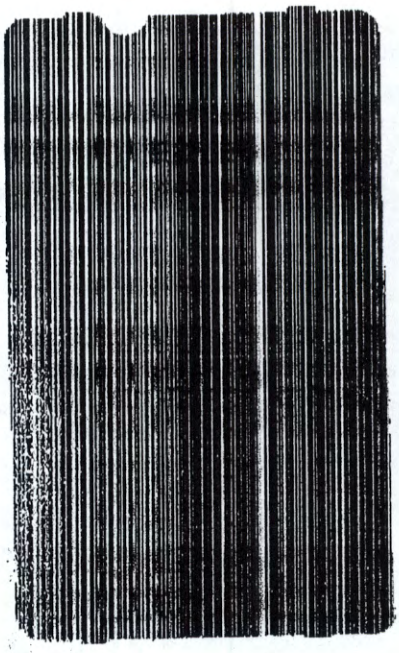
TAXICAB RECEIPT

Time: _____
Date: 5-7-09

Origin of trip: Reagan Nat

Destination: Arlington

Fare: $10.00 Sign: _____



TAXI RECEIPT

Time: ___ O pm O am Date: 5-8-09

Origin of Trip: Hilton

Destination: Reagan Nat

Fare: $10.00 Sign: _____

dcgoodsamaritan.org e-lost and Found
If lost on earth, can be found in cyberspace

TAXI RECEIPT

Date: MAY 9, 2009

To: National Airport

From: Reagan Natl

Fare: $ 18.00

Signature: _____

1128

April 30, 2009

Carlson Wagonlit Travel | SatoTravel

For: LARRY ECHOHAWK GDOIOS

To: NGMSDOI
ETKT 30APR**INVITATIONAL**.
ETKT 30APR.

Sales Person: 77
Locator: IZMEPY
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT DFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Sunday May 3, 2009

Delta Airlines — Flight Number: 1240
Class of Service: Coach Class Y
Depart: SALT LAKE CITY, UT — 7:45 Am May 3, 2009
Arrive: CINCINNATI, OH — 1:15 Pm May 3, 2009
Total Flight Time: — 3 Hours 30 Minutes Non-Stop
Equipment: M90
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: CYHE5H
Reserved Seat: ECHOHAWK/LARRY 22D
Frequent Flyer Number: (b) (6) ECHOHAWK/LARRY
DEP-TERMINAL UNIT 2 ARR-TERMINAL 3

Sunday May 3, 2009

Delta Airlines — Flight Number: 6468
Class of Service: Coach Class Y
Depart: CINCINNATI, OH — 2:30 Pm May 3, 2009
Arrive: WASHINGTON/NATL, DC — 3:59 Pm May 3, 2009
Total Flight Time: — 1 Hour 29 Minutes Non-Stop
Equipment: CR9
Meal Service: None
Status: Confirmed — Confirmation Number: CYHE9B
Reserved Seat: ECHOHAWK/LARRY 7B
Frequent Flyer Number (b) (6) ECHOHAWK/LARRY
DEP-TERMINAL 2 ARR-TERMINAL B
*CVG-DCA OPERATED BY COMAIR INC

Sunday May 3, 2009

WASHINGTON/NATL,DC
RESIDENCE INNS RESIDENCE WASH. DC DUPONT CIRCLE
2120 P STREET N W
WASHINGTON DC 20037
Phone Number: 202-466-6800
Fax Number: 202-466-9630
Number of Rooms: 1

Rate: 209.00 USD Per Night
Check In: May 03, 2009
Check Out: May 09, 2009
Confirmation Number: 88993741
Cancellation Policy: Cancel by 6PM

Saturday May 9, 2009

Delta Airlines Flight Number: 1185
Class of Service: Coach Class Q
Depart: WASHINGTON/WATL,DC 5:00 Pm May 9, 2009
Arrive: SALT LAKE CITY,UT 7:43 Pm May 9, 2009
Total Flight Time: 4 Hours 43 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: CYHE98
Reserved Seat: ECHOHAWK/LARRY 40E
Frequent Flyer Number: (b) (6) ECHOHAWK/LARRY
DEP-TERMINAL B ARR-TERMINAL UNIT 2

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
ECHOHAWK LARRY	4564/0067423918517	1074.42USD	80.58US	10.80ZP	21.00XT	1,186.80
ECHOHAWK LARRY	4564/8908145774898	28.25				28.25
					Total Amount:	1,215.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-2916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A/30APR

2009-07-23 11:46 FAX

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
9100 0160

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial)
EchoHawk, Larry

b. SOCIAL SECURITY NO.
585 28 1369

6. PERIOD OF TRAVEL
a. FROM 05-21-2009
b. TO 05-22-2009

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Echohawk
b. DATE(S) 05-20-2009

e. PRESENT DUTY STATION
Orem, UT

f. RESIDENCE (City and State)
(b) (6)

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
RECEIVED JUL 23 2009

10. CHECK NO.

11. PAID BY

TDT
Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)	TO (f)
See attached ticket	698.20	UA Economy	05-20-2009	Salt Lake City, UT	Washington, DC
See attached ticket	440.20	DL Economy	05-20-2009	Washington, DC	Salt Lake City, UT
TMC	28.25				

Invitational travel. Traveler was interviewing and preparing to assume his new job at the Department of the Interior.

JUL 21 2009

211D 305 00
211T 30 00
21Y 45 10

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 7/11/09

AMOUNT CLAIMED ▶ $ 380.10

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; id. 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 ▶ [signature] DATE 7-16-09

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): $

e. NET TO TRAVELER ▶ $ 380.10

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

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

7/24/09

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4160

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

2009-07-23 11:47 FAX 5035969631 P 3

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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) / (e) / (g) State amount incurred for each meal, including tax, tips, and daily cost/meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips on holidays, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Echohawk

TRAVELER'S LAST NAME

Echohawk

209 07

TIME		DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 55.0 ¢	AMOUNT CLAIMED		
2009	(Hour and minute)	(Departure/arrival city, per diem computation, or other explanations of expense)	MEALS BREAK-FAST	LUNCH	DINNER	TOTAL	MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
05/21	4:50 am	Depart residence en route airport								41	22.55		
	7:19 am	Depart Salt Lake City, UT											
	2:52 pm	Arrive Washington, DC					48.00	209.00	257.00			257.00	
		Taxi DCI/Lodging											7.00
		Taxi Lodging/DCI											9.00
05/22	7:00 pm	Depart Washington, DC											
	11:50 pm	Arrive Salt Lake City, UT					48.00		48.00			48.00	
		Airport Parking											14.00
		Mileage to residence								41	22.55		

OMB No. 1510-0056

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: US Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS: 1849 C Street, NW

Washington, DC 20240

CONTACT PERSON NAME: Accounts Payable

TELEPHONE NUMBER: (202) 208-4723

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: LARRY ECHO HAWK

SSN/TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER: (801) 404-8016

FINANCIAL INSTITUTION INFORMATION

NAME: UTAH COMMUNITY CREDIT UNION

ADDRESS: 188 WEST RIVER PARK DR.
PROVO, UTAH 84604

ACH COORDINATOR NAME:

TELEPHONE NUMBER: ( )

NINE-DIGIT ROUTING (TRANSIT) NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE

DEPOSITOR ACCOUNT NUMBER: (b) (6) [redacted]

LOCKBOX NUMBER

TYPE OF ACCOUNT: [X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator)

TELEPHONE NUMBER: ( )

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Echohawk
2. 05-20-2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE) Salt Lake City, Utah

4. NAME Larry Echohawk 5. OFFICIAL STATION

6. TITLE Invitational 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Salt Lake City, Utah
9. TO: and return to Salt Lake City, Utah

10. PURPOSE AND REMARKS:
Invitational Travel

11. PER DIEM ALLOWANCE:
Per Diem in accordance with the Federal Travel Regulationsissued by GSA and published in the Federal Register

12. PERIOD OF TRAVEL: Beginning on or about 05-21-2009 Ending on or about 05-22-2009

MODE OF TRAVEL

13. ☑ Common carrier 14. ☐ Extra fare 15. ☐ Government-owned conveyance
16. ☑ Privately owned at a mileage rate of cents, subject to:
(a) ☑ Administratively determined to be the advantage of the Government
(b) ☐ A showing of advantage to the Government
(c) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family 19. ☐ Shipment household goods and personal effects
18. ☐ Other *(specify)*

ESTIMATED COST

20. Transportation	$	669.00
21. Per Diem		86.00
22. Other		50.00
23. TOTAL	$	825.00

24. CHARGED TO:

25. 2009-1000-DDD01-68 (FISCAL OFFICER'S SIGNATURE)

26. Invitational Travel (REQUESTER'S SIGNATURE)

27. (DATE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Federal Forms, Inc.

THE Fairmont
WASHINGTON, D.C.

2401 M STREET, NW,
WASHINGTON, DC, USA 20037
T 202 429 2400 F 202 457 5010

Room : 0716
Folio # :
Cashier # : 31
Page # : 1 of 1

SATO
Larry Echohawk

US

Arrival : 05-21-09
Departure : 05-22-09

Date	Description	Additional Information	Charges	Credits
05-21-09	In-Room HSIA - Interface	#716 :	14.75	
05-21-09	Room Charge		209.00	
05-21-09	Room Tax		30.31	
	Total		**254.06**	**0.00**
	Balance Due		**254.06**	

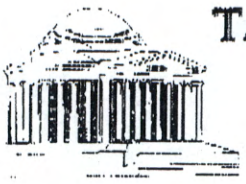
Guest signature X_____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month, (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have requested delivery of The New York Times. Had I not, I would have been eligible for a $4.50 (Mon - Sat) or $2.50 (Sun) credit to my account. (At participating hotels)

Thank you for choosing to stay with Fairmont Hotels & Resorts



TAXICAB RECEIPT

Time: _____

Date: 7-21-09

Origin of trip: INTERIOR BUILDING

Destination: FAIRMONT HOTEL

Fare: $7.00 Sign: _____

TAXICAB RECEIPT

Time: _____

Date: 5-22-09

Origin of trip: FAIRMONT HOTEL

Destination: DENVER

Fare: $9.00 Sign: _____

Intl. Airport SLC

AMPCO System Parking
AMF Box 22910
Salt Lake City, Utah 84122
801-575-2886

Receipt 0090/5038/005 05/22/09 23:32:34

010100 Pay Parking T. $ 14.00
Entered: 05/21/09 05:28
Paid: 05/22/09 23:32
Length of stay: 1 Dy 18 Hr 4 Min

Total Amount $ 14.00

Accepted Total $ 14.00

****
** Thank you for parking at **
** Salt Lake International Airport **

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 910000055

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000055 Lorraine Faeth
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL
a. FROM: 03-11-2009
b. TO: 03-15-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Faeth - 1
b. DATE(S): 03-10-2009

e. PRESENT DUTY STATION: Phoenix, AZ

f. RESIDENCE (City and State): (b) (6)

10. CHECK NO.:

11. PAID BY: TDT

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 shown 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)
0377401702519 1044.20 8908140616862 28.25 (Ticket Agent Fee)	US	Economy	03-10-2009	Phoenix, AZ	Washington, DC and return

APR -7 2009

211D-96.00
T-58.00

Invitational Travel. Corporate card used to purchase airline ticket. Traveler remained in DC on personal business at no extra cost to the govt. No lodging claimed; traveler stayed with relatives.

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 3/30/2009 AMOUNT CLAIMED ▶ $ 154.00

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; id. 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 ▶ [signature] DATE 3/31/09

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 ▶ $ 154.00

4/9/09

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

18. ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

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, 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 2 PAGES

TRAVEL AUTHORIZATION NO. Faeth - 1

TRAVELER'S LAST NAME Faeth

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/11	8:48 a.m.	Depart Phoenix											
	3:58 p.m.	Arrive Washington, DC					48.00		48.00			48.00	
		Taxi Airport/Lodging											13.00 —T
3/12		Taxi Lodging/DOI					48.00		48.00			48.00	19.00 —T
		Taxi DOI/Lodging											19.00 —T
		Taxi Metro/lodging											7.00 —T
3/13		Personal Day											
3/14		Personal Day											
3/15	10:15 a.m.	Depart Washington, DC										96.00	58.00
	12:27 p.m.	Arrive Phoenix, AZ											

209164

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

	MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS ▶		$96.00	$58.00
TOTALS ▶			

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

TOTAL AMOUNT CLAIMED ▶ 154.00

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 Regulation (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.

This form was electronically produced by Elite Federal Forms Inc.

64.*

48.00+
48.00+
96.00*+

0.*

13.00+
19.00+
19.00+
7.00+
58.00*+

0.*

96.00+
58.00+
154.00*+

0.*

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Faeth - 1
2. 3/10/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Lorraine Faeth 5. OFFICIAL STATION Phoenix, AZ

6. TITLE Invitational Travel 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Phoenix, AZ
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a position at the Department of the Interior. Traveler will be on official travel on March 11 and 12, and on personal business in the Washington, DC area March 13-15.

11. PER DIEM ALLOWANCE:

Per diem allowance in accordance with the published Federal Travel Regulation.

12. PERIOD OF TRAVEL: Beginning on or about 3/11/2009 **Ending on or about** 3/152009

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other *(specify)*
    Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1075.00
21. Per Diem		100.00
22. Other		100.00
23. TOTAL	$	1275.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (REGAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

March 10, 2009

Carlson Wagonlit Travel SatoTravel

For: LORRAINE FAETH GDOIOS

To: NGMSDOI
**NN OK AND CORP CARD MEMO.

Sales Person: KS
Locator: CFKNKX
Customer Number: (b) (6) [redacted]

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday March 11, 2009

US Airways Flight Number: 44
Class of Service:Coach Class T
Depart: PHOENIX, AZ 8:49 Am March 11, 2009
Arrive: WASHINGTON/NATL,DC 3:56 Pm March 11, 2009
Total Flight Time: 4 Hours 7 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: ABZEP5
DEP-TERMINAL 4 ARR-TERMINAL C
SEATING ASSIGNED AT AIRPORT CHECK-IN AT TIME OF BOOKING

Sunday March 15, 2009

US Airways Flight Number: 662
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC 10:15 Am March 15, 2009
Arrive: PHOENIX, AZ 12:27 Pm March 15, 2009
Total Flight Time: 5 Hours 12 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: ABZEP5
Reserved Seat: FAETH/LORRAINE 14F
DEP-TERMINAL C ARR-TERMINAL 4

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
FAETH LORRAINE	4310/0377401702519	991.63USD	71.37US	7.20ZP	14.00XT	1,044.20
FAETH LORRAINE	4310/6908140616952	28.25				28.25
					Total Amount:	1,072.46

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT

ALEXANDRIA YELLOW CAB

(703) 549-2500

INSTANT ONLINE RESERVATIONS!

ACCOUNT # SENIOR ☐ SCHOOL ☐ CORP ☐

DATE 3/12/09 PICK-UP TIME [am/pm] DEST-TIME [am/pm]

PASSENGER NAME

FROM Bradlee metro

TO 1601 Hunting Creek Dr

FARE No. [redacted] BILLING No. AUTH No.

CAB No. TOTAL VILEAGE

FARE EXTRAS SUBSIDY TOTAL 7

[redacted]

www.alexandriayellowcab.com

Powered by: RideCharge

VISA DISCOVER

All Cabs Regularly Inspected For Safety & Cleanliness | All Cabs Individually Owned & Operated

TAXICAB RECEIPT

Time:

Date: 3/11/09

Origin of trip: Woodrow Wilson

Destination: 1601 Hunting Creek Dr

Fare: $13 Sign:

ALEXANDRIA YELLOW CAB

(703) 549-2500

INSTANT ONLINE RESERVATIONS!

ACCOUNT # SENIOR ☐ SCHOOL ☐ CORP ☐

DATE 3/12/09 PICK-UP TIME [am/pm] DEST-TIME [am/pm]

PASSENGER NAME

FROM 1601 Hunting Creek Dr

TO DCA

FARE No. [redacted] BILLING No AUTH No.

CAB No. TOTAL VILEAGE

FARE 16.65 EXTRAS SUBSIDY TOTAL 19

[redacted]

www.alexandriayellowcab.com

Powered by: RideCharge

VISA DISCOVER

All Cabs Regularly Inspected For Safety & Cleanliness | All Cabs Individually Owned & Operated

TAXICAB RECEIPT

Time:

Date: 3/12/09

Origin of trip: DCA

Destination: 1601 Hunting Creek Dr.

Fare: $19.65 Sign:

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY
U.S. Department of the Interior

AGENCY IDENTIFIER: DOI

AGENCY LOCATION CODE (ALC): 14-01-0001

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS
1849 C Street, NW, Washington, DC 20240

CONTACT PERSON NAME
Accounts Payable

TELEPHONE NUMBER: (202) [illegible]

ADDITIONAL INFORMATION

PAYEE/COMPANY INFORMATION

NAME
Lorraine V. Poch

(b) (6) [redacted]

ADDRESS
[illegible] North 20th St.
Phoenix, AZ 85032

All info the same

CONTACT PERSON NAME
Lori Poch

TELEPHONE NUMBER: (602) [illegible]

FINANCIAL INSTITUTION INFORMATION

NAME
Wells Fargo Bank

ADDRESS
4727 E. Bell Road
Phoenix AZ 85032

ACH COORDINATOR NAME

TELEPHONE NUMBER: 800 : 869-3557

9-DIGIT ROUTING TRANSIT NUMBER: (b) (6) [redacted]

TYPE OF ACCOUNT: Sole owner account

ACCOUNT NUMBER: (b) (6) [redacted]

[X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL
Name of the financial institution's ACH Coordinator

Lorraine V Poch

AUTHORIZED FOR LOCAL REPRODUCTION

DATE

Prescribed by Department of Treasury, 31 U.S.C. 3322; 31 CFR 210

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/SIO/OEA
2. VOUCHER NUMBER:
3. SCHEDULE NUMBER:
5. PAID BY: 16954937

Read the Privacy Act Statement on the back of this form.

4. NAME (Last, first, middle initial): Faeth, Lori — 910000115
4. SOCIAL SECURITY NO.: (b) (6) [redacted]
4. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, MS 6214, Washington, DC 20240
RECEIVED JUN 05 2009
OFFICE TELEPHONE NUMBER: 202-208-4853

4. CLAIMANT

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which were approved the claimant.)

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE 2009 (a)	CODE (b)	(c) FROM	(d) TO	M LEAGE DATE & NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADDITIONAL PERSONS (h)	TAXI AND LOCAL TRANSPORTATION (i)
04/17	L	Taxi: DOI	Hall of States			9 00		
04/23	L	Taxi: DOI	Hall of States and Return to DOI			20 00		
04/27	L	Taxi: DOI	Hall of State			20 00		
04/29	L	Taxi: DOI	1001 PA Av			18 00		
04/30	L	Taxi: DOI	1301 PA Av	••0••		16 00	1	
05/11	L	Taxi: Hall of States	DC1	9•00 +		9 00		
05/26	L	Taxi: DOI	Hall of State	20•00 +		20 00		
			JUN 4	20•00 +				
				18•00 +				
				16•00 +				
				9•00 +				
				20•00 +				
			SUBTOTAL	112•00 *				
				••0••		112 00		

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 112.00

8. This claim is approved. Long distance telephone calls, if shown, are considered as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680b).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Hess — DATE: 5/29/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE — DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: [signature] — DATE: 6-2-09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) — b. DATE RECEIVED — c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DDD01 68

6/10/09 BD

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41 101.7)

Justification: Employee attended meetings with staff from other government and non-government agencies in the Washington, DC area.

TAXICAB RECEIPT

CAB NO #0?
FARE #59351
TAG #H-89454
04/17/09 12:33P
04/17/09 12:46P
TRIP # 4529
DIST 2.14 mi
Rate 1 $ 7.50
EXTRAS $ 1.50
TOTAL $ 9.00
COMPLAINTS CALL
202-[illegible]

Time:
Date: 4/23/09
Origin of trip: Hall of States
Destination: DO
Fare: $10 Sign:

TAXICAB RECEIPT

Time:
Date: 4/23/09
Origin of trip: DO1
Destination: Hall of States
Fare: $10 Sign:

TAXICAB RECEIPT

Time: 10:10 A
Date: 4/27/09
Origin of trip: D01
Destination: Hall of States
Fare: $10 Sign:

TAXICAB RECEIPT

Time: 11:20
Date: 4/27/09
Origin of trip: Hall of States
Destination: D01
Fare: $10 Sign:

TAXICAB RECEIPT

Time:
Date: 4/29

Origin of trip: D01

Destination: WDA Lounge - 1001 PA Ave

Fare: $9 Sign:

TAXI DRIVER'S CUSTOMER RECEIPT

Time: Date: 4/29

Company/Ass'n: USA CAB ASSOCIATION

Cab No. 777 ID No. 62184 Tag No. H-95415

Origin of Trip: 1001 PA Ave NW

Destination: DDI

Fare: 9 Tip: Total:

Signed: Robert E. Wallace, Jr.

TAXICAB RECEIPT

Time:
Date: 4/30/09

Origin of trip: D01

Destination: 1301 PA Ave NW

Fare: $7 Sign:

(for 2 people)

TAXICAB RECEIPT

Time:
Date: 5/11/09

Origin of trip: D01

Destination: H05

Fare: $9— Sign:

Taxi Cab Receipts

DATE: 5/11/09 TIME:

TRIP ORIGIN: H05

DESTINATION: D01

FARE: $ 9.00 SIGNATURE

TAXICAB RECEIPT

Time:
Date: 5/24

Origin of trip: D01

Destination: Hall of States

Fare: $10— Sign:

TAXICAB RECEIPT

Time:
Date: 5/24

Origin of trip: Hall of States

Destination: D9

Fare: $10— Sign:

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/SIO/OEA

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY: 1645459437

4. CLAIMANT

a. NAME (Last, first, middle initial): Fasth, Lorraine V. 910000163

b. SOCIAL SECURITY NO.: (b) (6)

c. MAILING ADDRESS (Include Zip Code): 1849 C Street, NW Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: 202-208-1923

6. EXPENDITURES (If face claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 2009 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
05/26	A	Taxi: DOI	Hall of States			10.00		
05/26	A	Taxi: Hall of States	DOI			10.00		
05/27	A	Taxi: DOI	Hall of States			11.00	1	
05/27	A	Taxi: Hall of States	DOI			11.00	1	
06/01	A	Taxi: DOI				10.00		
06/01	A	Taxi: Hall				9.00		
		Justificatior						
				FROM THE				
				TOTALS		61.00		

Use appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (Itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

RECEIVED JUL 15 2009

JUL 16 2009

10.00 +
10.00 +
11.00 +
11.00 +
10.00 +
9.00 +
61.00 *

If additional space is required con:

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 61.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 7-10-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Lorraine Fasth DATE 7/9/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) | b. DATE RECEIVED | c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 - 1000 DDD01 68

Justification: Employee attended meetings with staff from other government and non-government agencies in the Washington, DC, area.

TAXICAB RECEIPT

Time:
Date: 5/26/05

Origin of trip: DOI

Destination: Hall of State

Fare: $10 Sign:

TAXICAB RECEIPT

Time:
Date: 5/26/05

Origin of trip: Hall of States

Destination: DOI

Fare: $10 Sign:

Taxi Cab Receipts

DATE: 5/27/05 TIME:

TRIP ORIGIN: DOI

DESTINATION: Hall of States

FARE: $ 11 SIGNATURE
(for Cynthia A.)

Taxi Cab Receipt

DATE: 5/27/05 TIME:

ORIGIN Hall of States CAB #

DESTINATION: DOI

FARE: $ 11 SIGNATURE
for Cynthia A.

TAXICAB RECEIPT

Time:
Date: 6/1/05

Origin of trip: DOI

Destination: Hall of States

Fare: $10 Sign:

TAXICAB RECEIPT

Date:
Time: 6/1/05

Company: Hall of State

Origin of Trip: DOI

Destination:

Fare: $9 Sign:

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

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: PADILLA 0901

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 41000153 Padilla, Joan
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): DOI Washington, DC
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL
a. FROM: 06-16-2009
b. TO: 08-17-2009

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

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): (b) (6) [redacted]

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

10. CHECK NO.

11. PAID BY: TOT

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

JUL -7 2009

2110148

See attached sheet

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 ▶ Joan Padilla DATE 7/6/09

AMOUNT CLAIMED ▶ $ 146.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (26 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 ▶ Renee Stone DATE 7-6-09

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) $

NET TO TRAVELER ▶ $ 146.00

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 ▶
DATE

18. ACCOUNTING CLASSIFICATION

2009-1000-DDD01-68

7/7/09

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) 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, 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, airfare if purchased with cash, cost of long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO.

Marsters 0901

TRAVELER'S LAST NAME

Marsters

TIME (a)	(Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		Lodging/per diem					12.00	121.00	133.00			133.00	
		per diem					13.00		13.00			13.00	
										SUBTOTALS ▶		$146.00	
										TOTALS ▶		$146.00	

8/09

If additional space is required, continue on BACK, leaving the front blank

In compliance with the Privacy Act ... Solicitation of the information ... implemented by the Federal T... 22, 1971, E.O. 11012 of Marc... U.S.C. 5011(b) and 5109 ... determine payment or reimbu... and/or relocation expenses ... and to record and maintain ... The information will be used ... information in the performance ... disclosed to appropriate Federal ... litigations 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 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 ▶

...tronically produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

••0••
2•00 +
13•00 +
120•00 +
••0••
12•00 +
13•00 +
121•00 +
146•00 *
••0••
0•00 *

Actual lodging NTE 300% as authorized. Approved _____, signing official. Lodging and meals together on the hotel invoice.

Traveler rode with other staff in a government car to the event. Traveler used personal credit card for lodging and meals. Traveler did not have a government charge card at the time of travel.

THE NATIONAL CONSERVATION TRAINING CENTER

Joan Padilla
(b) (6) [redacted]

Room No.	7563
Arrival	06-16-09
Departure	06-17-09
Folio No.	4841
Cashier No.	1001
Page No.	1 of 1

Group Code	0906EAGLEH
Group	Eagle Horizon 2009
Rate Code	MNFGOV

Date	Description	Charges	Credits
06-16-09	Lodging and Meals	121.00	
06-16-09	Visa (b) (6) [redacted]		121.00
	Total Charges	**121.00**	
	Total Credits		**121.00**
	Balance		**0.00**
			USD

Signature: _____

It was a pleasure to have you stay with us. Please come back and see us soon.

Your receipt has been printed on recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:
Breakfast $8
Lunch $12
Dinner $21

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-4020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. PADILLA0901
2. 06-15-2009 (DATE)

3. OS (BUREAU OR OFFICE) Washington, DC

4. NAME Joan Padilla
5. OFFICIAL STATION

6. TITLE Director Scheduling/Advance
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: Such places in the contigous US, AK, HI, PR, and US Territories as may be necessary, and return. Accomplish & missions. Off. business
Attend ~~Interagency~~ DOI Meeting - Shepherdstown, WV

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions.
Payment from a non-Federal source for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and Part 374 DM 6, and are fully documented and approved via form DI-2000.
Advance for the SECY -Speaker/Presenter at Conference, Summits, ect.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

*****Subject to Availablity of Funds*******

12. PERIOD OF TRAVEL: Beginning on or about 06-16-2009 Ending on or about 06-17-2009

MODE OF TRAVEL

13. [X] Common carrier
14. [ ] Extra fare
15. [ ] Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [X] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. [ ] Transportation immediate family
19. [ ] Shipment household goods and personal effects
18. [ ] Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees in accordance w/FPMR 101-7, et. seq

ESTIMATED COST

20. Transportation		
21. Per Diem		160.00
22. Other		
23. TOTAL	$	160.00

24. CHARGED TO:

2009-1000 DDD01 68

26. Joan Padilla (REQUESTER'S SIGNATURE)
27. Joan Padilla, Dir of Scheduling/Advance (TITLE)
28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Renee Stone, Depy COS (TITLE)

25. (FINAL OFFICER'S SIGNATURE)

This form was electronically produced by Elite Federal Forms, Inc.

SHEPHERDSTOWN, WV

RON: National Training Center

6/16/09

- Depart Washington for Shepherdstown, WV
- Arrive Shepherdstown, WV
- Check into Hotel

6/17/09

- Participated in COOP training
- Depart Shepherdstown, WV for Washington, DC

2009 06-19 14:01 FAX 2022085627 >> 303 969 7281 P 2

948953

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/SIO/OEA 91000121

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

6. PAID BY

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): Peterson, Sarah E.

b. SOCIAL SECURITY NO.: 532 19 9167 (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: 202-208-1923

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 2009	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 55 ¢ RCL. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
06/06	A	POV Mileage - Residence	Mason Neck State Park	42	23 10			
06/06	A	POV Mileage - Mason Neck	Residence	42	23 10			

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (Itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

Note: Justification Attached.

JUN 16 2009

6/23/09 21 A

If additional space is required continue on the back. SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 84 46 20

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 46.20

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are itemized, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Hite DATE 6/9/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: PAID DATE JUN 24 2009

ACCOUNTING CLASSIFICATION

2009 - 1000 BDD01 68

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: DATE 6/9/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101

Justification: Employee attended the American Hiking Society's National Trails Day Event at Mason Neck State Park. Employee drove personal vehicle; picked up 2 others at their residences and drove them to the event and back to their respective residences. ✓

Mileage from residence (2400 16th Street, NW, Washington, DC) to the event location (7301 High Point Road, Lorton, VA) is approximately 30 miles one way. Additional mileage was generated by picking up 2 other individuals at their respective residences.

mileage for Saturday
Sarah E Peterson to: Pat Kennedy 06/09/2009 09:11 AM

I used my personal vehicle to drive Ray and our intern Eric to the American Hiking Society's National Trails Day event at Mason Neck State Park. From residence (2400 16th NW in D.C.) to Mason Neck (7301 High Point Rd, Lorton VA), including two stops to pick up Ray and Eric, and the reverse on returning, came to a total of 84 miles.

Sarah Peterson
Deputy Director, External Affairs
Office of the Secretary
Department of the Interior
(202) 208-6617

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/IOS/OFA 910000152

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): Peterson, Sarah E.

b. SOCIAL SECURITY NO.: (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: 202-208-1923

5. PAID BY

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 2009 (a)	CODE (b)	Show appropriate code in col. (b): A - Local travel; B - Telephone or telegraph, or C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care. Explain expenditures in specific detail. (c) FROM	(d) TO	MILEAGE RATE .55 (e) NO. OF MILES	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
06/22	A	Residence	Shenandoah National Park	100	55 00			
06/22	A	Shenandoah National Park	Residence	100	55 00			
		JUSTIFICATION ATTACHED.						
		••0••						
			JUL -7 2009					
		100•00+						
		100•00+						
		200•×						
		0•55=						
		110•00+						
					110			
If addi			SUBTOTALS CARRIED FORWARD FROM THE CK					
		310•00 *						
7. AM			$ 110.00	TOTALS	200	110 00		

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are involved, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Stone DATE 7-2-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: DATE 6/30/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 - 1000 DDD01 68

Justification: Employee staffed the Secretary for *United We Serve* kick-off press and service project event. Employee drove personal vehicle, picked up 2 others at their residences and drove them to the event and back to their respective residences.

Mileage from residence (2400 16th Street, NW, Washington, DC) to the event location (US Shenandoah National Park, 3655 US Highway 211 E, Luray, VA 22835) is approximately 96 miles one way. Additional mileage was generated by picking up 2 other individuals at their respective residences.

Please Note: Travel was more than 50 miles from residence therefore a Travel Authorization was completed. Travel was less than 12 hours therefore no per diem will be paid.

United States
Department of the Interior
Form Xu. DI-1020

TRAVEL AUTHORIZATION

1. No. SP- VA06222009
2. June 19, 2009

3. SIO/External Affairs
(Bureau or Office)

4. NAME Sarah E. Peterson

5. OFFICIAL STATION Washington, D.C.

6. TITLE Deputy Director – External Affairs

7. ACCOUNTING OFFICE Denver, CO

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC

9. TO: Shenandoah National Park (Luray, VA); and Return

10. **PURPOSE AND REMARKS:** Staffing Secretary for United We Serve Kick-off Press & service project events.

11. PER DIEM ALLOWANCE:

At the maximum per diem, or actual subsistence expenses when in a designated high geographic rate area, as authorized by Federal and Departmental rules and regulations at the time of travel. Maximum rates allowable outside the conterminous United States. Actual lodging not to exceed 150% of CONUS is authorized. No per diem allowance will be allowed for duty within 50 miles of either the permanent duty station or residence. No per diem will be paid for travel of less than 12 hours. ATM Advance of $40 per day is authorized.

12. **PERIOD OF TRAVEL:** Beginning on or about 06/22/2009 Ending on or about 06/22/2009

MODE OF TRAVEL

13. X Common carrier 14. Extra fare 15. Government-owned conveyance
16. X Privately owned automobile at a mileage rate of 55.0 cents, subject to: Approval by your Supervisor.
   (a) X Administratively determined to be to the advantage of the Government
   (b) X A showing of advantage to the Government
   (c) X Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ___ Transportation immediate family 19. ___ Shipment household goods and personal effects
18. X Other (specify): Use of taxi, limo, rental car, train, special conveyances, telephone, parking fees, registration fees, tolls, excess baggage when necessary to conduct official business and waiver of itemization of local telephone calls.

ESTIMATED COST:

20. Transportation	$120.00
21. Per Diem	$
22. Other	$
23. TOTAL	$120.00

24. CHARGED TO: **2009 - 1000 DDD01 68**

25. ___
(Fiscal Officer's Signature)

26. ___
(Requester's Signature)

27. Deputy Director – External Affairs
(Title)

28. ___
(Authorizing Officer's Signature)

29. ___ Deputy Chief of Staff
(Title)

9100000089

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/IOS/OEA
2. VOUCHER NUMBER: A2009-A
3. SCHEDULE NUMBER:
5. PAID BY:

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT
a. NAME (Last, first, middle initial): Rivera, Ray
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): Main Interior Building, 1849 C St., NW MS6214, Washington, DC 20240
d. OFFICE TELEPHONE NUMBER: 202-208-1923

8. EXPENDITURES (If tere claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (Itemized)
D - Funeral Honors Detail
E - Specialty Care

Explain expenditures in specific detail.

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
2/3/2009	A	DOI	National Guard Assoc. Bldg.			$ 11 00	-	
2/3/2009	A	National Guard Assoc. Bldg.	DOI			$ 10 00	-	
2/11/2009	A	DOI	Fairmont Hotel			$ 8 00	-	
2/23/2009	A	DOI	Newseum	MAY 5 2009		$ 8 00	-	
2/23/2009	A	Newseum	DOI	MAY 5 2009		$ 8 00	-	
3/6/2009	A	DOI	Hall of States			$ 8 00	-	
3/6/2009	A	Hall of States	DOI			$ 8 00	-	
3/5/2009	A	DOI	Capitol Visitor Center			$ 15 00	-	
3/8/2009	A	Parking - NACO meeting				$ 28 00	-	
3/19/2009	A	DOI	St. Regis Hotel			$ 6 00	-	
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK			$ 116 00		
						$ 306 00		

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 306.00 TOTALS

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4-20-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 4/20/09

CASH PAYMENT RECEIPT

11.
a. PAYEE (Signature)
b. DATE RECEIVED
c. AMOUNT $
12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009-DM-1000-DDD01-68

Barack Obama
The Man and His Journey

TAXI RECEIPT

Date 3/6/09 Time 3:30pm

Origin of Trip Hall of States

Destination MTB

Fare $20 Cab # 1971

Signature [signature]

DVD IN STORES
JANUARY 20, 2009

TAXICAB RECEIPT

Time: 11:00

Date: 2/23/09

Origin of trip: Newseum

Destination: MTB

Fare: $8.00 Sign: [signature]

Taxi Cab Receipts

DATE: 3/6/9 TIME: 1:15pm

TRIP ORIGIN: MTB

DESTINATION: Hall of States, WDC

FARE: $ 8.00 SIGNATURE [signature]

TAXICAB RECEIPT

Time: 9:45a

Date: 2/23/09

Origin of trip: MTB

Destination: Newseum

Fare: $8.00 Sign: [signature]

2009-05-06 09:41 FAX 2022085627 >> 303969631 P 3

Taxi Cab Receipts

DATE: 3/19/09 TIME: 12:30 pm

TRIP ORIGIN: DOI

DESTINATION: St. Regis

FARE: $ 6.00 SIGNATURE:

TAXICAB RECEIPT

Time: 9:50 am
Date: 02-11-09

Origin of trip: DOI - MIB
Destination: 2401 M Street, N.W. Fairmont Hotel
Fare: $8.00 Sign: [signature]

TAXICAB RECEIPT

Time: 3:20p
Date: 2/3/09

Origin of trip: MIB
Destination: Nat'l Guard Assc. Bldg. WDC
Fare: $11.00 Sign: [signature]

Taxi- Receipt

Driver# 429 Cab# 2401

To: National Guard Assc. Bldg. WDC

From: MIB

Date: 02/03/09 Amount:$ 10.00

Signature: [signature]

visit www.visitbarbados.org/lnxibdos to win a trip to BARBADOS

TOWNE PARK LTD-0172
2660 WOODLEY RD NW
WASHINGTON, DC 20008

[redacted]:47 AM DATE 03/06/09
[redacted]0005/CK TER# [redacted]
[redacted] 60
[redacted] MASTERCARD
[redacted]
[redacted] 000007687
[redacted] 004946

AL $28.00

CUSTOMER COPY

NACO Mtg.

[redacted] CAB #38'N
CAB NO 239
TAG NO H-81936
[redacted] 05:48P
03/05/09 [redacted]
TRIP # 1389
DIST 2.92 mi
Rate 1 $ 9.50
EXTRAS $ 3.00
TOTAL $ 12.50
COMPLAINTS CALL
202 645 6018
HAVE A NICE DAY!

2009-05-06 09:41 FAX 2022085627 >> 3039696631 P 5

#2

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OFFICE: DEI/OS/OEA

2. VOUCHER NUMBER: B2009-A

3. SCHEDULE NUMBER: #2

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): Rivera Ray

b. SOCIAL SECURITY NO.: 910000149 (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code): DOI, Main Interior Bldg, 1849 C Street, NW, MS6214, Washington, D.C. 20240

d. OFFICE TELEPHONE NUMBER: 202-208-1123

5. PAID BY

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (itemized)
D - Funeral Honors Detail
E - Specialty Clerk

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE (e) NO. OF MILES	AMOUNT CLAIMED (f) MILEAGE	(g) FARE OR TOLL	(h) ADD'L PER SONS	(i) TIPS AND MISCELLANEOUS
05/06/2009	A	Residence	DOI - Pick up for Trails Event			8.50		
05/19/2009	A	DOI - MIB	Capitol Hill			15.00		
05/21/2009	A	Capitol Hill	DOI - MIB			8.00		2.00
05/21/2009	A	1201 NY Ave NW	MIB			9.00		
05/25/2009	A	Navy Yard Bldg.	MIB			12.00		
05/25/2009	A	DOI - MIB	Navy Yard Bldg.			13.00		
06/09/2009	A	DOI MIB to	Dept. of Labor			10.00		
06/09/2009	A	Dept. of Labor	DOI - MIB			10.00		

JUL - 6 2009

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK: 85.50 2.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 87.50

TOTALS: 85.50 2.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 6806).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Pearl Stone DATE 7-2-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. (87.50)

Sign Original Only

CLAIMANT SIGN HERE: DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009-DM-1000-DDD01-68 211T 8550 211T 200

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-91)
Prescribed by GSA, FPMR (CFR 41) 101-7

=8250

(7)

Taxi Cab Receipts

DATE: 6-8-09 TIME: 2:35 pm

TRIP ORIGIN: MID

DESTINATION: Dept of Labor

FARE: $10.00 SIGNATURE: [signature]

(8)

TAXICAB RECEIPT

Time: 4:00 pm

Date: 6-9-09

Origin of trip: Dept of Labor

Destination: MIB

Fare: $10.00 Sign: [signature]

(1)

DC TRIP / CAPPED
SILVER CAB CO
CAB # 243
05/06/09 TR 3554
START END MILES
12:26 12:37 2.1
FARE FOR EA RATE
RATE 1: $ 7.00
EXTRA: $ 1.50
TOTAL: $ 8.50
THANKS
DC TAXICAB COMM
TEL 202 645 6018
+ 1.50 Tip

(2)

Taxi Cab Receipts

DATE: 5/21/09 TIME: _____

TRIP ORIGIN: Office

DESTINATION: Hill

FARE: $ 5.50 cab SIGNATURE: _____

(3)

DC TRIP / CAPPED
BENNIE C. HAYES
1302
05/21/09 TR 1654
START END MILES
14:09 14:21 1.3
FARE FOR EA RATE
RATE 1: $ 6.50
EXTRA: $ 1.50
TOTAL: $ 8.00
THANKS
DC TAXICAB COMM
TEL 202 645-6018
+ 1.50 Tip

(4)

Taxi Cab Receipt

DATE: 5/21/09 TIME: 2:45pm

TRIP ORIGIN: 120 Maryland Ave NW

DESTINATION: Capitol

FARE: $ 6.50

ANNOUNCING THE OPENING OF

Café du Parc

AT THE WILLARD

(5)

Taxi Cab Receipt

Date: 5/21/09

Fare Name: _____

Picked Up At: Mary Ann's Cafe

Destination: Office

Cab Co.: _____

Driver: _____

Amount: 12.00

WILLARD INTERCONTINENTAL WASHINGTON D.C.

(6)

TAXICAB RECEIPT

Time: 5:45pm

Date: _____

Origin of trip: Office

Destination: Mary Ann's Cafe

Fare: 11.50 cab Sign: _____

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Department of the Interior,
Policy, Management and Budget

2. VOUCHER NUMBER
3-20-09

3. SCHEDULE NUMBER
LV8827960

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME *(Last, first, middle initial)*
Schultz, Richard D.

b. SOCIAL SECURITY NO.
(b) (6)

c. MAILING ADDRESS *(Include ZIP Code)*
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NUMBER
202-2-8-5045

5. PAID BY
D

2009 MAR 27 PM 1:59
NATIONAL BUSINESS CENTER

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses *(itemized)*
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
3-19-09	C	Receipt for parking	at the reception for the					19.00
		North American Natural	Resources Conference					

PAID
APR 04 2009

PAID
APR 11 2009

3.31.09

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ 19.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Paul Altre ✓ DATE 3-27-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Richard D. Schultz ✓ DATE 3/23/09

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT
$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DDD 01 68

3/20/09

Hi Darlene,

Attached is a parking receipt for a reception at the North American Natural Resource Conference I attended last night.

Please process!

Thanks,
Rick

MARRIOTT CRYSTAL GATEWAY
1700 JEFFERSON DAVIS HWY
ARLINGTON VA 22202

Fee Computer Number:	1
Cashier:	GELILA ID #2
Transaction Number:	39334
Entered:	03/19/09 17:09
Exited:	03/19/09 20:31
Damaged Ticket	
Rate:	Area 1
Total Fee:	**$19.00**
Cash:	$19.00

Thank you for choosing
TOWNE PARK
Have a nice day

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Department of the Interior,
Policy, Management and Budget

2. VOUCHER NUMBER
3-10-09

3. SCHEDULE NUMBER
LV 8852215

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME *(Last, first, middle initial)*
Schultz, Richard D.

b. SOCIAL SECURITY NO.
(b) (6) [redacted]

c. MAILING ADDRESS *(Include ZIP Code)*
1849 C Street, NW
Washington, DC 20240

Darlene 2190

d. OFFICE TELEPHONE NUMBER
202-2-8-5045

5. PAID BY
D

2009 MAR 27 PM 1:59 [illegible] 293

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses *(itemized)*
D - Funeral Honors Detail
E - Specialty Care

DATE (a)	CODE (b)	(Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
3-10-09	C	Receipt for parking	at the Good Neighbor					16.00
3-11-09		Environment board	Two days - Crystal City					10.00

PAID
APR 10 2009

4.9.09

3.30.09

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ 26.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Pamela Hue ✓ DATE 3-24-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Richard D. Schultz ✓ DATE 3/23/09

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT
$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
2009 1000 DDD 01 68

Meeting @ EPA

- Good Neighbor Env. Board

Tues - Wed. - Crystal City

Receipt

939101031013372009

Polk & Taylor
Thanks for parking with InterPark

FeeComputer Number: : 1
Entry Time: 3/10/2009 9:01 AM
Exit Time: 3/10/2009 1:37 PM
Duration: 4h 36m
Op: ruth
Non-resetable tr #: 19399

Tran: 9391
Ticket Number: 16887

default	$	16.00
Total:	$	16.00
Tender:	$	16.00
Change:		

DATE 3-11-09 LOCATION #_____ AMT PAID $ 10 –

DAILY ☐ MONTHLY ☐ ACCT#_____

PMI PARKING RECEIPT

THANK YOU FOR PARKING WITH US

PMI EMPLOYEE NUMBER

DATE TIME STAMP

OK jfp

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER LV882407

Read the Privacy Act Statement on the back of this form.

CLAIMANT

4 a. NAME (Last, first, middle initial): **Schultz, Richard D.**

b. SOCIAL SECURITY NO. (b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, NW
MS-3409
Washington, DC 20240

d. OFFICE TELEPHONE NUMBER 202-208-5045

5. PAID BY D

RECEIVED NATIONAL BUSINESS CENTER 2009 APR 20 PM 12:48

6 EXPENDITURES *(if fare claimed in co/. (g) exceeds charge for one person, show in co/. (h) the number of additional persons which accompanied the claimant.)*

DATE 20 09 (a)	Show appropriate code in col. (b): C 0 D E A-Local travel B-Telephone or telegraph, or C-Other Expenses (ilemized) (b)	(Explain expenditures in specific detail) (c) FROM	(d) TO	MILEAGE RATE ¢ NO OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
12/19/08	a	DOI (1849 C Street, NW)	Ronald Reagan Bldg.			7		
12/19/08		Ronald Reagan Bldg.	DOI (1849 C Street, NW)			8		
01/12/09		DOI (1849 C Street, NW)	Ronald Reagan Bldg.			7		
01/12/09		Ronald Reagan Bldg.	DOI (1849 C Street, NW)			7		
01/13/09		DOI (1849 C Street, NW)	Ronald Reagan Bldg.			6		
01/13/09		Ronald Reagan Bldg	DOI (1849 C Street, NW)			7		
01/26/09		DOI (1849 C Street, NW)	Ronald Reagan Bldg			10		
01/26/09		Ronald Reagan Bldg.	DOI (1849 C Street, NW)			7		

PAID APR 28 2009

YJR 4.20.09

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (l).)* $ 59.00 TOTALS 59

8. *This claim is approved. Long* distance telephone calls, *if* shown, *are certified as* necessary in the interest of the Government. (Note: *If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE Pamela Stone ✓ DATE 4-15-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ____ DATE ____

10. I certify *that this claim is true and correct to the best of my* knowledge and *belief and that payment or credit has not* been received by *me.*

Sign Original Only

CLAIMANT SIGN HERE Richard D. Schultz ✓ DATE 04/10/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) ____ b. DATE RECEIVED ____ c. AMOUNT $ ____

12. PAYMENT MADE BY CHECK NO. ____

ACCOUNTING CLASSIFICATION

2009-1000-DDD-01-68

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPRM (CFR 41) 101-7

Taxi Cab Receipts

DATE: 12/19/08 TIME: 11:00 AM

TRIP ORIGIN: Main Interior

DESTINATION: Ronald Reagan Bldg

FARE: $ 7.00 SIGNATURE

TAXICAB RECEIPT

Date: 01/12/09

Time: 11:00 AM

Company:

Origin of Trip: Ronald Reagan Bldg

Destination: Main Interior

Fare: $ 7.00 Sign:

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

TAXICAB RECEIPT

Time: 2:30 PM

Date: 12/19/08

Origin of trip: Ronald Reagan Bldg

Destination: Main Interior

Fare: $ 8.00 Sign:

TAXICAB RECEIPT

Time: ~~2~~ 9:00 AM

Date: 01/12/09

Origin of trip: Main Interior

Destination: Ronald Reagan Bldg

Fare: $ 7.00 Sign:

TAXICAB RECEIPT

Time: 3:00 PM

Date: 01/13/09

Origin of trip: Ronald Reagan Bldg

Destination: Main Interior

Fare: $ 6.00 Sign:

TAXICAB RECEIPT

Time: 11:30 AM

Date: 01/13/09

Origin of trip: Main Interior

Destination: Ronald Reagan Bldg

Fare: $ 7.00 Sign:

TAXICAB RECEIPT

Time: 10:30 AM

Date: 01/26/09

Origin of trip: Ronald Reagan

Destination: Main Interior

Fare: $ 7.00 Sign:

TAXI FARE RECEIPT

DIAMOND CAB
1100 Q ST., N.W.
WASHINGTON,DC 20009

202-387-6200
24 HOUR RADIO DISPATCH

CAB NO. I.D. NO. TAG NO.

SIGNED DATE 1/26/09 TIME 9:15 AM

TRIP ORIGIN MIB

DESTINATION Ronald Reagan Bldg

FARE 10.00 TIP TOTAL 10.00

FOR ADVANCED RESERVATIONS TO NATIONAL, BWI AND DULLES AIRPORTS PLEASE CALL: 202-387-2221

FOR CHARGE ACCOUNT INFORMATION, PLEASE CALL: 202-387-4011

FOR A DIRECT DELIVERY, PLEASE CALL: 202-387-2247

OK JMP

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Department of the Interior
Policy, Management and Budget

2. VOUCHER NUMBER
May 5, 2009

3. SCHEDULE NUMBER
LIB82545

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial)
Schultz, Richard D.

b. SOCIAL SECURITY NO.
(b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, NW.
Washington, DC 20240

d. OFFICE TELEPHONE NUMBER
202-208-5045

5. PAID BY
0

RECEIVED
2009 MAY 20 PM 1:08
OFFICE OF FINANCIAL MANAGEMENT
ACCOUNTING OPERATIONS CENTER

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
3-23-09		MIB, 1849 C St., NW, Wash., D	National Place(Taxi)			9.00		
4-16-09		MIB, 1849 C St., NW, Wash., D	Ronald Reagan Bldg.			7.00		
4-16-09		MIB, 1849 C St.., NW, Wash., D	FWS Meeting - Arlington, VA			7.00		

PAID
MAY 22 2009

5.20.09

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 23.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Pamela Haze — DATE 5-17-09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ — DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ Richard D. Schultz — DATE 05/14/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT
$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2009 1000 DDD 01 68

TAXICAB RECEIPT

Time: 1:30 AM

Date: 3/23/89

Origin of trip: Main Interior - Customs + Border Protection

Destination: National Place

Fare: $9.00 Sign: _____

–TAXICAB RECEIPT–

TIME ~~2:~~ 9:15 AM DATE 4/06/89

REC'D FROM _____

FARE AMOUNT $ 7.00/7.68

TRIP FROM Main Interior

TRIP TO Ronald Reagan Bldg.

ASSN. _____ CAB NO. _____

I.D. NO. _____ TAG NO. _____

SIGNATURE _____

Purpose: attend meeting of Dept. of Homeland Security

PARKING RECEIPT _____

DATE 04/16/09 $ 7-

Atlantic Services Group
Atlantic Parking • Atlantic Valet
Atlantic Transportation

2131 K Street, NW
Suite 200
Washington, DC 20037
202-466-5050
www.asgpark.com

THANK YOU

Fairgate Ballston
LOCATION

CASHIER SIGNATURE

FAIS meeting in Arlington, RD

950231

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

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

3. VOUCHER NO.: 910000051 Strickland-1

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 910000051 Tom Strickland
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 02-26-2009 b. TO 02-28-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Strickland/ Phoenix b. DATE(S) 02-20-2009

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

10. CHECK NO.

11. PAID BY TDT

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)
0167401702511	963.40	UA	Economy	02-20-2009	Washington, DC	Phoenix, AZ
Ticket fee	28.25					
0162188477934	1009.39	UA	Economy	02-26-2009	Tucson, AZ	Washington, DC
Change ticket fee	150.00					

Corporate card used to purchase airline tickets. Traveler attended the National Park Foundation Board of Directors Meeting.

MAR 24 2009

All other charges were made on travelers personal credit card. Traveler had not received JP Morgan card.

211D-325.50
T-84.00
I-78.50
R-308.61

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 3.17.09 AMOUNT CLAIMED ▶ $ 796.61

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 ▶ Renee Stone DATE 3/18/09

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

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 ▶ $ 796.61

RB 4/3/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

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, 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Strickland/Phoenix

TRAVELER'S LAST NAME

Strickland

DATE 2009 (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)
2/26	7:30 a.m.	Depart residence/Taxi fare to Washington National											24.00 - T
	9:35 a.m.	Depart Washington, DC											
	5:00 p.m.	Arrive Tucson, AZ					36.75	124.00	160.75			160.75	
		Hotel Taxes											31.75 - I
		Hotel Parking											15.00 - I
2/27		Tucson, AZ <Dinner provided $25>					24.00	124.00	148.00			148.00	
		Hotel Taxes											31.75 - I
2/28		<Breakfast provided $20>					16.75		16.75			16.75	
	11:38 a.m.	Depart Tucson											
	8:51 p.m.	Arrive Washington Dulles											
		Taxi to residence											60.00 - T
		Rental Car											308.61 - R
									SUBTOTALS ▶			$325.50	$471.11
									TOTALS ▶			$325.50	$471.11

124/49

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 ▶ $796.61

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 Regulation (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.

This form was electronically produced by Elite Federal Forms, Inc.

24.00+
31.75+
15.00+
31.75+
60.00+
308.61+
471.11*+
0.*
24.00+
60.00+
84.00*+
0.*
0.*
31.75+
15.00+
31.75+
78.50*+
325.50+
84.00+
78.50+
308.61+
796.61*+
0.*
0.*

14:00:07 Thu Mar 26, 2009

```
03/26/09            ** FEDERAL PERSONNEL/PAYROLL SYSTEM **              PD210M1
11:59:46                      * VIEW EFT ADDRESS *                      PD210P1
COMMAND: ____ <=============================================================<<<<<<<<
STRICKLAND, THOMAS L.                                        IN01 10 10000000

********************************************************************************

REVIEW DATA AND PRESS ENTER. SSN# (b) (6) [redacted]


EFFECTIVE DATE          :  01 / 21 / 09
EFFECTIVE DATE ENDING   :     /    /
EFT ROUTING NUMBER      :  102007011 ?
FINANCIAL INSTITUTION   :  FIRST WESTERN TRUST BANK
                           DENVER                          CO
EMPLOYEE ACCOUNT NUMBER: (b) (6) [redacted]
ACCOUNT TYPE            :  C ?

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
NEXT  HELP        ESC   MAIN  ADT                                        EXIT
```

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Stirckland/Phoenix
2. 2/20/2009 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Tom Strickland 5. OFFICIAL STATION Washington, DC

6. TITLE Chief of Staff 7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Washington, DC
9. TO: ~~Phoenix~~, AZ
Tucson, AZ + NM

10. PURPOSE AND REMARKS:

Official business. I certify that the travel herein was reviewed and determined to be essential for the accomplishment of DOI programs and missions. Payment from a non-Federal source for travel-related expenses is authorized under 31 USC 1353, provided that prior to acceptance, the conditions for each use comply with 41 CFR 304-1 and Part 374 DM 5, and are fully documented and approved via form DI-2000. Includes attendance at conferences where the traveler is a speaker, presenter or staff to the Secretary.

11. PER DIEM ALLOWANCE:

Actual lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.

12. PERIOD OF TRAVEL: Beginning on or about 2/26/09 **Ending on or about** 2/28/09

MODE OF TRAVEL

13. X **Common carrier**
14. **Extra fare**
15. **Government-owned conveyance**
16. X **Privately owned** **at a mileage rate of** **cents, subject to:**

(a) X **Administratively determined to be the advantage of the Government**
(b) **A showing of advantage to the Government**
(c) **Not to exceed cost by common carrier, including consideration of Per Diem allowance**

MISCELLANEOUS

17. **Transportation immediate family**
19. **Shipment household goods and personal effects**
18. X **Other** *(specify)*

Excess baggage, taxi fares, telephone ncalls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, misc. supplies, registrations/ATM fees.

ESTIMATED COST

20. Transportation	$	963.40
21. Per Diem		307.50
22. Other		150.00
23. TOTAL	$	1420.90

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Chief of Staff (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

the westin la paloma resort & spa
3800 east sunrise drive tucson, arizona 85718
phone 520.742.6000 fax 520.577.5878
westin.com/lapaloma

guest

Thomas *V Strickland

Secretary Of The Interior
Chief Of Staff
, AZ
United States
BOB24A

room	337
rate	124.00
no pers	1
folio	304535 A
page	1
arrive	26-FEB-09 18:44
depart	28-FEB-09
payment	VI

travel agent's name

17 4/49

date	charges/credits
26-FEB-09 337 Valet Parking	15.00
26-FEB-09 RT337 Room Chrg Grp Government	124.00
26-FEB-09 RT337 Room Tax	14.94
26-FEB-09 RT337 Resort Service Fee	15.00
26-FEB-09 RT337 Resort Svc Fee Tax	1.81
26-FEB-09 DEPOSIT Deposit Applied	138.94-
27-FEB-09 RT337 Room Chrg Grp Government	124.00
27-FEB-09 RT337 Room Tax	14.94
27-FEB-09 RT337 Resort Service Fee	15.00
27-FEB-09 RT337 Resort Svc Fee Tax	1.81
~~27-FEB-09 15202460 Room Service~~	~~13.76~~
~~27-FEB-09 10203260 Desert Garden Restaurant~~	~~16.74~~
~~27-FEB-09 9204760 Desert Garden Restaurant~~	~~20.45~~
~~27-FEB-09 1 Elizabeth Arden Rm Chgs~~	~~72.00~~
~~28-FEB-09 15208570 Room Service~~	~~17.54~~
28-FEB-09 VI Visa	328.05-
Balance Due	0.00

31.75

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

** continued on the next page **

I agree to be/remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature

WESTIN HOTELS & RESORTS

the westin la paloma resort & spa
3800 east sunrise drive tucson, arizona 85718
phone 520.742.6000 fax 520.577.5878
westin.com/lapaloma

guest

Thomas *V Strickland

Secretary Of The Interior
Chief Of Staff
, AZ
United States
BOB24A

room	337
rate	124.00
no pers	1
folio	304535 A
page	2
arrive	26-FEB-09 18:44
depart	28-FEB-09
payment	VI

Hotel agrees to charge to

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	TeleComm	Other	Total	Payment
26-FEB-09	138.94	0.00	0.00	31.81	170.75	138.94-
27-FEB-09	138.94	50.95	0.00	88.81	278.70	0.00
28-FEB-09	0.00	17.54	0.00	0.00	17.54	0.00
Total	277.88	68.49	0.00	120.62	466.99	138.94-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges

signature

As a Starwood Preferred Guest, you could have earned 583 Starpoints for this visit. Please provide your member number or enroll today.
Thomas *V Strickland
FOLIO 304535 26-FEB-09

WESTIN
HOTELS & RESORTS

DATE 2/26/09 AMOUNT $ 14.00

RECEIVED FROM 16+R NW

FROM _____

DESTINATION NH.

CAB # _____ DRIVER I.D. # _____

DRIVERS NAME _____

TAXICAB RECEIPT

Time: _____

Date: Feb. 28

Origin of trip: Dulles

Destination: 16+R

Fare: 60.00 Sign: _____

A L A M O

RA 416591886 Inv 40017961997
Rental 26-FEB-2009 03:55 PM
PHOENIX SKY HARBOR ARPT
Return 28-FEB-2009 10:26 AM
TUCSON INTL ARPT

THOMAS LEE STRICKLAND
Vehicle # 97177725
Model GS COUPE
Class Driven CXAR Class Charged ICAR
License# 6ETM375 State/Province CA
M/Kms Driven 161
M/Kms Out 12295
M/Kms In 12456

US GOVERNMENT TRAVEL OFFICE OFFICIA
Contract ID 67241

Charges	No Unit	Price	Amount
T & M	2 Days	48.00	96.00*
EXTRA T&M	161 M/Kms	0.35	56.35*
CDW/LDW	2 Days		0.00*
GPS NAVIGA	2 Days	11.99	23.98*
REFUELING	6 Gals	5.99	35.94*
CUSTOMER FACILITY CHARGE			12.00*
FAC MAINT FEE .77/DAY			1.54*
GOV ADMIN RT SPLMNT $5/D			10.00*
CONCESSION RECOUP FEE			24.87*
MARICOPA COUNTY SUR			8.11
ARIZONA SURCHARGE 5 PCT			12.97
SALES TAX @10.300 %			26.85

Total Charges USD 308.61

Paid By Visa 7827 -308.61

Amount Due USD 0.00

* Taxable Items
Subject to Audit
Customer service Number 1(800) 445-5664

on united.com

For United reservations worldwide, call:

US INTL RESERVATIONS 1-800-538-2929
US FLIGHT INFORMATION 1-800-824-6200

or visit: www.united.com

E-ticket receipt

Confirmation no.: LB0P12 **Issued:** 26 FEB 09

Number in party: 1

Name:	**Ticket no.:**	**Mileage Plus® no.:**
STRICKLAND/THOMAS	0162188477934	(b) (6) [redacted]

	Per passenger
Base fare:	899.53 USD
Tax/Fee/Charge:	67.46 US 42.40 XT (Federal excise taxes)
Total:	1009.39 USD

Fare details: Fare Basis UA0NGZ
FC WAS UA X/CHI UA PHX 259.53VAUN /-TUS UA LAX 199.07UA UA WAS 440.93UA0NGZ USD899.53END UA ZPDCAORDTUSLAX XT10.00AY18.00XF DCA4.5ORD4.5TUS4.5LAX4.5 A/C 195.99USD SVC150.00USD

NONREF-CHGFEEPLUSFAREDIF
CANCEL BY FLIGHT DATE OR RESERVATION WILL BE CANCELED AND TICKET HAS NO REMAINING VALUE.

Revised travel itinerary

Confirmation no.: LB0P12

TUCSON to LOS ANGELES departing Saturday, February 28

UNITED 6451 *	Depart: TUCSON 11:38 AM Arrive: LOS ANGELES 12:18 PM Seat(s):	NONSTOP Equip: CRJ MP miles: 451	UNITED ECONOMY In-Flight services: Meal:

* OPERATED BY UNITED EXPRESS/SKYWEST AIRLINES
PLEASE CHECK-IN AT UNITED AIRLINES

LOS ANGELES to WASH/DULLES departing Saturday, February 28

UNITED 924	Depart: LOS ANGELES 1:07 PM Arrive: WASH/DULLES 8:51 PM Seat(s):	NONSTOP Equip: 767 MP miles: 2288	UNITED ECONOMY In-Flight services: Meal: MEALS FOR SALE

Tickets exchanged

Name: STRICKLAND/THOMAS **Issued:** 20 FEB 09

Ticket number: 0167401702511

Ticket value:	963.40 USD
Service charge due:	150.00 USD
Balance due:	195.99 USD

Payment information:
(b) (6) [redacted] $195.99USD

Hotel & Car Offers

Book a hotel from thousands of properties worldwide, backed by our Best Price Guarantee. Rent a Hertz car to receive discounts, plus earn up to 1,000 bonus miles.
Book a hotel
Reserve your Hertz car

To Ensure Mileage Plus Credit

Please confirm your Mileage Plus number is included in your reservation and keep your original boarding pass and E-Ticket receipt until all flights are credited.

United carrier passenger notices

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Carlson Wagonlit Travel SatoTravel.

February 20, 2009

For: THOMAS STRICKLAND GDOIOS

To: NGMSDOI

Sales Person: KS
Locator: BGZQBG
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Thursday February 26, 2009

United Airlines — Flight Number: 609
Class of Service:Coach Class V
Depart: WASHINGTON/NATL,DC — 9:35 Am February 26, 2009
Arrive: CHICAGO/OHARE — 10:47 Am February 26, 2009
Total Flight Time: — 2 Hours 12 Minutes Non-Stop
Equipment: 752
Meal Service: None
Status: Confirmed — Confirmation Number: LB0P12
Reserved Seat: STRICKLAND/THOMAS 15C
Frequent Flyer Number: (b) (6) STRICKLAND/THOMAS
DEP-TERMINAL C ARR-TERMINAL 1
STAR ALLIANCE
WINDOW EXIT ROW ONLY AVAILABLE AT TIME OF BOOKING.

Thursday February 26, 2009

United Airlines — Flight Number: 711
Class of Service:Coach Class V
Depart: CHICAGO/OHARE — 12:00 Noon February 26, 2009
Arrive: PHOENIX, AZ — 2:59 Pm February 26, 2009
Total Flight Time: — 3 Hours 59 Minutes Non-Stop
Equipment: 328
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LB0P12
Reserved Seat: STRICKLAND/THOMAS 11A
Frequent Flyer Number: (b) (6) STRICKLAND/THOMAS
DEP-TERMINAL 1 ARR-TERMINAL 2
STAR ALLIANCE

Thursday February 26, 2009

ALAMO — Intermediate Car
Pick Up: February 26, 2009 2:59 Pm — Location: PHOENIX, AZ
PHOENIX, AZ
Return: February 28, 2009 11:55 Am
Daily Rate: 32.00 USD — Extra Days: 32.00 Extra Hours: 10.67
Unlimited Free Miles
Confirmation Number: 230341372COUNT

Thursday February 26, 2009

TUCSON, AZ
WESTIN HOTELS THE WESTIN LA PALOMA
3800 EAST SUNRISE
TUCSON AZ 85718
Phone Number: 1-520-742-6000
Fax Number: 1-520-577-5878
Number of Rooms: 1
Rate: 124.00 USD Per Night
Check In: Feb 26, 2009
Check Out: Feb 28, 2009
Confirmation Number: C801451770
Cancellation Policy: Cancel 7 days prior

Saturday February 28, 2009

United Airlines — Flight Number: 653
Class of Service: Coach Class U
Depart: PHOENIX, AZ — 11:55 Am February 28, 2009
Arrive: CHICAGO/OHARE — 4:15 Pm February 28, 2009
Total Flight Time: — 3 Hours 20 Minutes Non-Stop
Equipment: 32S
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LB0P12
Reserved Seat: STRICKLAND/THOMAS 11D
Frequent Flyer Number: (b) (6) STRICKLAND/THOMAS
DEP-TERMINAL 2 ARR-TERMINAL 1
STAR ALLIANCE

Saturday February 28, 2009

United Airlines — Flight Number: 624
Class of Service: Coach Class U
Depart: CHICAGO/OHARE — 6:00 Pm February 28, 2009
Arrive: WASHINGTON/NATL,DC — 8:46 Pm February 28, 2009
Total Flight Time: — 1 Hour 46 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed — Confirmation Number: LB0P12
Reserved Seat: STRICKLAND/THOMAS 11C
Frequent Flyer Number: (b) (6) STRICKLAND/THOMAS
DEP-TERMINAL 1 ARR-TERMINAL C
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
STRICKLAND THOMAS	4302/0167401702511	856.74USD	64.26US	14.40ZP	28.00XT	963.40
STRICKLAND THOMAS	4302/8908140616944	28.25				28.25
					Total Amount:	991.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8916
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

I HAVE REVIEWED THE ABOVE ITINERARY AND CONFIRM
THAT THE NAME OF THE TRAVELER, ALL FLIGHTS,

DATES AND TIMES ARE CORRECT.
I AM ALSO FULLY AWARE OF THE RESTRICTIONS AND
PENALTIES ATTACHED TO THE USE OF THIS TICKET.

SIGNATURE OF PERSON ACCEPTING RESPONSIBILITY

.....

CHECKIN-IN 3 HOURS PRIOR TO FLIGHT DEPARTURE
RECONFIRM INTERNATIONAL FLIGHTS 72 HOURS PRIOR
TO DEPARTURE.
PASSPORT REQUIRED FOR THIS TRIP.
PLEASE CARRY PROOF OF CITIZENSHIP FOR ENTRY PURPOSES.
FARES ARE NOT GUARANTEED UNTIL TICKET HAS BEEN ISSUED.
FOR TRAVEL ASSISTANCE WHILE OVERSEAS CALL OUR 24 HOUR
EMERGENCY CENTER COLLECT AT 210-877-6828 OR THE AIRLINE

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US Department of the Interior, Office of the Secretary

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. Name (Last, first, middle initial): 91000123 Stevens, Tracie
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:
e. PRESENT DUTY STATION: Snohomish, WA
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 05-04-2009
b. TO: 05-06-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Stevens1
b. DATE(S): 04-30-2009

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

10. CHECK NO.

11. PAID BY

TOT
Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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).

	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)	TO (f)
See attached ticket	419.20	AL	Economy	04-30-2009	Seattle, WA	Washington, DC and return
Ticket agent fee	28.25					

Invitational travel. Air fare purchased with corporate card. Traveler's official business on May 5 and availability of flights on May 5 required a second overnight stay.

JUN 16 2009

No card

2110-57800
211I 6062
211T 1700

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: Stevens DATE 6/5/09 AMOUNT CLAIMED $ 655.62

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; id. 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. 680b).)

APPROVING OFFICIAL SIGN HERE: Kirsten Stone DATE 6/12/09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

PAID

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: BM DATE JUN 24 2009

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 $ 655.62

655.62

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116

This form was electronically produced by Elite Federal Forms, Inc.

NSN 7540-00-634-4180

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

6/24/9 BS

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. (g) thru (h) Show amount incurred for each meal, including tax, 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).
(j) Complete for per diem and actual expense travel.
(l) 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Stevens1

TRAVEL'S LAST NAME

Stevens

2009 (a)	TIME (Hour and am/pm) (b)	(Departure, completion of expense)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5/4	2:10 pm	Depart Se							
	8:59 pm	Arrive Wa	48.00	209.00	257.00			257.00	
		Hotel Tax							30.31
		Taxi DCA/I							17.00
5/5		Official bus Hotel Tax	64.00	209.00	273.00			273.00	30.31
5/6	8:00 am	Depart Was							
	10:49 am	Arrive Seatt	48.00		48.00			48.00	

19.00 +
0
64 ×
75 %
48.00 +
0
48.00 +
64.00 +
48.00 +
160.00 *
0
209.00 +
209.00 +
160.00 +
578.00 *
30.31 +
30.31 +
60.62 *
17.00 +
60.62 +
578.00 +
655.62 *
1,294.24
*

418
~~20~~ 00
3 ~~2~~ 578

If additional space is required ... g the front blank.

	SUBSTANCE	OTHER
SUBTOTALS ▶	$578.00	$77.62
TOTALS ▶	$578.00	$77.62

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

TOTAL AMOUNT CLAIMED ▶ $655.62

In compliance with the Privacy Act of 1974, ... Solicitation of the information on this form ... implemented by the Federal Travel Regulations ... 22, 1971, E.O. 11012 of March 27, 1962 ... U.S.C. 6011(b) and 6109. The primary purpose ... determine payment or reimbursement to ... and/or relocation expenses incurred under ... and to record and maintain costs of such ... The information will be used by officers and ... information in the performance of their official ... disclosed to appropriate Federal, State, local ... ...ations, or when pursuant to a requirement by this agency ... hiring or firing of an employee, the issuance of a security ... gations of the performance of official duty while in ... Your Social Security Account Number (SSN) is solicited ... the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) ... ber 22, 1943, for use as a tax payer and/or employee ... disclosure is MANDATORY on vouchers claiming travel ... nce expense reimbursement which is, or may be, taxable ... our SSN and other requested information is voluntary in ... ever, failure to provide the information (other than SSN) ... claim may result in delay or loss of reimbursement.

...uced by Elite Federal Forms, Inc

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. Stevens1
2. Date 04/30/09 (DAY)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Tracie Stevens

5. OFFICIAL STATION Seattle, WA

6. TITLE Invitational

7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, WA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational. Traveler is interviewing for a position at the Department of the Interior.

11. PER DIEM ALLOWANCE:

Per diem in accordance with the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 05/04/09 Ending on or about 05/06/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. [X] Privately owned
    - (a) [X] Administratively determined to be the advantage of the Government
    - (b) [ ] A showing of advantage to the Government
    - (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
    Taxi Fare
19. Shipment household goods and personal effects

ESTIMATED COST	
20. Transportation	$ 450.00
21. Per Diem	550.00
22. Other	100.00
23. TOTAL	$ 1100.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renae Stone (AUTHENTICATING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

RLB Properties, Inc.

Stevens, Tracie

05/04/09
05/06/09

1
669GGO

631

05/04/09	ROOM	1	NIGHTLY RATE	--	209.00	
05/04/09	TX1	1	ROOM SALES TAX	--	30.31	
05/04/09	BAR	1	BAR CHARGES #2001	IF	17.40	Food
05/05/09	ROOM	1	NIGHTLY RATE	--	209.00	
05/05/09	TX1	1	ROOM SALES TAX	--	30.31	

Subtotals	$	496.02	0.00
BALANCE DUE	$	496.02	

Thank you for staying at State Plaza. We welcome your feedback. Please email us at reservations@stateplaza.com.

TAXICAB RECEIPT

Date Time: 05-04-09

Time Date: 10:20 pm

Origin of trip: DCA

Destination: State Plaza Hotel

Fare: $14.50+2.17 Sign: JS

May 4, 2009

Carlson Wagonlit Travel SatoTravel.

For: TRACIE STEVENS GDOIOS

To: NGMISDOI
ETKT 30APR**INVITATIONAL**.
ETKT 04MAY.

Sales Person: 77
Locator: JNLZPE
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Monday May 4, 2009

Alaska Airlines
Class of Service: Coach Class G
Depart: SEATTLE/TACOMA,WA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: STEVENS/TRACIE 27E
ARR-TERMINAL B

Flight Number: 2

2:10 Pm May 4, 2009
9:59 Pm May 4, 2009
4 Hours 49 Minutes Non-Stop

Confirmation Number: IJFIJB

Monday May 4, 2009

WASHINGTON/NATL,DC
UTELL INTERNATIONAL STATE PLAZA HOTEL
2117 E STREET NW
WASHINGTON DC 20037
Phone Number: 202-861-8200
Fax Number: 202-587-1354
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: May 04, 2009
Check Out: May 06, 2009
Confirmation Number: 112732768
Cancellation Policy: Cancel 1 day prior

Wednesday May 6, 2009

Alaska Airlines
Class of Service: Coach Class G
Depart: WASHINGTON/NATL,DC
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed

Flight Number: 1

8:00 Am May 6, 2009
10:49 Am May 6, 2009
5 Hours 49 Minutes Non-Stop

Confirmation Number: IJFIJB

Reserved Seat: STEVENS/TRACIE 29E
DEP-TERMINAL B

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
STEVENS TRACIE	4587027742391853 2	370.24USD	27.76US	7.20ZP	14.00XT	419.20
STEVENS TRACIE	4587390814577491 3	28.25				28.25
					Total Amount:	447.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-697-8818
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-898-2554
CAR DECLINED/A//30APR

2009-08-19 14:09 FAX 2022085627 >> 3039696651

VEL VOUCHER

the Privacy Act
ment on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE
US Department of the Interior
Office of the Secretary
91000180

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

TRAVELER (PAYEE)

a. NAME (Last, first, middle initial)
Stevens, Tracie

b. SOCIAL SECURITY NO.
(b) (6)

c. MAILING ADDRESS (Include ZIP Code)
(b) (6)

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 06-17-2009
b. TO 06-19-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Stevens2
b. DATE(S) 06-16-2009

e. PRESENT DUTY STATION
Snohomish, WA

f. RESIDENCE (City and State)
Snohomish, WA

10. CHECK NO.

11. PAID BY
TOT-O

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

RECEIVED AUG 19 2009

Traveler's initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown 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)

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)
See attached eticket	AK	Economy	08-16-2009	Seattle, WA	Washington, DC and return
769.20					
TMC fee 28.25					

Invitational travel. Traveler was interviewing for a position at DOI. Air fare purchased with corporate card.

AUG - 5 2009

2110 578.00
211I 85.70
211T 62.00

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 ▶ Stevens DATE 07-16-09

AMOUNT CLAIMED ▶ $ 725.70

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; id. 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 ▶ Renea Stone DATE 8-3-09

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 ▶ $ 725.70

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

8/24/09

18. ACCOUNTING CLASSIFICATION
2009 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.

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. (b) If the voucher includes per diem allowances for members of employee's immediate family, show the 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 (h) Show amount incurred for each meal, including tax, tips, and daily total meal cost.

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

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

(k) 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: tax 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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Stevens2

TRAVELER'S LAST NAME

Stevens

TIME 2009 (hour and am/pm) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAK-FAST (d)	LUNCH (e)	DINNER (f)	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)
08/17	2:05 pm Depart Seattle, WA											
	9:58 pm Arrive Washington, DC					48.00	209.00	257.00			257.00	
	Lodging tax											30.31 I
	Taxi DCA/Lodging											23.00 T
08/18	Washington, DC					64.00	209.00	273.00			273.00	
	Lodging tax											30.31 I
	Taxi Lodging/DCA											10.00
	Taxi DCA/Lodging											8.00
08/19	Taxi Lodging/DCA											21.00
	8:00 am Depart Washington, DC											
	10:45 am Arrive Seattle, WA					49.00		49.00			49.00	
	Airport Parking											25.00 T

If additional space is required, continue on another SF 1012-A BACK, leaving no front blank.

SUBTOTALS ▶ $578.00 $147.70

TOTALS ▶ $578.00 $147.70

Enter grand total of columns (l), (m) and (n), below and in item 19 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $725.70

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 Regulation (FTMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 30, 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 applicable 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 in appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or other law enforcement 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.

205/44

418.00

160 = 578.00

8.570

1200

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1940

TRAVEL AUTHORIZATION

1. No. Stevens2
2. 06/16/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Tracie L. Stevens
5. OFFICIAL STATION Snohomish, WA

6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Seattle, WA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational.

11. PER DIEM ALLOWANCE:
Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 06/17/09 Ending on or about 06/19/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of cents, subject to:
- (a) [X] Administratively determined to be the advantage of the Government
- (b) [ ] A showing of advantage to the Government
- (c) [ ] Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. Transportation immediate family
18. [X] Other (specify)
Taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 800.00
21. Per Diem	500.00
22. Other	100.00
23. TOTAL	$ 1400.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Name & Address

STEVENS TRACIE

US

Hilton
Washington

1919 Connecticut Ave. NW • Washington, DC 20009
Phone (202) 483-3000 • Fax (202) 232-0438
Reservations
www.hilton.com or 1 800 HILTONS

Room 10146/K1E
Arrival Date 6/17/2009 10:37:00PM
Departure Date 6/18/2009
Adult/Child 1/0
Room Rate 209.00

RATE PLAN GSJ

BONUS AL: CAR:

CONFIRMATION NUMBER : 3350310598

6/19/2009 PAGE 1

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
6/17/2009	GUEST ROOM	IYEMANE	6226886	$209.00		
6/17/2009	ROOM TAX	IYEMANE	6226886	$30.31		
6/18/2009	GUEST ROOM	IYEMANE	6229349	$209.00		
6/18/2009	ROOM TAX	IYEMANE	6229349	$30.31		
	WILL BE SETTLED TO VS (b) (6)					$478.62
	EFFECTIVE BALANCE OF					$0.00

EXPENSE REPORT SUMMARY

	12:00:00AM	06/18/08	STAY TOTAL
ROOM & TAX	$239.31	$239.31	$478.62
DAILY TOTAL	$239.31	$239.31	$478.62

20/w1

THANK YOU

Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase.
  - charge purchases to your account: then stop by the Front Desk for an updated statement.
  - on request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay, or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	994140 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

TAXICAB RECEIPT

Time: 06-18-09
Date: 3:00 pm
trip: Hilton 1919 Connecticut
to: DC I 1949 C St NW
$ [illegible] Sign:

10

ALEXANDRIA UNION CAB
(703)683-1200 - 24 Hr. Dispatch Service

FROM: Reagan National Airport
TO: Hilton 1919 Connecticut NW
DATE: 06/17/09 FARE: $23.00
DRIVER'S NAME: ______ CAB#: ______

By Request, We Accept

Each Cab Independently Owned & Operated

23

Shuttlepark2
3010 S 158th St., Tukwila, WA 98188
206-242-8432

Ticket:525554 Receipt: 1166804

In :Wed, Jun 17th 2009 12:10PM
Out :Fri, Jun 19th 2009 12:09PM

Daily 2@$10.95	21.90
Subtotal	21.90
State Sales Tax 9.50%	2.08
City Parking Tax 5.00%	1.10
TOTAL	25.08
4426********3484	25.08

You saved $3.5[illegible]
off of our regular rates!

You can earn FREE parking
with this receipt! Go to
www.shuttlepark2.com and
join the Point Club. Entering the
Validation Code "1436988"
along with the receipt number above
credits you points for this trip!

Customer Signature

See us online at
www.shuttlepark2.com
for great parking deals.

25.08

TAXICAB RECEIPT

Time: 6:00 Am
Date: 6/18/09
trip: Hilton 1919 Connecticut
to: Reagan National
$ 22.00 Sign:

22.50

Taxi Cab Receipts

DATE: 06-18-09 TIME: 6:30 pm
TRIP ORIGIN: DC I 1949 C St NW
DESTINATION: Hilton 1919 Connecticut
FARE: $ [illegible] SIGNATURE: ______

8.00

Carlson Wagonlit Travel SatoTravel

June 16, 2009

For: TRACIE STEVENS GDOIOS

To: NGMSDOI
ETKT**INVITATIONAL**

Sales Person: 77
Locator: QUURUL
Customer Number: (b) (6)

TICKET ISSUED TO CORP CARD - 213788
FIN MGMT OFC
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Wednesday June 17, 2009

Alaska Airlines
Class of Service: Coach Class Q
Depart: SEATTLE/TACOMA,WA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
ARR-TERMINAL B

Flight Number: 2

2:05 Pm June 17, 2009
9:59 Pm June 17, 2009
4 Hours 54 Minutes Non-Stop

Confirmation Number: GZDLEI

Wednesday June 17, 2009

WASHINGTON/NATL,DC
HILTON/CONRAD HOTELS HILTON WASHINGTON
1919 CONNECTICUT AVE NW
WASHINGTON DC 20009
Phone Number: 1-202-483-3000
Fax Number: 1-202-232-0438
Number of Rooms: 1
Rate: 209.00 USD Per Night
Check In: Jun 17, 2009
Check Out: Jun 19, 2009
Confirmation Number: 3350316598
Cancellation Policy: Cancel by 4PM

Friday June 19, 2009

Alaska Airlines
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: STEVENS/TRACIE 28E
DEP-TERMINAL B

Flight Number: 1

8:00 Am June 19, 2009
10:45 Am June 19, 2009
5 Hours 45 Minutes Non-Stop

Confirmation Number: GZDLEI

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
STEVENS TRACIE	4781/0277681380054	695.82USD	52.18US	7.20ZP	14.00XT	769.20
STEVENS TRACIE	4781/8900500556501	28.25				28.25
					Total Amount:	797.46

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YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554
CAR DECLINED/A//15JUN